

Ajax Building Corporation 1080 Commerce Boulevard Midway, Florida 32343

Tel: (850) 224-9571 Fax: (850) 224-2496 http://www.ajaxbuilding.com

LETTER OF TRANSMITTAL

TO:				
ATTN:				
ADDR:				
ADDR:				
	E-MAIL:			FAX:
	PHONE:		NO. OF	PAGES:
FROM:			DATE S	ENT:
REFER	ENCE:	E	SIDDER QUALIFICATIONS QUESTIONNAIRE	
PROJE	CT:			
LOCAT	ION:			
Ajax Bu	ilding Corp	oration	is prequalifying bidders for the referenced project.	
Attache	d is the "Bi	idder Qu	alifications Questionnaire" for your information an	d use.
lt includ	• I • / • E • E	Applican Exhibit 1 Exhibit 2	ons to Applicant t's General Information - Current Projects and References - Bonding Reference - Insurance Reference	1 page 2 pages 1 page 1 page 1 page 1 page
Fill out 1	the "Bidder	· Qualific	ations Questionnaire" in accordance with "Instruct	ions to Applicant".
			ations Questionnaire" in accordance with "Instruct on by e-mail to/ ///////////////////////////////////	• •

Visit our website at http://www.ajaxbuilding.com for more information about Ajax Building Corporation. The "Subcontractors and Vendors" page has current information on other projects in the bid phase.

File:	Project No:		PBP -		CSI No:	
Bidder	Qualifications Qu	uestionnaire	Let	ter of Transmittal	Revised:	R″}^ÁG€F€



INSTRUCTIONS TO APPLICANT

PLEASE FILL OUT THIS FORM "ON-SCREEN", AND RETAIN A COPY FOR FUTURE REFERENCE.
THIS WILL SAVE TIME WHEN PREQUALIFYING FOR FUTURE PROJECTS.

SUMMARY

- 1. Submit the fully assembled Bidder Qualifications Questionnaire (Pages 1 through 6).
 - Include Bidder Qualifications Questionnaire form completed, dated, and signed by an authorized person or a company officer.
 - Include Exhibit 2 and Exhibit 3 forms signed and dated by respective agents.
 - Include Checklist noting all items submitted.
- 2. No partial submittals, please. Ajax will review upon receipt of complete information.
- 3. Ajax will send you written notification on the results of our review.

INSTRUCTION DETAILS

Complete the Form

Fill out Bidder Qualifications Questionnaire form (pages 1 and 2) completely.

- A "See Attached" response is not acceptable.
- Verify contact information for all of your references.

Answer questions related to your background and experience on similar projects.

• You may enclose supporting or supplementary data.

Bonding and Insurance References

Begin by filling in information on top half of each Exhibit form. Then,

- Forward a copy of Exhibit 2 (page 4) to your Bonding agency.
- Forward a copy of Exhibit 3 (page 5) to your Insurance agency.

Your agents will complete the bottom half of each Exhibit form as follows:

- They will provide requested information.
- They will sign and date it, and return it to you.

Follow up with them as needed to expedite receipt.

Do not submit incomplete or unsigned Exhibit forms to Ajax.

Submission

Submit the fully assembled package (Pages 1 through 6) to Ajax for review.

- Include Bidder Qualifications Questionnaire form completed, signed, and dated.
- Include Exhibit 2 and Exhibit 3 forms completed, signed and dated by respective agents.
- Include Checklist noting all items submitted.

Review and Notification

- Ajax will begin our review upon receipt of all information, and notify you as to the results.

Thank you for your interest in prequalifying to bid work with Ajax Building Corporation.

Form 23A Bidder	Qualifications Questionnaire	Instructions to Applicant	Revised: Rັ}^ÁG€F€
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INFORMATION REQUESTED MUST BE PROVIDED ON THIS FORM. A "SEE ATTACHED" RESPONSE IS NOT ACCEPTABLE.

THIE QUESTIONNAIRE'S CONTENTS ARE CONFIDENTIAL AND USED SOLELY TO DETERMINE THE APPLICANT'S QUALIFICATIONS.

PLEASE FILL OUT THIS FORM "ON-SCREEN", AND RETAIN A COPY FOR FUTURE REFERENCE.

