



C&T SUPPLEMENTAL INFORMATION TO THE AIA A305 CONTRACTOR'S QUALIFICATION STATEMENT

Please complete the following and return to:

Address: Clancy & Theys Construction Company
 7308 Greenbriar Parkway, Orlando, FL 32819
 Contact: Kathy Towery
 Telephone: 407-578-1449
 Fax: 407-578-1439

Project:

Trade Contractor's name: _____

Address: _____

Contact: _____

Telephone: _____

Fax: _____

E-mail Address: _____

Requesting pre-qualification for the following bid package(s) (*more than one may be chosen*):

- | | |
|---|--|
| <input type="checkbox"/> 01A-Final Building Cleaning | <input type="checkbox"/> 07D-Manufactured Wall Panels |
| <input type="checkbox"/> 02A-Grading & Earthwork | <input type="checkbox"/> 08A-Aluminum & Glass Curtainwall |
| <input type="checkbox"/> 02B-Site Water & Sanitary Sewer Systems | <input type="checkbox"/> 08B-Interior Glazing |
| <input type="checkbox"/> 02C-Asphalt Paving, Curb & Gutter | <input type="checkbox"/> 09A-Drywall, Framing & EIFS |
| <input type="checkbox"/> 02D-Concrete Sitework | <input type="checkbox"/> 09B-Ceramic Tile and Stone Flooring |
| <input type="checkbox"/> 02E-Unit Pavers | <input type="checkbox"/> 09C-Acoustical Ceilings |
| <input type="checkbox"/> 02F-Landscaping & Irrigation | <input type="checkbox"/> 09E-Resilient Flooring and Carpet |
| <input type="checkbox"/> 02G-Soil Treatment | <input type="checkbox"/> 09F-Painting |
| <input type="checkbox"/> 02H-Site Amenities | <input type="checkbox"/> 10A-General Trades |
| <input type="checkbox"/> 02J-Auger Cast Piles | <input type="checkbox"/> 12A-Window Treatments |
| <input type="checkbox"/> 03A-Building Concrete | <input type="checkbox"/> 12B-Audience Seating |
| <input type="checkbox"/> 03B-Pedestrian Bridge Foundations and Slab | <input type="checkbox"/> 14A-Elevators |
| <input type="checkbox"/> 04A-Masonry | <input type="checkbox"/> 15A-Fire Protection |
| <input type="checkbox"/> 05A-Steel | <input type="checkbox"/> 15B-Plumbing |
| <input type="checkbox"/> 06A-Architectural Woodwork | <input type="checkbox"/> 15C-HVAC |
| <input type="checkbox"/> 07A-Below Grade Waterproofing | <input type="checkbox"/> 16A-Electrical |
| <input type="checkbox"/> 07B-Roofing | <input type="checkbox"/> 16B-Telecommunications |
| <input type="checkbox"/> 07C-Spray-on Fireproofing | |
| <input type="checkbox"/> 07E-Above Grade Waterproofing & Joint Sealants | |

Name of Company _____

Additional Business Information:

Please check any of the following that apply to your organization:

- 1. HUB (Historically Underutilized Business) Contractor: YES NO
- 2. Minority Owned Business (MBE): YES NO
If you marked "YES", please qualify with which minority group you identify: _____
- 3. Woman Owned Business (WBE): YES NO
- 4. Local Developing Business (LDB): YES NO
- 5. Disadvantage Business (DBE): YES NO

If you have checked "YES" to any of questions 1-5, please attach documentation from any local, state, or federal agency that has certified you as such.

General Banking:

Name of Bank: _____

Contact Person: _____

Contact Phone: _____

Type of Account: _____

Additional Bonding and Construction Capacity Information:

Bond Company Best Rating of "A" or better:

YES NO

Attach Letter from Surety

Present Bonding Capacity – Aggregate: \$ _____

Current Amount Available – Aggregate: \$ _____

Bonding Capacity – Per-Project Limit: \$ _____

Value of work in place last year: \$ _____

Value of largest contract completed: \$ _____

List the Minimum job value in which you prefer to perform work: \$ _____

List the Maximum job value in which you prefer to perform work: \$ _____

Percent (%) of work performed by own forces: _____ %

Total number of permanent staff presently employed by your firm: _____

Dun & Bradstreet rating: (attach copy of report) _____

Attach latest copy of your CPA prepared financial statement

Additional Reference Information:

List three (3) contractor or owner references:

A. Company Name: _____

Contact Name: _____

Address: _____

Phone: _____

Fax: _____

E-mail: _____

Name of Company _____

B. Company Name: _____
Contact Name: _____
Address: _____

Phone: _____
Fax: _____
E-mail: _____

C. Company Name: _____
Contact Name: _____
Address: _____

Phone: _____
Fax: _____
E-mail: _____

Additional Experience Information:

List three (3) project references

A. Name of Project: _____
General Contractor: _____
Contact Name: _____
Address: _____

Phone: _____
Fax: _____
E-mail: _____

B. Name of Project: _____
General Contractor: _____
Contact Name: _____
Address: _____

Phone: _____
Fax: _____
E-mail: _____

Name of Company _____

C. Name of Project: _____
General Contractor: _____
Contact Name: _____
Address: _____
Phone: _____
Fax: _____
E-mail: _____

Environmental, Health, and Safety Issues:

List your firms Worker's Compensation Insurance Interstate/Intrastate Experience Modification Rate (EMR) for the past 4 years indicated. 2010: _____ 2011: _____ 2012: _____ 2013: _____, Average _____
NOTE: If EMR Average for the last four (4) years is over 1.0, submit an OSHA 200 Log for each year with response. Does your firm have a(n)...

- written safety and environment program? YES NO
- written substance abuse program/policy? YES NO
- instruction program for New Hires and/or Foreman? YES NO

Have you had any OSHA Fines within the last 3 years? YES NO

Have you had any job related fatalities within the last 3 years? YES NO

(If you answered YES to either of the above two (2) questions, submit on a separate sheet, the details describing the circumstances surrounding each incident.)

Litigation/Claims History:

Has your company been involved in any claims for defective work in the last five years or a party in any litigation in the last five years? If yes, please attach information regarding each claim. _____

Project Staffing and Procurement History:

Indicate how your firm obtains most of its work (bid, negotiated, etc.)

Attach a current work-in-progress schedule.

Insurance Information:

Insurance Company: _____
Agent Company: _____
Telephone: _____
Fax: _____
E-mail Address: _____

Please attach copy of insurance certificate.

License Information:

Please list any applicable license numbers. _____