



101 SW 140th Terrace, Suite A | Newberry, FL 32669
PHONE: 352.495.3851

PRE-QUALIFICATION APPLICATION
(Project and Entity specifications/requirements must also be met on every project)

PROJECT NAME: _____

1. NAME OF APPLICANT FIRM _____

Tax ID No. _____ or Social Security No. _____

D/B/A Name (if any) _____

Applicant's Mailing Address _____

City _____ State _____ Zip _____

Applicant's physical address (for UPS, Fed Ex, etc.) _____

City _____ State _____ Zip _____

Telephone No. (____) _____ FAX No. (____) _____

Corporate E-Mail Address _____

Contact Person NAME/TITLE _____

Email Address for contact: _____

PLEASE NOTE THAT COMPANIES SHOULD BE ABLE TO SEND/RECEIVE LARGE EMAIL FILES AND THAT O&M MANUALS/SUBMITTALS ARE REQUIRED TO BE IN PDF FORMAT.

2. BUSINESS ORGANIZATION OF APPLICANT

Type of Organization:

___ Corporation State in which incorporated _____ Year _____

___ Partnership ___ General or ___ Limited State & County where partnership filed _____

___ Sole Proprietorship Owner: _____

___ Not-for Profit ___ Joint Venture

Please list names & titles of all owners/officers of this company: _____

3. MINORITY BUSINESS STATUS

Is the applicant firm certified as a Minority Business Enterprise (MBE) or Women's Business Enterprise (WBE)? ___ Yes ___ No If yes, attach certification letter

4. APPLICANT'S INSURANCE INFORMATION - The Brentwood Co., Inc. requires that evidence of insurance coverage be in effect during the term of any contract awarded by the company to the subcontractor and to remain in effect for the warranty period after project completion.

MUST BE ABLE TO COMPLY WITH INSURANCE REQUIREMENTS/WORDING (SEE ATTACHMENT A) OR YOUR COMPANY WILL NOT BE PREQUALIFIED TO BID PROJECTS:

___ Yes, we have read these requirements and our company can provide insurance coverages and the appropriate wording.

5. NOTICE: BADGING IS A REQUIREMENT FOR ALL UNIVERSITY OF FLORIDA OR ANY OTHER SCHOOL RELATED PROJECTS: A finger-print based criminal history check will be performed on ALL jobsite personnel including subcontractors and their subcontractors, and any temporary day laborers.

6. PAY REQUEST PROCEDURES - Please read carefully the attached procedures for submitting pay requests and payment procedures prior to bidding. This applies to Subcontractors and Material Suppliers as well.

7. APPLICANT'S BONDING INFORMATION (BONDING MUST BE FROM A-RATED FLORIDA COMPANY)

If your company has bonding capacity, please provide a Letter of Bondability from your Bonding Company including the following information:

Name of Bonding Agent
BONDING COMPANY'S RATING/STATE
 Address, Telephone No., and FAX No.
 Verification of Intent to Bond for This Project.

8. APPLICANT'S LICENSES AND CERTIFICATES – Provide information on licenses and certifications necessary for the type of work the applicant firm will be performing (State License preferred). Attach copies including the following information:

Type of License or Certificate	License Holder's Name	License No.	Expiration Date

9. CURRENT NUMBER OF EMPLOYEES Full Time Part Time

Office Employees: _____
 Field Employees: _____

10. WILL YOUR COMPANY BE SUBCONTRACTING ANY PORTIONS OF THE WORK ON THIS PROJECT TO OTHERS? WHICH ACTIVITY? _____

NOTE: Any and all subs of your company must be able to provide TBC, Inc. the same insurance requirements and wording as required.

11. INTEGRITY OF APPLICANT FIRM – If applicant has answered “Yes” to any question below, a separate explanation must be supplied with this application.