AJAX PROJECT			LOCA	ATION	
CONTACT INFORMA	TION				
Company's Name:				Date	:
Street Address:				_	
City:				State	: Zip:
Contact Person # 1 (Exec./ PM)				_	
E-mail Address:				Telep	phone:
Contact Person # 2 (During Bid Time)					
E-mail Address:					
Telephone:					
COMPANY'S WORK S Which subcontractor tr		alty item(s) will you be bi	dding?		
COMPANY PROFILE					
Years performing work	specialty		Years	in busin	ess under present name:
Avg. annual value of completed in past 3		──── Value of work in placeÁşÁ¦∖çᅜᡬ			Value of work now under contract:
Is your Company rated	with Dun and Brads	street?	Yes	No	D & B Rating:
Is your Company a cer If "Yes", enclose a copy			Yes	No	Classification:
Is your Company a "Dr	,		Yes	No	_
In the past 3 years has	your Company had	any OSHA fines?	Yes	No	If "Yes", provide explanation.
In the past 5 years hav	e you had any jobsi	te fatalities?	Yes	No	If "Yes", provide explanation.
In the past 5 years hav	e you filed for bankr	ruptcy?	Yes	No	If "Yes", provide explanation.
In the past 5 years hav	e you failed to comp	olete a contract?	Yes	No	If "Yes", provide explanation.
Any pending claims or	judgments against y	our Company?	Yes	No	If "Yes", provide explanation.
Do you have any past of personnel, systems, or		s to working with Ajax's s?	Yes	No _	If "Yes", provide explanation.
File: Project No:	stionnaire	PBP - Page 1 of 6		.А	CSINo: Revised: R'}∧ÁG€F€



Form 23A

Bidder Qualifications Questionnaire

BIDDER QUALIFICATIONS QUESTIONNAIRE

CONTRACTOR LICENSING			
	rtment of Business and Professional Regi <u>ing Agent's</u> Florida DBPR license informa	gulation at https://www.myfloridalicense.com. nation:	
Last Name:	First Name:	Middle Name or Initial:	
Licensing	License	License	_
Board:	Туре:	Number:	
COMPANY'S PERSONNEL			
	proposed for assignment to this project: of experience for each person.	l:	
Project Executive			
Project Manager:			
Project Superintendent:			
Indicate total number of full-ti	ime employees currently on your compar	any's direct payroll:	
Skilled Craftsmen:	Unskilled L	Labor:	
List other sources of skilled/ u	unskilled labor:		
What percentage of work do	you typically perform with your Company	ny's own forces? %	
Will you subcontract any port	tions of the work on this job? Yes	No ———	
Which activity(s):		Approx. % of total labor: %	
-	jor projects completed within the past thre	nree (3) years. Indicate \$value of each subcontract. <u>pject. Include completed Ajax projects.</u>	
FINANCIAL STATEMENT			
Please provide a financial sta	atement for <u>confidential review</u> by Ajax ma	management.	
	ata on the Company's general financial c	condition.	
A summary income statemen	nt / balance sheet is preferred.		
I HEREBY CERTIFY THAT	T THE PRECEDING INFORMATION IS TRUE	JE AND COMPLETE TO THE BEST OF MY KNOWLEDGE:	
Company			
Signature		(Authorized Person or Company Officer))
Print Name and Title		Date	
Type of Firm	Corporation Partr	rtnership Other	

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EXHIBIT 1 CURRENT PROJECTS AND REFERENCES

CURRENT PROJECTS

- 1. List two (2) of your Company's most significant projects <u>currently under construction</u>.
- 2. Select either the Project Manager or General Superintendent as current references.
- 3. Verify contact information for each reference!

Before submitting this form:

- Verify that e-mail addresses and telephone numbers are current and correct.
- Invalid contact information will delay the prequalification process.

CURRENT PROJECT NO. 1	CURRENT PROJECT NO. 2
Contracting Agency:	Contracting Agency:
Project Name:	Project Name:
Location:	Location:
Project % Complete:	Project % Complete:
Scheduled Completion Date:	Scheduled Completion Date:
\$Value of Your Subcontract:	\$Value of Your Subcontract:
Reference's Name:	Reference's Name:
Reference's Title: (PM or GS)	Reference's Title: (PM or GS)
Reference's E-mail:	Reference's E-mail:
Reference's Office Phone:	Reference's Office Phone:
Reference's Cell Phone:	Reference's Cell Phone:
AJAX PROJECTS	
List the name of any current Ajax project(s) and/ or most received	ntly completed Ajax project(s).
AJAX PROJECT NO. 1	AJAX PROJECT NO. 2

Form 23A	Bidder Qualifications Questionnaire	Page 3 of 6	Revised: R'}^ÁG€F€
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EXHIBIT 2 BONDING REFERENCE

