

VENDOR QUALIFICATION STATEMENT

The undersigned certifies under oath that the information provided herein is true and sufficiently complete so as not to be misleading.

SUBMITTED TO **Center Contracting Company of Central Florida LLC**
dba ContraVest Builders
 237 S. Westmonte Drive, Suite 140
 Altamonte Springs, FL 32714
 (407) 333-0066 Office
estimating@ContraVest.com
www.ContraVest.com

SUBMITTED BY *Please type or print clearly*

Company: _____
 Doing Business As _____
 Contact Name: _____
 Address: _____

 Main Phone: _____
 Email: _____
 Website: _____

PRINCIPAL OFFICE

Address: _____

LEGAL ENTITY

Type: Corporation LLC Partnership Individual Other:
 FEI No. _____ **Please attach a W-9

SCOPE OF WORK

- | | | |
|-------------------------------------------------------------|------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Div 02 Existing | <input type="checkbox"/> Div 09 Finishes | <input type="checkbox"/> Div 22 Plumbing |
| <input type="checkbox"/> Div 03 Concrete | <input type="checkbox"/> Div 10 Specialties | <input type="checkbox"/> Div 23 HVAC |
| <input type="checkbox"/> Div 04 Masonry | <input type="checkbox"/> Div 11 Equip/Appliances | <input type="checkbox"/> Div 26 Electrical |
| <input type="checkbox"/> Div 05 Metals | <input type="checkbox"/> Div 12 Furnishings | <input type="checkbox"/> Div 31 Earthwork/Site |
| <input type="checkbox"/> Div 06 Wood/Plas/Comp | <input type="checkbox"/> Div 13 Special Construction | <input type="checkbox"/> Div 32 Exterior Improvements |
| <input type="checkbox"/> Div 07 Thermal/Moisture Protection | <input type="checkbox"/> Div 14 Conveyance Systems | <input type="checkbox"/> Div 33 Propane |
| <input type="checkbox"/> Div 08 Openings | <input type="checkbox"/> Div 21 Fire Suppression | <input type="checkbox"/> Div 90 Professional Services |

AREA

Please tell us in what areas do you perform work.

State

County

1. ORGANIZATION

- 1.1. How many years has your organization been in business? _____
- 1.2. How many years has your organization been in business under its present business name? _____
- 1.3. Under what other names has your organization operated? _____

- 1.4. If your organization is a Corporation, please answer the following:
 - 1.4.1. Date of Incorporation: _____
 - 1.4.2. State of Incorporation: _____
 - 1.4.3. President: _____
 - 1.4.4. Vice President: _____
 - 1.4.5. Secretary: _____
 - 1.4.6. Treasurer: _____
- 1.5. If your organization is an LLC and/or Partnership, please answer the following:
 - 1.5.1. Date of Organization: _____
 - 1.5.2. Type of Partnership (if applicable): _____
 - 1.5.3. Name(s) of general partners: _____
- 1.6. If your organization is individually owned, please answer the following:
 - 1.6.1. Date of Organization: _____
 - 1.6.2. Name of Owner: _____

2. LICENSING

2.1. List the trade category and jurisdictions (counties, cities, states) in which your organization is legally qualified to do business, and indicate registration and/or license numbers. ** Please attach copies

Trade	Jurisdiction	License Number

3. CLAIMS AND SUITS

- 3.1. Claims and Suits; if any of the following answers are ‘Yes’, attach details.
 - 3.1.1. Has your organization ever failed to complete any work awarded to it? _____
 - 3.1.2. Are there any judgements, claims, arbitration proceedings, or suits pending or outstanding against your organization or its officers? _____
 - 3.1.3. Has any of your officers or principal(s) of your organization, within the last five (5) years, ever been an officer or principal of another organization when it failed to complete a construction contract? _____

4. CERTIFICATION

- 4.1. Does your organization currently hold any of the following certifications:
 - Small Disadvantaged Business (SDB)
 - Small Business Enterprise (SBE)
 - Woman Owned Small Business (WOSB)
 - Minority Business
 - Minority Business Enterprise (MBE)
 - HUB Zone Small Business (HUB Zone SB)
 - FDOT Certified SDB
 - Native American Business
 - Veteran-Owned Small Business Concerns (VOSMC)
 - Service-Disabled Veteran-Owned Small Business Concerns (SDVOSMC)
 - Other: _____
- 4.2. Please attach copies of all certifications.

