



Mainstream Construction Group invites all qualified subcontractors to submit bids for its projects. Please print this form, fill-in and fax to Estimator at 407.862.8706.

### SUBCONTRACTOR QUALIFICATION FORM

**COMPANY INFORMATION:**

Company Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

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

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

City & State: \_\_\_\_\_

ZIP Code: \_\_\_\_\_

UNION?     Yes                       No                       Both

Union Affiliation: \_\_\_\_\_

Type of Business:     Minority                       Woman-Owned     Disabled Veteran

Enterprise:             Small-Business     Disadvantaged     None

**KEY PERSONNEL:**

Person in Your Office to Receive Bid Invitations: \_\_\_\_\_

President or Owner : \_\_\_\_\_

Chief Estimator: \_\_\_\_\_

Operations Manager: \_\_\_\_\_

**PRIMARY TRADE (and CSI or UCI Code, if known):**

(e.g., 16050 Electrical, 03300 Concrete) \_\_\_\_\_  
\_\_\_\_\_

**PROJECT TYPE WILL BID:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> All Types       | <input type="checkbox"/> Retail – Type V | <input type="checkbox"/> Residential              |
| <input type="checkbox"/> Commercial      | <input type="checkbox"/> Medical         | <input type="checkbox"/> Industrial               |
| <input type="checkbox"/> Retail – Type I | <input type="checkbox"/> Public          | <input type="checkbox"/> _____<br>Other (specify) |

**GEOGRAPHIC AREA LIMITATIONS:**

- |  |  |                                      |   |
|--|--|--------------------------------------|---|
| <input type="checkbox"/> All Sunbelt States  | <input type="checkbox"/> SW Florida                | <input type="checkbox"/> Alabama     | <input type="checkbox"/> Mississippi            |
| <input type="checkbox"/> All Mid-East States | <input type="checkbox"/> Tampa & Gulf Coast        | <input type="checkbox"/> Georgia     | <input type="checkbox"/> Louisiana              |
| <input type="checkbox"/> Central Florida     | <input type="checkbox"/> Jacksonville & N. Florida | <input type="checkbox"/> N. Carolina | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Miami & S. Florida  | <input type="checkbox"/> Tallahassee & Panhandle   | <input type="checkbox"/> S. Carolina |   |

**ADDITIONAL INFORMATION:**

Company Name: \_\_\_\_\_  
Date Company Established: \_\_\_\_\_ License No.: \_\_\_\_\_  
Bank Reference: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Bonding Reference: \_\_\_\_\_ Telephone: \_\_\_\_\_  
*(most projects do not require a bond)*  
Bonding Rate: \_\_\_\_\_ % Bond Capacity: \$ \_\_\_\_\_  
Liability Insurance By: \_\_\_\_\_ Telephone: \_\_\_\_\_  
General Aggregate: \$ \_\_\_\_\_ Excess Liability: \$ \_\_\_\_\_  
Workers Compensation By: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Experience Modification: \_\_\_\_\_ Safety Program?  Yes  No  
Average \$ Range of Project Undertaken: From \$ \_\_\_\_\_ To \$ \_\_\_\_\_  
Average \$ Billed Annually: \$ \_\_\_\_\_

**TRADE REFERENCES:**

1. Company: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Fax Number: \_\_\_\_\_ Contact: \_\_\_\_\_
2. Company: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Fax Number: \_\_\_\_\_ Contact: \_\_\_\_\_
3. Company: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Fax Number: \_\_\_\_\_ Contact: \_\_\_\_\_

**PROJECT REFERENCE:**

1. Project: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Size: \_\_\_\_\_ \$ \_\_\_\_\_ Contact: \_\_\_\_\_
2. Project: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Size: \_\_\_\_\_ \$ \_\_\_\_\_ Contact: \_\_\_\_\_
3. Project: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Size: \_\_\_\_\_ \$ \_\_\_\_\_ Contact: \_\_\_\_\_

Please attach any additional References, Brochures, Letters of Recommendation or Financial Information that may further qualify your company.

*Thank You for Providing This Information*