TEAM PARKS

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 Taylor Youngs:
Fax (772)781-0620 or Email Office@teamparksinc.com

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www.TeamParksInc.com