5. EXPERIENCE

- 5.1. **Work In Progress:** Please attach a list of all major Multi Family construction projects your organization currently has in progress and include the following:
 - 5.1.1. Name of Project
 - 5.1.2. Contractor (Company, Contact Name, Phone Number, Email Address)
 - 5.1.3. Architect
 - 5.1.4. Contract Amount
 - 5.1.5. Date Started and Estimated Date of Completion
 - 5.1.6. Percentage of the cost of the work that was self-performed.
- 5.2. **Previous Work Experience:** Please attach a list of the major Multi Family projects your organization has completed in the past three (3) years and include the following:
 - 5.2.1. Name of Project
 - 5.2.2. Contractor (Company, Contact Name, Phone Number, Email Address)
 - 5.2.3. Architect
 - 5.2.4. Contract Amount
 - 5.2.5. Date Started and Estimated Date of Completion
 - 5.2.6. Percentage of the cost of the work that was self-performed.
- 5.3. Average Contract Amount
 - 5.3.1. What is the average annual dollar amount of work performed, including currently and previous, during the past three (3)years? \$ _____

6. SAFETY

- 6.1. Safety Information
 - 6.1.1. Does your organization have a safety manager/department? _____
 - 6.1.1.1. Safety Manager name: _____
 - 6.1.1.2. Phone Number: _____ Cell Phone: _____
 - 6.1.1.3. Email: _____
 - 6.1.2. Does your organization have a written safety plan? _____ If so, please attach a copy.
 - 6.1.3. Does your organization have a new hire safety orientation program? _____
 - 6.1.4. Does your organization provide safety training for all employees? _____
 - 6.1.5. How often are documented safety meetings held on-site? _____
 - 6.1.6. Does your organization have a drug free workplace policy? _____
 - 6.1.7. Does your organization have a disciplinary program in place for violations? _____
 - 6.1.8. Does your organization conduct accident/incident investigations? _____
 - 6.1.9. Does your company have a return to work / light duty policy? _____
 - 6.1.10. Has your organization received any OSHA citations in the last five (5) years? _____
- 6.2. Competent Person(s)
 - 6.2.1. Subcontractors are required to have a competent person(s) on-site during specific work tasks. Please provide a list of your organization’s competent persons and what task each of those persons are specifically competent for.

<u>Name</u>	<u>Competency</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

7. TRADE REFERENCES

7.1. Please list multi-family customer references:

- 7.1.1. Customer Company Name: _____
7.1.2. Contact: _____
7.1.3. Address: _____
7.1.4. Phone: _____
7.1.5. Email: _____

7.2. Please list a secondary multi-family customer reference:

- 7.2.1. Customer Company Name: _____
7.2.2. Contact: _____
7.2.3. Address: _____
7.2.4. Phone: _____
7.2.5. Email: _____

7.3. Please list a major Business Reference:

- 7.3.1. Company Name: _____
7.3.2. Contact: _____
7.3.3. Address: _____
7.3.4. Phone: _____
7.3.5. Email: _____

7.4. Please list a secondary Business Reference:

- 7.4.1. Company Name: _____
7.4.2. Contact: _____
7.4.3. Address: _____
7.4.4. Phone: _____
7.4.5. Email: _____

8. PROFESSIONAL SERVICES

- 8.1. Bank Name: _____
8.1.1. Contact: _____
8.1.2. Address: _____
8.1.3. Phone: _____
8.1.4. Email: _____
8.1.5. Tenure with Bank: _____
8.1.6. Amount of Credit Line: \$ _____

- 8.2. Surety Name: _____
8.2.1. Contact: _____
8.2.2. Address: _____
8.2.3. Phone: _____
8.2.4. Email: _____
8.2.5. Tenure with Surety: _____
8.2.6. Aggregate \$ _____ Single Limits \$ _____
8.2.7. Please attach a Certificate of Insurance "For Bidding Purposes Only" as the attached sample.

- 8.3. Accountant: _____
8.3.1. Contact: _____
8.3.2. Address: _____
8.3.3. Phone: _____
8.3.4. Email: _____
8.3.5. Tenure with Accountant: _____

- 8.4. Attorney: _____
8.4.1. Contact: _____
8.4.2. Address: _____
8.4.3. Phone: _____
8.4.4. Email: _____
8.4.5. Tenure with Attorney: _____

9. SIGNATURE

9.1. Authorized Signature:

Dated this _____ day of _____, 20____

I swear the information provided herein is true and sufficiently correct so as not to be misleading. I understand checking credit lines and references is a normal part of subcontracting. ContraVest Builders is authorized to contact individuals and companies given as references to gather information on the credit, character, capacity, and capital of our organization, employees, and owners for subcontract purposes.

