

PRE-QUALIFICATION REQUIREMENTS FOR BIDDERS Qualification Criteria

Contractors desiring to bid are required to complete the attached "**BIDDER QUALIFICATION QUESTIONNAIRE**". These forms will be used to determine which firms are deemed "qualified" to bid on various H. J. High Construction projects based on, among other requirements, the following criteria:

- 1. **ALL BIDDERS** for all bid packages must demonstrate that they are financially responsible. This may require Dun and Bradstreet Reports, as well as a review with their current suppliers for applicable credit.
- 2. **ALL BIDDERS** must be capable of providing the payroll necessary for the project.
- 3. **ALL BIDDERS** must demonstrate that they are financially capable of carrying on the work until such time as they receive their first payment, and to finance the work between payments until the contract is both completed and accepted.
- 4. At the discretion of *H. J. HIGH CONSTRUCTION COMPANY* and the Owner, **ALL BIDDERS** shall be capable of providing 100% Performance and Payment Bond and 100% Labor and Material Bond for any contract in excess of \$100,000.00.

The bidder's surety company MUST meet the following minimum requirements:

- a.) It shall be licensed to conduct business in the State of Florida.
- b.) It shall have a current valid Certificate of Authority issued by the United States Department of Treasury under Sections 9304 to 9308 of Title 31 of the United States Code.
- c.) It shall be in full compliance of the provisions of the Florida Insurance Code.
- d.) It shall have a minimum "A" rating as determined by the Best's Key Rating Guide. Sureties not rated by Best's will not be acceptable.
- 5. **ALL BIDDERS** must agree to perform 100% of the project construction work with their own employees (unless otherwise approved by *H. J. High Construction Company*), and in no case perform less than 15% of the work utilizing its own employees.
- 6. **ALL BIDDERS** must demonstrate that they have successfully completed no less than two (2) projects of similar size and complexity within the previous five (5) years.
- 7. **ALL BIDDERS** must agree to provide necessary full time, on-site supervision by a representative of the company authorized to act on behalf of bidder.
- 8. **ALL BIDDERS** must acknowledge that they will take out and maintain the minimum insurance policies.
- 9. **ALL BIDDERS** must comply with the *H. J. High Construction Company* Safety Policy.
- 10. **ALL BIDDERS** must agree to comply with the requirements of the Project Schedule as maintained by *H. J. High Construction Company*.



- 11. **ALL BIDDERS** must agree to execute the standard *H. J. High Construction Company* Subcontract Agreement.
- 12. **ALL BIDDERS** must agree to comply with the *H. J. High Construction Company* Drug Free Workplace Policy.

H. J. High Construction Company, as Construction Manager, shall review all pre-qualification submissions and issue invitations to bid at its sole discretion.

The Construction Manager reserves the right to waive any information, to reject any or all Bidders, or to re-advertise for Bids. Award will be to the low responsible, pre-qualified, and invited Bidder whose Bid is responsive to the invitation and is most advantageous to the Owner, price and other factors considered. The Construction Manager specifically reserves the right to take the Bidder's past performance into consideration in determining if the Bidder and its Bid are responsible and qualified, and most advantageous to the Owner.



PRE-QUALIFICATION STATEMENT

The undersigned certifies under oath that the information provided herein is true and sufficiently complete so as not to be misleading.

| Firm/Subcontractor Name Street Address City/State/Zip | | Contact Person | | | | |
|---|--|--------------------------------|--|--|--|--|
| | | (Area Code) Phone Number | | | | |
| | | (Area Code) Fax Number | | | | |
| Cont | tact Person E-mail Address | | | | | |
| Cont | tractor's License Number (if applicable): | State/County Issued: | | | | |
| ede | eral Tax Identification Number: | | | | | |
| | GENERAL INFORMATION | | | | | |
| | Years in business under present name: | | | | | |
| | Years performing work specialty: | | | | | |
| | Value of work now under contract: \$ | | | | | |
| | Value of work in place last year: \$ | | | | | |
| | Average annual value of work completed (v | within last 3 years): \$ | | | | |
| | Trades usually self-performed: | Trades usually self-performed: | | | | |
| | Percentage (%) of work performed by own forces: | | | | | |
| | Number of people in company (not including independent contractors working for company): | | | | | |
| | Work that will be subcontracted to others: | | | | | |
| | Name of Principals (President, Vice President, Treasurer, Partners): | | | | | |
| | | | | | | |
| | Union affiliations: Local () National (|) Contact Expiration: | | | | |



| Do you acce | pt Site Labor Agreements: Yes () No () |
|-----------------|--|
| Is your firm ir | n compliance with EEO requirements? Yes() No() |
| | icer or partner of your organization ever been an officer or partner of anothe that failed to complete a construction contract? Yes () No () |
| If yes, state | the circumstances: |
| | |
| | inority contractor? Yes()No()If so, please indicate which certifications you ounty or State MBE or WBE |
| BANK REFE | RENCES |
| Bank Name: | |
| Address: | |
| Contact: | |
| Currently rate | ed with Dun & Bradstreet? Yes () No () Number: |
| lf yes, what i | s your rating? |
| Has your firm | n ever failed to complete a contact? Yes () No () |
| Has your firm | n been involved in bankruptcy or re-organization? Yes()No() |
| | m have pending judgement claims or suits against the firm? Yes () No () |
| · | (If answer to proceeding is yes, submit details on separate sheet.) |
| BONDING | |
| | pany: |
| Agent Comp | any: |
| Agent Conta | ct: |
| Agent's Tele | phone Number: |
| Bonding Lim | it for a Single Project: \$ |
| Total Bondin | g Capacity: \$ |
| Are you able | to provide a bond for this project? Yes () No () |

2.