(Step 1: Subcontractor to complete this top portion and forward to Bonding Agency)

Subcontractor - Please provide the following information:

TO: (Bonding Agency)			
Agency's Contact Person:			
	E-Mail:		
	Phone:	Fax:	
FROM: (Subcontractor)			
	Name:		
Inquiry is authorized by:	Title:		
	E-Mail:		
	Phone:	Fax:	
	(Subcontractor to complete	the above portion)	
	(Step 2: Bonding Agency to complete ding Agency - Please providor pompany:		
3. Treasury listing underwrit	ting limit:		
Single project bonding limit:	Total bonding capacity:	Value of work now bonded:	
5. Comments:			
Signature of Agent:			
Print Name and Title:			
Date:			

Bonding Agency

Please return this completed Exhibit 2 form to the Subcontractor at their above address.

The contents of this form are confidential and used solely to determine the applicant's qualifications. Your prompt response to this inquiry is greatly appreciated.

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EXHIBIT 3 INSURANCE REFERENCE

(Step 1: Subcontractor to complete this top portion and forward to Insurance Agency)

Subcontractor - Please provide the following information:

To: (Insurance Agency)					
Agency's Contact Person:					
	E-Mail:				
	Phone:	F	ax:		
FROM: (Subcontractor)					
This inquiry is authorized by:	Name:	Т	itle:		
	E-Mail:		-		
	Phone:	F	ax:		
	(Subcontra	actor to complete the above p	oortion)		
(Step	2: Insurance	Agent to complete this bottor	n portion)		
Insuran	ce Agent - F	Please provide the follow	ving info	rmation:	
1. Can the subcontractor meet	these minimu	um project requirements?			
General Liability:	\$ 1,000,00	0	,	Yes	No
Automobile Liability:	\$ 1,000,00	0	,	Yes	No
Workers' Compensation:	\$ 100,000	(Each Accident)	,	Yes	No
Workers' Compensation:	\$ 500,000	(Disease - Policy Limit)	,	Yes	No
• Workers' Compensation:	\$ 100,000	(Disease - Each Employe	ee)	Yes	No
2. Please verify subcontractor's	workers' co	mpensation experience m	odifierÁ[¦	Ás@ Áæ cÁs@^^ Á	i^æ•:
20/******	20		20		
Signature of Agent:					
Print Name and Title:					
Date:					
		Insurance Agent:			

Please attach a current Certificate of Insurance.

Return this completed Exhibit 3 form to the Subcontractor at their address shown above.

The contents of this form are confidential and used solely to determine the applicant's qualifications. Your prompt response to this inquiry is greatly appreciated.

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CHECKLIST

Applicant:

Review Bidder Qualifications Questionnaire contents carefully before sending to Ajax. Make sure it is complete, and that it contains all required information as listed below. Hold until all information is received. No partial submittals, please.

Mark "X" in check box next to all enclosed items:

,	 "Applicant General Information", pa person or an officer of the Compa 		pleted, signed, and dated by an authorized
:	2. Exhibit No. 1, "Current Projects and	d References" –	with verified contact information.
	3. Exhibit No. 2, "Bonding Reference	" - completed, si	igned, and dated by bonding agent.
	4. Exhibit No. 3, "Insurance Referenc	e" - completed, s	signed, and dated by insurance agent.
,	Insurance Certificates with effective compensation, and automobile lia		tes and limits for general liability, workers'
	 "History of Completed Projects" – Find past three (3) years. Indicate \$va 	•	ate list of projects completed within the contract. Include Ajax projects.
	7. Resume or summary of experience (See page 2 of 6, "Company's Pe		proposed for assignment to this project. npower").
	3. Copy of Florida DBPR License (s)	for Qualified Bus	siness Organization - (if applicable).
	9. Copy of Florida DBPR License (s)	for <u>Primary Qual</u>	<u>lifying Agent</u> - (if applicable).
	10. Copy of your Company's OSHA-3	300A (<u>1-Page Su</u>	ummary Sheet – Not OSHA 300) for] ¦^ç ặ (˙ • Á^a
	11. Copy of Minority Business Certific	cation (s) - (if ap	pplicable).
	12. Current Financial Statement. A s (See page 2 of 6, "Financial State		statement / balance sheet is preferred.
	13. Other explanatory or supplementa	ary information (I	list). Comments.
Pleas			h your submittal. mbled and submitted this questionnaire.
	evaluator may need to contact you w		
Contact P	erson:		Telephone:
E-mail:			Fax:
	T	T	
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