Name of organization _____

Signature: _____

By: _____ Title _____

9.2. Notary:

State of _____

County of _____

The foregoing instrument was acknowledged before me by _____, as it's _____ of _____, who is personally known to me or who has produced as identification _____,

this _____ day of _____, 20 _____.

Notary Signature: _____

My Commission Expires: _____

10. ATTACHMENTS

10.1. Please attach the following as separate pdf's, and label according to the attachment "Attachment X":

- 10.1.1. Attachment A W-9
- 10.1.2. Attachment B Copies of Licenses
- 10.1.3. Attachment C Claims and Suits
- 10.1.4. Attachment D Certifications
- 10.1.5. Attachment E Work In Progress
- 10.1.6. Attachment F Previous Multi-Family Work Experience
- 10.1.7. Attachment G Safety Policy
- 10.1.8. Attachment H Competent Person(s) certifications
- 10.1.9. Attachment I Certificate of Insurance, please see the following requirements

MINIMUM REQUIREMENTS FOR INSURANCE

The insurance required of bidder / subcontractor shall meet or exceed the following, or greater if required by law;

Workers' Compensation & Employer's Liability

State: Covering all employees of sub-contractor in the state in which the project is located

Workers' Compensation Limits: Statutory

Employer's Liability Limits: \$500,000 Each Accident
 \$500,000 Disease – Each Employee
 \$500,000 Disease – Policy Limit

Commercial General Liability

Issued on Insurance Services Office (ISO) form CG 00 01 or its equivalent including Premises-Operations, coverage for operations performed by Independent Contractor's; Products and Completed Operations and contractual liability as defined by ISO form CG 00 01

Minimum Required Limits: \$1,000,000 Each Occurrence
 \$2,000,000 General Aggregate per project
 \$2,000,000 Product Completed Operations Aggregate
 \$1,000,000 Personal Injury & Advertising Injury Limit

Property Damage Liability

Insurance shall provide excavation, collapse and underground coverage as provided by ISO form CG 00 01, and shall not contain any exclusion for coverage related to sinkholes

Business Automobile Liability (including owned, non-owned and hired vehicles)

Minimum Required Limits \$1,000,000 Combined Single Limit Bodily Injury & Property Damage Liability

Excess Liability

Providing excess limits over the above-described Commercial General Liability, Employers Liability and Business Automobile Liability

Minimum Limits Required \$2,000,000 Each Occurrence
 \$2,000,000 Annual Aggregate per project

Proof of Insurance. Subcontractor shall furnish Contractor with copies of policies of insurance along with the applicable Certificates of Insurance prior to the start of any Work. Proof of Insurance requirements must be delivered to Contractor before on-site mobilization by the Subcontractor. Certificates of Insurance shall be AIA Document G705 or Standard Accord Form. Furnish to the Contractor copies of all endorsements that are subsequently issued amending coverage or limits.

Additional Insureds. **Center Contracting Company of Central Florida LLC dba ContraVest Builders (the Contractor)**, shall all be named as additional insureds on all policies except Workers' Compensation.

All Commercial General Liability and Excess Liability coverage shall be specifically endorsed to provide that the stated coverage apply separately to the Project. Certificates of Insurance must include the Project name, City, County, and State where the Project is located. Originals of all required certificates of insurance and copies of policies shall be to the Contractor and directly to:

Referencing: FOR BIDDING PURPOSES ONLY
Center Contracting Company of Central Florida LLC
dba ContraVest Builders
237 S. Westmonte Drive Suite 140
Altamonte Springs, FL 32714
Telephone: (407) 333-0066
Fax No. (407) 333-0483
Estimating@Contravest.com



All certificates of insurance must be kept in force throughout the duration of the Work. If any Subcontractor coverage is renewed at any time prior to completion of the Work, Subcontractor(s) shall be responsible for obtaining updated insurance certificates for itself and causing the respective insurance carriers to forward original replacement certificates to Estimating at the above address prior to the expiration date on any previously delivered certificate.

Subcontractor shall secure policies of insurance with companies acceptable to Contractor and licensed to operate in the state where the Work is to be performed.

Each policy shall be endorsed to state that it is primary and noncontributory with respect to Contractor and Owner and their respective policies of insurance.

Contractor and Owner shall be given not less than **30 days prior written notice before any cancellation or change in status is made effective**. The words “endeavor to” or “but failure to mail such notice shall impose no obligation or liability” are not acceptable and must be removed and initialed by the agent who signed the certificate. Policy numbers and expiration dates must appear on the certificates. Upon expiration, replacement certificates must be issued promptly.