







# BIDDER QUALIFICATIONS QUESTIONNAIRE

**INFORMATION REQUESTED MUST BE PROVIDED ON THIS FORM. A "SEE ATTACHED" RESPONSE IS NOT ACCEPTABLE. THIS 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.**

<b>AJAX PROJECT</b>		<b>LOCATION</b>	
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### CONTACT INFORMATION

Company's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person # 1 (Exec./ PM) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contact Person # 2 (During Bid Time) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

### COMPANY'S WORK SPECIALTY

Which subcontractor trade(s) and/ or specialty item(s) will you be bidding?

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### COMPANY PROFILE

Years performing work specialty \_\_\_\_\_ Years in business under present name: \_\_\_\_\_

Avg. annual value of work completed in past 3 yrs. \$ \_\_\_\_\_ Value of work in place in last 12 mos. \$ \_\_\_\_\_ Value of work now under contract: \$ \_\_\_\_\_

Is your Company rated with Dun and Bradstreet? Yes \_\_\_\_\_ No \_\_\_\_\_ D & B Rating: \_\_\_\_\_

Is your Company a certified WMB Enterprise? If "Yes", enclose a copy of your certification (s). Yes \_\_\_\_\_ No \_\_\_\_\_ Classification: \_\_\_\_\_

Is your Company a "Drug-free Workplace"? 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 have you had any jobsite fatalities? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", provide explanation.

In the past 5 years have you filed for bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", provide explanation.

In the past 5 years have you failed to complete a contract? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", provide explanation.

Any pending claims or judgments against your Company? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", provide explanation.

Do you have any past or present objections to working with Ajax's personnel, systems, or contract documents? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", provide explanation.



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## CONTRACTOR LICENSING

Reference: the Florida Department of Business and Professional Regulation at <https://www.myfloridalicense.com>. Provide your Primary Qualifying Agent's Florida DBPR license information:

Last Name:	_____	First Name:	_____	Middle Name or Initial:	_____
Licensing Board:	_____	License Type:	_____	License Number:	_____

## COMPANY'S PERSONNEL AND MANPOWER

List names of key personnel proposed for assignment to this project: Attach a resume or summary of experience for each person.

Project Executive: \_\_\_\_\_

Project Manager: \_\_\_\_\_

Project Superintendent: \_\_\_\_\_

Indicate total number of full-time employees currently on your company's direct payroll:

Skilled Craftsmen: \_\_\_\_\_ Unskilled Labor: \_\_\_\_\_

List other sources of skilled/ unskilled labor: \_\_\_\_\_

What percentage of work do you typically perform with your Company's own forces? \_\_\_\_\_ %

Will you subcontract any portions of the work on this job? Yes \_\_\_\_\_ No \_\_\_\_\_

Which activity(s): \_\_\_\_\_ Approx. % of total labor: \_\_\_\_\_ %

## HISTORY OF COMPLETED PROJECTS

Provide a separate list of major projects completed within the past three (3) years. Indicate \$value of each subcontract. **Include projects of similar type, size, and complexity as this project. Include completed Ajax projects.**

## FINANCIAL STATEMENT

Please provide a financial statement for confidential review by Ajax management. Include reasonably current data on the Company's general financial condition. A summary income statement / balance sheet is preferred.

I HEREBY CERTIFY THAT THE PRECEDING INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE:

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

Signature: \_\_\_\_\_ (Authorized Person or Company Officer)

Print Name and Title: \_\_\_\_\_ Date: \_\_\_\_\_

Type of Firm: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Other \_\_\_\_\_



# BIDDER QUALIFICATIONS QUESTIONNAIRE

## EXHIBIT 1 CURRENT PROJECTS AND REFERENCES

### CURRENT PROJECTS

1. List two (2) of your Company's most significant projects currently under construction.
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 recently completed Ajax project(s).

AJAX PROJECT NO. 1	AJAX PROJECT NO. 2



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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 this bottom portion)

Bonding Agency - Please provide the following information:

1. Subcontractor's surety company: \_\_\_\_\_

2. Surety's Best rating: \_\_\_\_\_

3. Treasury listing underwriting limit: \_\_\_\_\_

4. Single project bonding limit:	_____	Total bonding capacity:	_____	Value of work now bonded:	_____
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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: \_\_\_\_\_

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

FROM: (Subcontractor)

\_\_\_\_\_

This inquiry is authorized by:

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

Title: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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

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

(Subcontractor to complete the above portion)

(Step 2: Insurance Agent to complete this bottom portion)

Insurance Agent - Please provide the following information:

1. Can the subcontractor meet these minimum project requirements?

- General Liability: \$ 1,000,000 Yes \_\_\_\_\_ No \_\_\_\_\_
- Automobile Liability: \$ 1,000,000 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 Employee) Yes \_\_\_\_\_ No \_\_\_\_\_

2. Please verify subcontractor's workers' compensation experience modifier \_\_\_\_\_

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.



# BIDDER QUALIFICATIONS QUESTIONNAIRE

## 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:

<input type="checkbox"/>	1. "Applicant General Information", pages 1 & 2, completed, signed, and dated by an authorized person or an officer of the Company.
<input type="checkbox"/>	2. Exhibit No. 1, "Current Projects and References" – with verified contact information.
<input type="checkbox"/>	3. Exhibit No. 2, " Bonding Reference" - completed, signed, and dated by bonding agent.
<input type="checkbox"/>	4. Exhibit No. 3, "Insurance Reference" - completed, signed, and dated by insurance agent.
<input type="checkbox"/>	5. Insurance Certificates with effective / expiration dates and limits for general liability, workers' compensation, and automobile liability coverage.
<input type="checkbox"/>	6. "History of Completed Projects" – Provide a separate list of projects completed within the past three (3) years. Indicate \$value of each subcontract. Include Ajax projects.
<input type="checkbox"/>	7. Resume or summary of experience for personnel proposed for assignment to this project. (See page 2 of 6, "Company's Personnel and Manpower").
<input type="checkbox"/>	8. Copy of Florida DBPR License (s) for <u>Qualified Business Organization</u> - (if applicable).
<input type="checkbox"/>	9. Copy of Florida DBPR License (s) for <u>Primary Qualifying Agent</u> - (if applicable).
<input type="checkbox"/>	10. Copy of your Company's OSHA-300A ( <u>1-Page Summary Sheet – Not OSHA 300</u> ) for ] !^çã ~ •Á^æ.
<input type="checkbox"/>	11. Copy of Minority Business Certification (s) - (if applicable).
<input type="checkbox"/>	12. Current Financial Statement. A <u>summary</u> income statement / balance sheet is preferred. (See page 2 of 6, "Financial Statement").
<input type="checkbox"/>	13. Other explanatory or supplementary information (list). Comments.

**Note:** Include this checklist with your submittal.

Please provide contact information for the person who assembled and submitted this questionnaire. Ajax's evaluator may need to contact you with questions or to obtain clarification.

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_