



**General Contractors  
Heavy Construction  
Engineers  
Site Work**

*"An Equal Opportunity Employer"*

## **VENDOR QUALIFICATION PROFILE**

### **COMPANY INFORMATION**

Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Main Office Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
\_\_\_\_\_  
Email Address: \_\_\_\_\_  
P.O. Box #: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Indicate if your business qualifies as one of the following and provide a copy of your certification if applicable:

MBE \_\_\_\_\_ DBE \_\_\_\_\_ WBE \_\_\_\_\_ HBE \_\_\_\_\_ BBE \_\_\_\_\_ OBE \_\_\_\_\_ SLBE \_\_\_\_\_

### **SERVICES PROVIDED**

Please list the types of work you would be interested in bidding:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Minimum and maximum job range within which you prefer to conduct business:

Minimum \$ \_\_\_\_\_ Maximum \$ \_\_\_\_\_

### **BONDING:**

Surety Company: \_\_\_\_\_

Agent: \_\_\_\_\_

Agent Contact Info: \_\_\_\_\_

Total Bonding Capacity (Aggregate) \$ \_\_\_\_\_

Single Project Bonding Limit \$ \_\_\_\_\_

Bond Rate: % \_\_\_\_\_

**STAFF:**

Total number of permanent staff currently employed:

Management: \_\_\_\_\_

Superintendents: \_\_\_\_\_

Engineers/Arch: \_\_\_\_\_

Foreman: \_\_\_\_\_

Draftsman: \_\_\_\_\_

Skilled Craftsman: \_\_\_\_\_

Project Managers: \_\_\_\_\_

Unskilled Craftsman: \_\_\_\_\_

Project Engineers: \_\_\_\_\_

Other: \_\_\_\_\_

Estimators: \_\_\_\_\_

**SAFETY:**

Experience Modification Rate? \_\_\_\_\_

Have you received an OSHA citation(s)/fine(s) in the past three years? : \_\_\_\_\_

If yes, please explain the deficiency: \_\_\_\_\_

\_\_\_\_\_

Do you operate and qualify as a Drug Free Workplace? : \_\_\_\_\_

**EQUAL EMPLOYMENT OPPORTUNITY REQUIREMENTS:**

Have you worked on federally funded or FDOT projects that require the following paperwork:

EEO Paperwork: YES \_\_\_\_\_ NO \_\_\_\_\_

Certified Payroll: YES \_\_\_\_\_ NO \_\_\_\_\_

Monthly Summary of Wages YES \_\_\_\_\_ NO \_\_\_\_\_

Monthly Utilization Report YES \_\_\_\_\_ NO \_\_\_\_\_

If the answer is no, are you willing to do so? YES \_\_\_\_\_ NO \_\_\_\_\_

**INSURANCE:**

Vendor will be required to submit a certificate of insurance for each specific project. Each certificate must list David Nelson Construction Co. as additional insured for the General Liability coverage. Costs for the insurance requirements, including any special fees for the issuance of each project specific certificate, is to be factored into all price quotations provided by the vendor.

Currently, however, please submit a sample copy of your insurance certificate showing your current General Liability, your Auto and your worker's compensation coverage.

(Thirty-day cancellation notice is required on all certificates and shall not include wording such as "will endeavor" to give notice, or failure to do so imposes "no obligation". If your company's Worker's Compensation insurance is handled through an employee leasing company we will still require a worker's compensation policy for your company.)

Are any Officers or other employees of your company exempt from worker's compensation? Yes \_\_\_\_ No \_\_\_\_  
If yes, please state whom and their title:

\_\_\_\_\_  
(Please attach copies of current Worker's Compensation Exemption Certificate if applicable.)

**BANK REFERENCES, CREDIT REFERENCES:**

Bank Name: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Has your firm:

- |  |                  |
|--|------------------|
| 1. Failed to complete a contract?                  | YES ____ NO ____ |
| 2. Been involved in bankruptcy or reorganization?  | YES ____ NO ____ |
| 3. Pending judgement claims or suits against firm? | YES ____ NO ____ |
- (If answer to any is yes please submit details in a separate sheet.)

