

SUBCONTRACTOR QUALIFICATION FORM

Instructions: Elaboration of the following requested information or additional information deemed to be useful for evaluation of your firm's capabilities may be attached to this form. Your completed Qualification Form will be maintained and utilized by KAM OF FLORIDA, INC. as a basis for determining bid sources. **Some projects may require more current information and the resubmission of this form by your firm.** From the attached list, please insert applicable Code Number in Contracting Interest section.



18856 State Road 54
#171

Lutz, FL 33558

Phone: (813)530-5995

Email: Vendors@kamofflorida.com

PLEASE LIMIT THE NUMBER OF ATTACHMENTS TO A MAXIMUM OF THREE PAGES. WE WILL CONTACT YOU FOR ANY ADDITIONAL INFO IF NEEDED.

Date: _____

Vendor No: _____

Name of company: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ - _____

Street Address: _____

City: _____ State: _____ Zip: _____ - _____

Telephone:(_____) _____ Fax:(_____) _____

Union Affiliations: _____ Local: _____ National: _____

(IF YOUR COMPANY ADDRESS IS DIFFERENT FOR REMITTANCE PURPOSES, PLEASE INDICATE BELOW):

Remittance: _____ Street Address: _____

City/State/Zip: _____

Federal Identification Number: _____ Social Security Number (if sole owner): _____

Indicate type of business organization:

Corporation Partnership Sole Owner

If Corporation or Partnership, list names of Officers/Partners:

State in which incorporated: _____ Date of incorporation: _____

Main Contact Person & Title: _____

Yrs. in business under present name: _____

Yrs. performing work specialty: _____

Work now under contract \$: _____

% of work performed by own forces: _____

Work in place last year \$: _____

Avg. annual sales last 3 yrs.\$ _____

Estimator: _____

Email Address (FOR BID NOTIFICATION): _____

State/County/City license(s) holder(s) (and numbers): _____ - _____

PRIMARY Contracting interests (select CSI code # from attached list or Type Description- select only the trades for your PRIMARY contacting interest - would you provide a proposal to us for this work as a standalone trade, exclusive of your PRIMARY trade?).

Geographic area of business operation:

All FL Cent. FL N FL SW FL SE FL _____ SE USA (GA, AL MI,

Total Bonding Capacity \$: _____

Bonding Co.: _____

Bonding Company Best Rating: _____

Value of work presently bonded \$: _____

Agent: _____

Phone #: _____

Dun & Bradstreet Number: _____



Bank references (include address, phone number, contract person):

KAM of Florida, INC. insurance Requirements are

as follows: General Liability \$2,000,000.00

Auto Insurance \$1,000,000.00

Excess Coverage \$1,000,000.00

Worker's Comp. \$500,000.00

Current Experience Modification Rate: _____ Last Year: _____

Insurance Agent's Name (include address, phone number, contact person): _____

Total employed by firm: _____ Sales/estimators: _____ Project Mgrs.: _____ Clerical: _____

Field: Approx. value of capital equipment owner by firm: _____

In-house Engineering or Fabrication capability: _____

_____ Fabrication floor
Area: _____ SF; Is Firm in compliance with all EEO requirements: Yes No

Is Firm qualified as a Yes No WBE City, County, State certified in: _____
(enclose copy of certification)

Is Firm qualified as a Yes No MBE City, County, State certified in: _____
(enclose copy of certification)

Does firm have a written work place Safety Program and Policy? "Yes "Yes "No

Does firm have a written Drug Free Work Place Policy? "Yes "Yes "No

Does firm have an orientation program for new employees? "Yes "Yes "No

Has Firm: Failed to complete a contract Yes No; been involved in bankruptcy or reorganization Yes No
; have any pending judgments, claims or suits against firm? Yes No

(If the answer to any preceding is yes, please submit details on separate sheet.)

In the previous three years has your firm been cited for a serious (as defined by O.S.H.A.) violation? If yes, explain: Yes No

Has firm worked on State of Florida AHCA inspected projects within the past three (3) years? Yes No
(If yes, state Specific Project Names, Facilities and Locations where work performed, and name of prime General Contractor):

List the four (4) most significant projects completed in the last five (5) years:

PROJECT/LOCATION GEN'L CONTRACTOR CONTRACT AMT DATE COMPLETED CONTACT & PH. #

(1) _____

(2) _____

(3) _____

(4) _____

List the three (3) most significant projects presently under construction:

PROJECT/LOCATION GEN'L CONTRACTOR CONTRACT AMT AWARD DATE CONTACT & PH. #

(1) _____

(2) _____

(3) _____

This form must be signed by an Officer of the firm or an individual so authorized by an Officer of the firm.

Signature: _____
 Name: _____
 Title: _____

FOR INTERNAL USE ONLY -- DO NOT FILL-IN

REFERENCE CONTACTED	DATE	CONTRACT	REMARKS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BONDING CO. CONTRACTED _____

BANK CONTACTED _____

RECOMMEND THIS FIRM BE PLACED ON BIDDER LIST.

DO NOT RECOMMEND THIS FIRM BE PLACED ON BIDDER LIST, BECAUSE _____

DUNN & BRADSTREET REQUESTED: _____