

Established
1940



Commercial
Industrial
Residential

SUBCONTRACTOR PRE-QUALIFICATION STATEMENT

Instructions:

All subcontractor and supplier firms (a.k.a. "Subcontractor") soliciting to bid projects with Paul Jacquin & Sons, Inc. (hereinafter referred to as "Jacquin & Sons") are required to complete and execute this document in order to be properly evaluated for contract consideration. All questions regarding the proper completion of this form must be directed in writing to Jacquin & Sons.

By completing and executing this form, Subcontractor acknowledges that this Pre-Qualification Statement is made for the express purpose of having the firm's qualifications evaluated with regard to the scope of work it is soliciting. Subcontractor further acknowledges that all information provided is complete, true and correct.

Jacquin & Sons shall, at its discretion, determine the truth and accuracy of all statements made by the Subcontractor herein, and further reserves all rights to waive, modify or further alter any of the requirements, deadlines or information requested herein. Subcontractor hereby acknowledges and accepts project Owner's and / or Jacquin & Sons' right to unreasonably withhold approval of subcontractor for participation in future projects.

Jacquin & Sons reserves the right to reject any and all bids and to waive any informality. All proposals shall remain in force for 60 days after the date of the bid opening. Jacquin & Sons may waive minor technicalities and choose subcontractors based on the best interest of the Owner.

Thank you for your interest.



**PAUL JACQUIN & SONS, INC.
SUBCONTRACTOR PRE-QUALIFICATION STATEMENT**

Complete this form and any attachments needed to provide a basis for evaluation of your firm's qualifications to work with Paul Jacquin & Sons, Inc.

Date: _____

GENERAL INFORMATION

Complete Name of Soliciting Firm: _____

Previous Names (if any): _____ Date of Incorporation (if applicable): _____

Address: _____ Company Contact: _____

Phone Number: _____ Fax Number: _____ Email: _____

Dunn & Bradstreet Reference #: _____ Years in Business (Present Name): _____

Scope of Work Desiring to Bid: _____

Percentage of Work to be Performed with Own Force (%): _____ Union Affiliations (local or national): _____

LICENSE INFORMATION

License Type / Name	State	Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

OWNERSHIP

Name: _____ % Ownership _____ Position: _____ Date of Birth: _____

Social Security #: _____ Years with Company: _____ Years in Constr.: _____

Name: _____ % Ownership _____ Position: _____ Date of Birth: _____

Social Security #: _____ Years with Company: _____ Years in Constr.: _____

Name: _____ % Ownership _____ Position: _____ Date of Birth: _____

Social Security #: _____ Years with Company: _____ Years in Constr.: _____

BONDING INFORMATION

Is your Organization Bondable? Yes () No () *If yes, please complete the following:*

Surety Company & Agent Company: _____

Name & Address of Agent: _____

Phone Number of Agent: _____ Bonding Capacity: _____

Value of Work Presently Bonded: _____ Bonding Limit for a Single Project: _____

Bonding Rate (%) _____ Are you Willing and Able to Provide a Bond for this Project if Required? Yes () No ()

INSURANCE INFORMATION

Insurance Company & Address: _____

Agent Company & Address: _____

Agent Contact: _____ Agent Phone Number: _____

<u>Coverages:</u>	<u>Required Limits:</u>		
Contractor's Comprehensive General Liability	\$1,000,000.00	Yes ()	No ()
Coverages, Bodily Injury & Property Damage, Automobile Liability Coverages, Bodily Injury & Property Damage	\$1,000,000.00	Yes ()	No ()
Excess Liability, Umbrella Form	\$1,000,000.00	Yes ()	No ()
Worker's Compensation & Employer's Liability	Per Florida Statutes	Yes ()	No ()

SAFETY

Do you have a company-wide Safety Program? Yes () No ()

Do you have a Drug Free Workplace policy in place? Yes () No ()

Have you had any OSHA fines in the last 3 years? Yes () No ()

Have you had any jobsite fatalities within the last 3 years? Yes () No ()

If yes to either of the last 2 questions above, please explain: _____

Please list your Worker's Compensation Experience Modification Rate (EMR) for each of the last three (3) years:

(Yr)_____, _____; (Yr)_____, _____; (Yr)_____, _____;

Note: If EMR Average for the last 3 years is over 1.0, please submit an OSHA 200 log for each year.

MINORITY / E.E.O. COMPLIANCE

Is your organization in compliance with all EEO requirements? Yes () No ()

Is your organization certified with any other agencies? Yes () No ()

If yes, please indicate all minority business certifications held and the municipality and/or governmental agency in which they are held: _____

TRADE REFERENCES

Please list 3 General Contractors for whom you performed work for in the past 3 years:

Reference #1:

Company Name: _____ Contact: _____

Company Address: _____ Phone Number: _____

Name of Project and Date Completed: _____

Reference #2:

Company Name: _____ Contact: _____

Company Address: _____ Phone Number: _____

Name of Project and Date Completed: _____

TRADE REFERENCES continued

Reference #3:

Company Name: _____ Contact: _____
Company Address: _____ Phone Number: _____
Name of Project and Date Completed: _____

Please list 3 Suppliers or Subcontractors for whom you have done business with in the past 3 years:

Reference #1:

Company Name: _____ Contact: _____
Company Address: _____ Phone Number: _____

Reference #2:

Company Name: _____ Contact: _____
Company Address: _____ Phone Number: _____

Reference #3:

Company Name: _____ Contact: _____
Company Address: _____ Phone Number: _____

EXPERIENCE

Number of years experience your firm has had in trade being bid: _____ years.

