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PRE-QUALIFICATION FORM

Please complete and return the pre-qualification information, via mail or fax as soon as possible.

The more information you provide the easier it will be for use to pre-qualify your company.

If you have not already done so, please send your company brochure and/or other information on your firm's experience.

Company Information

Name	
Mailing Address (for UPS)	
City, State, Zip	
Telephone	
Fax	

Estimating Contact Person(s) and E-Mail Address:

List Trade(s) of Work:

Union Affiliations, if any:

Geographical Area:

COMPANY BACKGROUND

Corporate Information:

How many years has your company been in business under its present name?	
Please list other names under which your company has operated.	
Are you a corporation, partnership or individually owned?	
Date of incorporation or organization.	
Federal EIN Number	
Name of President, Principal(s) or Owner(s)	
Annual Dollar Volume	
Number of Employees	
Do you lease employees?	

Do you carry the following insurance?

Please provide copies of your licenses.

Workers Compensation Yes No	State License
General Liability Yes No	County License
Auto Insurance Yes No	Occupational License

Surety:

Is your Organization bondable?	
What is the amount of your bonding capacity?	
Name and address of bonding company:	
Name and address of agent:	

SIGNATURE

Dated at _____ this _____ day of _____ 2008

Name of Organization: _____

By: _____

Title: _____

M _____ being
duly sworn deposes and says that the information provided herein is true and sufficiently
complete so as not to be misleading.

Subscribed and sworn before me this _____ day of _____ 2008

Notary Public: _____

My Commission Expires: _____

NOTARY SEAL

EXPERIENCE

On a separate sheet, list major construction projects your company has in progress and has completed in the last five years, showing the name of project, location, owner, architect, contract amount, trade(s) of work, contact person and phone number for reference, and schedule date of completion (if not completed).