3.



4. INSURANCE

Will your organization take out and maintain, for the duration of this Project, the following insurance policies with the minimum limits indicated? Yes () No ()

| A. | Contractual Liability XCU Included Each Occurrence Damage to Rented Premises Medical Expense Each Person Personal & Advertising Liability General Aggregate Per Project Products-Completed Operations | \$1,000,000 \$50,000 \$5,000 \$1,000,000 \$2,000,000 \$2,000,000 |
|----|--|---|
| В. | Automobile Liability Coverages, Combined Single Limit Each Accident | \$1,000,000 |
| C. | Excess/Umbrella Liability Each Occurrence Aggregate | \$1,000,000 \$1,000,000 |
| D. | Worker's Compensation & Employer's Liability Each Accident Disease-Each Employee Disease-Policy Limit | \$1,000,000 \$1,000,000 \$1,000,000 |
| E. | Professional Liability (if required) | \$2,000,000 |

Attach current Insurance Certificate:

| Insurance Company: | | | |
|---|------------|--|--|
| Agent Company: | | | |
| Agent Contact: | Phone: () | | |
| Workman's Compensation Modifier for the past three (3) years: | | | |

5. SAFETY

| Have you had any OSHA fines within the last three (3) years? | Yes (|) | No (|) |
|---|-------|---|------|---|
| Have you had jobsite fatalities within the last five (5) years? | Yes (|) | No (|) |

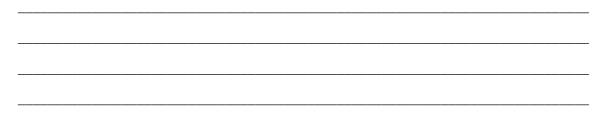
If you answered "**Yes**" to either of the above two questions, you **MUST** submit on a separate sheet the details describing the circumstances surrounding each incident.



6. LITIGATION HISTORY

The Bidder must have an acceptable history of working proactively to avoid litigation with Owners, Design Professionals, and other Contractors in providing his services.

You must describe all litigations (include the court and location) arbitrations, or mediations of any kind involving the Bidder, its officers or directors within the last five years. Use additional pages if necessary. Indicate "Not Applicable" below if the Bidder has no litigation history.



7. **REFERENCES**

LIST THREE (3) GENERAL CONTRACTORS, WITH A CONTACT, PHONE NUMBER AND ADDRESS FOR WHOM YOUR FIRM HAS WORKED WITHIN THE PAST TWO (2) YEARS.

LIST REFERENCES BELOW:

| | | me: |
|---------------|------------|--------|
| | Address: | |
| | Contact: _ | Phone: |
| Reference #2: | Company | me: |
| | Address: | |
| | Contact: _ | Phone: |
| Reference #3: | Company | me: |
| | Address: | |
| | Contact: _ | Phone: |

| PROJECT #1: | Project Name: | |
|-------------|---------------------|--------|
| | Address: | |
| | | Phone: |
| | Contact: | |
| | Contracting Agency: | |
| | | Phone: |



| | Contract Amount: \$ | Date Completed: |
|-------------|-------------------------------------|-----------------------|
| | Percentage Complete: % | Scheduled Comp. Date: |
| | Percentage Completed by own forces: | % |
| PROJECT #2: | Project Name: | |
| | | |
| | | Phone: |
| | Contact: | |
| | | |
| | | Phone: |
| | Contract Amount: \$ | Date Completed: |
| | Percentage Complete:% | Scheduled Comp. Date: |
| | Percentage Completed by own forces: | % |
| | | |

LIST THE CONSTRUCTION EXPERIENCE AND PRESENT COMMITMENTS OF THE KEY INDIVIDUALS OF YOUR ORGANIZATION.

| Name: | Title: | |
|--------------|--------|--|
| Experience: | | |
| | | |
| Name: | Title: | |
| Experience: | | |
| | | |
| Name: | Title: | |
| Experience: | | |
| Commitments: | | |
| | Title: | |
| | | |



8. FINANCIAL

Please be advised that Audited Financial Statements may be required at a later date.

9. SIGNATURE

We hereby acknowledge and accept the Pre-Qualification Requirements for bidders Items 1-13 and attest the information provided herein is truthful and accurate by executing this document below. If we are the successful qualified low bidder on this project, we will sign the standard **H. J. High Construction Company** subcontract agreement, as well as comply with the **H. J. High Construction Company** *"Drug Free Workplace"* Policy and Safety Procedures Manual.

Witness (Notary)

Signature/Title

| Type of Firm: Corporation | |
|------------------------------|--|
| Partnership | |
| Sole Proprietor | |
| Joint Venture | |
| Other | |

Name (Typed or Hand Written)

Place Corporate Seal Above

Return this completed statement by faxing or mailing to:Attention: Estimating Dept.Fax: (407) 841-4820Mail: 1015 West Amelia Street, Orlando, Florida 32805