- a. Are there any liens outstanding against the applicant firm? ___ Yes ___ No
- b. Has the applicant firm or any of its current Principals or Key personnel been party to a bankruptcy or reorganization Proceeding within the last (5) years or is any bankruptcy or reorganization anticipated within the next year? ___ Yes ___ No
- c. Is your company rated with Dun & Bradstreet? Rating? _____ ___ Yes ___ No
- d. Been the subject of a lien or claim by a contractor or supplier? ___ Yes ___ No
- e. Failed to complete a contract? ___ Yes ___ No
- f. Been suspended, debarred, disqualified or otherwise been declared ineligible to bid? ___ Yes ___ No
- g. Defaulted on any contract? ___ Yes ___ No
- h. Had a contract terminated? ___ Yes ___ No
- i. Had liquidated damages assessed against the firm upon completion of a contract? ___ Yes ___ No
- j. Been a plaintiff or defendant in any lawsuits arising out of public or private construction contracts? ___ Yes ___ No
- k. Been the subject of an investigation involving any alleged violation of criminal law, civil antitrust, other federal, state or local civil law? ___ Yes ___ No
- l. Been convicted after trial or by plea of any felony under state or federal law? ___ Yes ___ No
- m. Entered a plea of Nolo Contendere to a charge of embezzlement, theft, forgery, bribery, falsification or destruction of documents, receiving stolen property or violation of an antitrust law? ___ Yes ___ No
- n. Been found to have committed a violation of any labor law or regulation including prevailing wage and fair labor practices? ___ Yes ___ No
- o. Been found to have committed an OSHA “serious violation”? ___ Yes ___ No
- p. Been found to have committed a construction-related violation of federal, state or local environmental law or regulation? ___ Yes ___ No
- q. In the past 3 years has your company had any OSHA fines? ___ Yes ___ No

PROVIDE EXPLANATION FOR ALL YES ANSWERS (except c).

12. BIDDING CAPABILITY AND PREVIOUS EXPERIENCE – Provide list of at least three projects that are similar in size and scope to this project that your company has successfully completed within the last 5 years. For each project, include a detailed narrative of the scope of work and your role in the project. Specifically, please include the following information for each project.

- Project Name and Location
- Contract Amount (appx. Amount of total project & your company’s specific contract amount for each project)
- GC or CM name and contact information
- Architect/Engineer name and contact information – **Contact information must be current.**
- Owner or Owner’s rep name and contact information - **Contact information must be current.**
- Your specific Scope of Work
- Notice to proceed and completion dates
- Key personnel from your firm that worked on the project. Please specifically note whether any of those personnel are proposed for this project.

13. Current and Projected Work Load – indicate below the current work load that you have and provide projections of work in the near future. The purpose of this inquiry is to make sure that this project will not overload your capabilities.

Current Work Load _____ (Dollar Volume)
Projected Work Load _____ (Number of Projects)
Projected Work Load _____ (Dollar Volume)

14. SAFETY AND RISK INFORMATION

OSHA 300 Log Information

Year: _____

Experience Modification Rating: Please provide an EMR letter from your insurance carrier verifying your current EMR rate.

No. of Fatalities: _____

No. of Lost Workdays Cases: _____

No. of Injuries/Illness Without Lost Workdays: _____

Total Employee Hours Worked: _____

General Description of Work Performed: _____

General Questions

a. Does your company have a documented safety program and will copies be provided if requested? _____

b. Does your company have a qualified person responsible for safety of staff ? _____

c. How many OSHA serious, repeat, or willful citations have you received over the last 3 years and provide complete description of injuries and how it happened.

4. Does your company have a substance abuse policy? _____

If yes, please check which of the following are included in the policy?

