



## SUBCONTRACTOR PREQUALIFICATION STATEMENT

Legal name of company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Trade/Type of Work: \_\_\_\_\_

Counties of operation: \_\_\_\_\_

Entity:  Corp  Partnership  Sole Prop  Other FEIN or SS#: \_\_\_\_\_

Is your firm certified by the State of Florida as a Minority Business Enterprise? \_\_\_\_\_

Women Owned Business? \_\_\_\_\_ (Attach any certifications if applicable)

Please attach ALL of the following information along with this form:

- **LICENSE:** copy of current license(s) as required by State/County/Municipality
- **INSURANCE:** copy of current certificates of insurance including General Liability, Florida Worker's Compensation, Commercial Auto
- **PROJECTS:** list of at least (3) current projects to include date started & completed, brief description of work, contract size and completed contract size, general contractor (contact name and phone)
- **REFERENCES:** list of at least (3) references including contact name, phone and fax number

All information provided above and attached is true and correct:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print name and title: \_\_\_\_\_

**Please return via fax or email to Debbie Mahan:  
Fax (772)781-0620 or Email [dmahan@teamparksinc.com](mailto:dmahan@teamparksinc.com)**