**FINANCIAL STATEMENT:**

Average annual sales last 3 years \$ \_\_\_\_\_

Percentage of self-performed work % \_\_\_\_\_

**TRADE/SUPPLIER REFERENCES (list major suppliers)**

Company: \_\_\_\_\_ Phone No.: \_\_\_\_\_

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

Company: \_\_\_\_\_ Phone No.: \_\_\_\_\_

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

Company: \_\_\_\_\_ Phone No.: \_\_\_\_\_

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

**REFERENCES – RECENTLY COMPLETED PROJECTS** *(Please list 3 major projects completed within the last 3 years)*

|                    |  |                 |  |
|--------------------|--|-----------------|--|
| PROJECT NAME:      |  | LOCATION:       |  |
| OWNER:             |  | CONTACT/PHONE:  |  |
| GENERAL CONTRACTOR |  | CONTACT/PHONE:  |  |
| CONTRACT VALUE:    |  | DATE COMPLETED: |  |

|                    |  |                 |  |
|--------------------|--|-----------------|--|
| PROJECT NAME:      |  | LOCATION:       |  |
| OWNER:             |  | CONTACT/PHONE:  |  |
| GENERAL CONTRACTOR |  | CONTACT/PHONE:  |  |
| CONTRACT VALUE:    |  | DATE COMPLETED: |  |

|                    |  |                 |  |
|--------------------|--|-----------------|--|
| PROJECT NAME:      |  | LOCATION:       |  |
| OWNER:             |  | CONTACT/PHONE:  |  |
| GENERAL CONTRACTOR |  | CONTACT/PHONE:  |  |
| CONTRACT VALUE:    |  | DATE COMPLETED: |  |

**REFERENCES – CURRENT PROJECTS IN PROGRESS** *(Please list 3 major projects currently under construction)*

|                       |  |                   |  |
|-----------------------|--|-------------------|--|
| PROJECT NAME:         |  | LOCATION:         |  |
| OWNER:                |  | CONTACT/PHONE:    |  |
| GENERAL CONTRACTOR    |  | CONTACT/PHONE:    |  |
| CONTRACT VALUE:       |  | PERCENT COMPLETE: |  |
| EST. COMPLETION DATE: |  |                   |  |

|                       |  |                   |  |
|-----------------------|--|-------------------|--|
| PROJECT NAME:         |  | LOCATION:         |  |
| OWNER:                |  | CONTACT/PHONE:    |  |
| GENERAL CONTRACTOR    |  | CONTACT/PHONE:    |  |
| CONTRACT VALUE:       |  | PERCENT COMPLETE: |  |
| EST. COMPLETION DATE: |  |                   |  |

|                       |  |                   |  |
|-----------------------|--|-------------------|--|
| PROJECT NAME:         |  | LOCATION:         |  |
| OWNER:                |  | CONTACT/PHONE:    |  |
| GENERAL CONTRACTOR    |  | CONTACT/PHONE:    |  |
| CONTRACT VALUE:       |  | PERCENT COMPLETE: |  |
| EST. COMPLETION DATE: |  |                   |  |

**CORPORATE AUTHORITY:**

Officers/Partners/Owner Names:

Titles:

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☐ Corporate-State

Federal Tax ID: \_\_\_\_\_

☐ Partnership

Years in Business: \_\_\_\_\_

☐ Sole Proprietor

☐ Joint Venture

If applicable, list other business names and dates of operation during the past three years:

Name \_\_\_\_\_

Operating Dates: \_\_\_\_\_

Name \_\_\_\_\_

Operating Dates: \_\_\_\_\_

I certify that this information is true and complete to the best of my knowledge.

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Officer Signature

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Printed Name

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Company Name

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Corporate Title/ Date Signed

Subscribed and sworn before me, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ a Notary

Public in and for \_\_\_\_\_ County, State of \_\_\_\_\_

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Signature (Notary Public)

My Commission Expires \_\_\_\_\_, \_\_\_\_\_