Pre-hire/Initial Employment Testing _____

Cause _____

Post Accident/Incident _____

Random _____

Periodic _____

5. Does your company conduct regular 'toolbox' safety meetings and are records kept? _____

I HEREBY AFFIRM THAT OUR COMPANY CAN MEET THE REQUIREMENTS AND FOLLOW GUIDELINES AS SET FORTH IN THIS PREQUALIFICATION APPLICATION THROUGHOUT THE COURSE OF THIS AND ANY FUTURE PROJECTS:

Signature of Authorized Person : _____

Please print Name & Title _____ Date _____

REQUIRED ATTACHMENTS:

1. **Letter of Bonability from Bonding Company (Bonds not required at this point, just need to know your bonding capabilities per project.**
2. **EMR Explanation from Insurance Company (Worker Compensation Insurance ratings for past 3 years)**
3. **Sample Insurance Certificate to be provided by your carrier(s).**
4. **Complete list as required in Item # 12**

ATTACHMENT "A" TO PREQUALIFICATION APPLICATION

Insurance Requirements Attachment

Limits of coverage to be as specified, but not less than the following:

A. Statutory Workers' Compensation

Both Workers' Compensation and Employer's Liability coverage is required at the statutory limits of \$100,000 each accident, \$500,000 Disease/Policy Limit, and \$100,000 Disease each employee.

WE CANNOT ACCEPT WORKER'S COMPENSATION EXEMPTIONS – all companies must have worker's compensation insurance coverages in place and be able to provide proof of coverage.

B. Comprehensive General Liability

Comprehensive General Liability Insurance shall be written for limits of not less than \$2,000,000 General Aggregate, \$2,000,000 Products and Complete Operations Aggregate, \$1,000,000 Personal and Advertising Injury, \$1,000,000 Each Occurrence. This Insurance shall include Contractual Liability Coverage and Coverage for XCU Exposures where such exposures are present. Coverage shall be maintained without interruption from the date of commencement until the date of final payment. **THE BRENTWOOD CO., INC. MUST BE NAMED AS AN ADDITIONAL INSURED AND WAIVER OF SUBROGATION APPLIES IN FAVOR OF THE CERTIFICATE HOLDER MUST BE INCLUDED ON THE COMPREHENSIVE GENERAL LIABILITY POLICY.**

C. Automobile Liability

SUBCONTRACTOR shall secure and maintain during the term of this Subcontract insurance of all vehicles against Bodily Injury and Property Damage in amounts of at least \$500,000 Combined Single Limit or the equivalent split limit. **THE BRENTWOOD CO., INC. MUST BE NAMED AS AN ADDITIONAL INSURED ON THE AUTOMOBILE LIABILITY POLICY.**

D. Excess Umbrella Liability

\$1,000,000 Each Occurrence

\$1,000,000 Aggregate

NOTE: INSURANCE REQUIREMENTS & COSTS ARE NOT NEGOTIABLE AFTER BIDS ARE SUBMITTED. CERTIFICATES OF INSURANCE AS DESCRIBED MUST BE PROVIDED PRIOR TO YOUR COMPANY COMMENCING ANY WORK OR SERVICES ON ANY PROJECT.

ATTACHMENT B TO PREQUALIFICATION FORM

**PROCEDURES FOR SUBMITTING PAY REQUESTS
TO THE BRENTWOOD CO., INC. ON ALL PROJECTS**

CERTIFICATE OF INSURANCE SHOWING CURRENT COVERAGES FOR WORKERS COMPENSATION, GENERAL LIABILITY AND AUTOMOBILE INSURANCE COVERAGES MUST BE ON FILE IN ACCORDANCE WITH THE SUBCONTRACT/PURCHASE ORDER REQUIREMENTS and INSURANCE REQUIREMENTS AND WORDING FOR COVERAGES AND ENDORSEMENTS. INSURANCE CERTIFICATE(S) MUST BE SENT IN ALONG WITH THE **SIGNED SUBCONTRACT/PURCHASE ORDER**.