Please list the 3 most significant projects currently under construction for which your firm is doing work.

Note: Please do not include projects for which your firm has not yet begun work.

Project #1:

Project Name: _____ Location: _____
Total Value of Project: _____ Value of your Contract: _____
General Contractor: _____ Contact: _____ Phone Number: _____
Work Performed: _____ Completion Date: _____

Project #2:

Project Name: _____ Location: _____
Total Value of Project: _____ Value of your Contract: _____
General Contractor: _____ Contact: _____ Phone Number: _____
Work Performed: _____ Completion Date: _____

Project #3:

Project Name: _____ Location: _____
Total Value of Project: _____ Value of your Contract: _____
General Contractor: _____ Contact: _____ Phone Number: _____
Work Performed: _____ Completion Date: _____

EXPERIENCE continued

Please list the 3 most significant projects completed in the last five (5) years:

Project #1:

Project Name: _____ Location: _____

Total Value of Project: _____ Value of your Contract: _____

General Contractor: _____ Contact: _____ Phone Number: _____

Work Performed: _____ Completion Date: _____

Project #2:

Project Name: _____ Location: _____

Total Value of Project: _____ Value of your Contract: _____

General Contractor: _____ Contact: _____ Phone Number: _____

Work Performed: _____ Completion Date: _____

Project #3:

Project Name: _____ Location: _____

Total Value of Project: _____ Value of your Contract: _____

General Contractor: _____ Contact: _____ Phone Number: _____

Work Performed: _____ Completion Date: _____

FINANCIAL

Please list your revenues for the past three years:

(Yr)_____, \$_____ ; (Yr)_____, \$_____ ; (Yr)_____, \$_____ ;

BANK & CREDIT REFERENCES

Bank Name: _____ Contact: _____

Bank Address: _____ Phone Number: _____

Has your firm failed to complete any contract? Yes () No ()

Has your firm been involved in Bankruptcy or reorganization? Yes () No ()

Has your firm been involved in any litigation or claims? Yes () No ()

If yes to any of the last 3 questions, please give details: _____

PERSONNEL

Total number of permanent staff presently employed by firm: _____

The above referenced permanent staff employed includes the following:

Management	# _____	Superintendents	# _____
Engineers	# _____	Foremen	# _____
Draftsmen	# _____	Skilled Craftsmen	# _____
Project Managers	# _____	Unskilled Labor	# _____
Project Engineers	# _____	Other	# _____

Please list the staff proposed to work on this project:

Name	Title	% of time proposed on jobsite
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list the experience of the principals of the firm and the supervisory personnel:

Name	Title	Years Exp.	In what capacity & with whom
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MISCELLANEOUS

- Do you hereby agree to comply with the Paul Jacquin & Sons, Inc. "Drug Free Workplace" policy and safety procedures? Yes () No ()
- Has your firm had liquidated damages filed against it? Yes () No ()
- Has your firm been involved with any claims? Yes () No ()
- Has your firm been involved with any construction liens? Yes () No ()
- Has your firm filed a lawsuit, lien, formal complaint, mediation, arbitration against Paul Jacquin & Son's or any other Construction Manager, General Contractor, Design Builder or other contractor in the last 5 years? Yes () No ()

If yes to any of the above 3 questions, please explain: _____

Please provide net total billings (contract volume) for your firm over the past five (5) fiscal years:

- 200__ total billings to date: \$ _____
- 200__ total billings \$ _____
- 200__ total billings \$ _____
- 200__ total billings \$ _____
- 200__ total billings \$ _____

By executing this document, you acknowledge that all information contained herewith is true, complete and correct, and that you accept all of the terms and conditions within this document without exception.

Signature of Principal _____

Date _____

Typed Name _____

Title _____

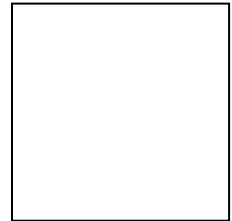
Signature of Witness _____

Date _____

Typed Name _____

Title _____

Corporate Seal



THE INCLUSION OF THE SWORN STATEMENT OR AFFIDAVIT SHALL BE SUBMITTED CONCURRENTLY WITH YOUR QUOTE OR BID DOCUMENTS. NON INCLUSION OF THIS DOCUMENT MAY NECESSITATE REJECTION OF YOUR QUOTE OR BID.

SWORN STATEMENT UNDER SECTION 287.133(3)(a),
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted with the _____
Project Name
Bid/Contract for _____.
2. This sworn statement is submitted by _____., whose
business address is _____ and (if applicable) its
Federal Employer Identification (FEIN) is _____.
3. My name is _____ (please print name of individual signing)
and my relationship to the entity named above is _____.

4. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.

5. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.

6. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:

(1) A predecessor or successor of a person convicted of a public entity crime; or

(2) An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

7. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

8. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. (Please indicate which statement applies.)

_____ Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.

_____ The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989, AND (Please indicate which additional statement applies.)

_____ There has been a proceeding concerning the conviction before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer did not place the person or affiliate on the convicted vendor list. (Please attach a copy of the final order.)

_____ The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. (Please attach a copy of the final order.)

_____ The person or affiliate has not been placed on the convicted vendor list. (Please describe any action taken by or pending with the Department of General Services.)

(Signature)

Date: _____

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____ 200_ by _____, _____(title) on behalf of _____. He/she is personally known to me or has produced _____ as identification and did () did not () take an oath.

(Notary Signature)

Name: _____

My Commission Expires: _____

Commission Number: _____