CONTRACTOR'S BILLINGS TO THE OWNER ARE ONCE A MONTH VIA PROGRESS PAYMENT REQUESTS. REQUESTS FROM SUBCONTRACTORS/SUPPLIERS MUST BE ON **AIA DOCUMENT** INCLUDING **SCHEDULE OF VALUES**. SCHEDULE OF VALUES SHOULD PROVIDE COMPREHENSIVE BREAKDOWN OF ITEMS FOR WHICH YOU ARE BILLING. MUST BE **SIGNED AND NOTARIZED**. ALL PAY REQUESTS MUST BE RECEIVED BY **25TH OF EACH MONTH** IN ORDER TO BE INCLUDED IN TBC, INC.'S PAY REQUEST. OTHERWISE, THEY WILL BE RETURNED FOR REVISION AND **WILL NOT BE INCLUDED IN THE CURRENT PAY REQUEST**. PAYMENT FROM OWNER IS TYPICALLY RECEIVED APPROXIMATELY 35 DAYS AFTER DATE OF TBC, INC. PAY REQUEST INVOICE, EXCLUDING ANY ERRORS OR PROBLEMS.

ANY Invoices received after the 25th of each month will be included in the proceeding month's pay request.

EACH TIME PAYMENT IS MADE, **PARTIAL RELEASE OF LIENS** MUST BE RETURNED THRU THE TIME PERIOD YOU HAVE BILLED ON ALL SUPPLIERS/SUBCONTRACTORS THAT HAVE FILED NOTICE TO OWNER ON YOUR COMPANY (releases are required from ALL parties involved in any Notice to Owner filed). NO FUTURE PAYMENTS WILL BE RELEASED UNTIL THESE ARE RECEIVED. RELEASE OF LIENS SHOULD SHOW THE CORRECT INFORMATION AS PRESENTED ON THE NOTICE TO OWNER & NOTICE TO OWNERS MUST SHOW CORRECT PROJECT INFORMATION.

IF A SUBCONTRACTOR/SUPPLIER FAILS TO PROVIDE PARTIAL RELEASE OF LIENS AS REQUIRED, JOINT CHECKS WILL BE MADE BETWEEN THE SUBCONTRACTOR AND THE SUPPLIER/SUBCONTRACTOR IN QUESTION FOR ANY FUTURE PAYMENTS.

FINAL RELEASE OF LIENS MUST BE RECEIVED FROM ALL SUPPLIERS/SUBCONTRACTORS THAT HAVE FILED NOTICE TO OWNER ON YOUR COMPANY **PRIOR** TO BILLING FOR FINAL RETAINAGE (FINAL releases are required from ALL parties involved in any Notice to Owner filed).

SUBCONTRACTORS/SUPPLIERS OF THE BRENTWOOD CO., INC. MUST PROVIDE **CONDITIONAL FINAL RELEASE OF LIENS AND ALL CLOSE OUT DOCUMENTS (FINAL RELEASE OF LIENS FROM NOTICE TO OWNER NOTIFICATIONS, CONDITIONAL RELEASE OF LIEN FROM SUBCONTRACTOR, O&M MANUALS, WARRANTIES, AS-BUILTS)** TO THE BRENTWOOD CO., INC. IN ACCORDANCE WITH THE TIME FRAME NOTED IN THE SPECIFICATIONS WHICH IS NORMALLY AT TIME OF SUBSTANTIAL COMPLETION. ONCE ALL CLOSE OUT ITEMS ARE SUBMITTED TO ARCHITECT/OWNER AND APPROVED AS REQUIRED AND FINAL RETAINAGE IS RECEIVED AND PAID, SUBCONTRACTORS ARE THEN REQUIRED TO PROVIDE UNCONDITIONAL FINAL RELEASE OF LIEN TO THE BRENTWOOD CO., INC.

WHEN THESE SIMPLE PROCEDURES ARE FOLLOWED ON ALL PROJECTS, THE BILLING AND PAYMENT PROCESS PROCEEDS SMOOTHLY. IT ALSO ENSURES ALL COMPANIES INVOLVED ARE PAID ON A TIMELY BASIS. WHEN THESE PROCEDURES ARE NOT FOLLOWED, IT CREATES A BACKLOG FOR ALL INVOLVED.