

SOLICITATION NO.: **B-** \_\_\_\_\_

DATE \_\_\_\_\_

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LEE COUNTY  
CONTRACTORS QUALIFICATION QUESTIONNAIRE

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**THIS FORM MUST BE COMPLETED AND SUBMITTED WITH THIS BID PACKAGE OR WITHIN FIVE (5) CALENDAR DAYS AFTER BID OPENING. FAILURE TO SUBMIT THIS QUESTIONNAIRE WILL BE GROUNDS TO BE DECLARED NON-RESPONSIVE.**

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Submitted By: \_\_\_\_\_

CORPORATION - Date of Incorporation: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_  
If Out of State Corporation, currently authorized to do business in Florida, give date of such authorization: \_\_\_\_\_

PARTNERSHIP - Date of Organization: \_\_\_\_\_ Nature of Partnership: General  
Limited  
Association

INDIVIDUAL - Name and Address of Owner \_\_\_\_\_  
\_\_\_\_\_

JOINT VENTURE - Between \_\_\_\_\_  
Name Title  
And \_\_\_\_\_  
Name Title  
Date of Agreement \_\_\_\_\_

OTHER - Explain \_\_\_\_\_  
\_\_\_\_\_

Parent Company Office Address (if any): \_\_\_\_\_

Principal Office Address: \_\_\_\_\_

Name of Project (if applicable): \_\_\_\_\_

Person to Contact: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

## CONTRACTORS QUALIFICATION QUESTIONNAIRE (Continued)

Type of Work (file separate form for each classification of work):

General Contractor: \_\_\_\_\_ Road Repair: \_\_\_\_\_  
Underground Utilities: \_\_\_\_\_ Heavy Construction: \_\_\_\_\_  
Road Building: \_\_\_\_\_ Other (specify): \_\_\_\_\_

The signee of this questionnaire guarantees, as evidenced by the sworn affidavit required herein, the truth and accuracy of all statements and of all answers to interrogatories hereinafter made.

The undersigned hereby authorizes and requests any public official, engineer, architect, surety company, bank depository, material or equipment manufacturer or distributor or any person, firm or corporation to furnish any pertinent information requested by Lee County Government deemed necessary to verify the statements made in this application or regarding the standing and general reputation of the Bidder.

1. How many years has your organization been in business as a \_\_\_\_\_ Contractor under your present name?

\_\_\_\_\_

2. Under what other or former names has your organization operated?

\_\_\_\_\_

3. List below your organizations Officers, Owners or Partners:

| NAME | TITLE | ADDRESS | DATE<br>ASSUMING POSITION |
|------|-------|---------|---------------------------|
|      |       |         |                           |
|      |       |         |                           |
|      |       |         |                           |
|      |       |         |                           |
|      |       |         |                           |

4. List jurisdictions and trade categories in which your organization is legally qualified to do business and indicate registration or license numbers, if applicable:

| JURISDICTION | TRADE | STATE CERT.<br>NO. | LEE COUNTY<br>COMP. NO. | STATE REG.<br>NO. | LEE COUNTY<br>OCC. LIC. NO. | STATE PERMIT | EXPIRE DATE |
|--------------|-------|--------------------|-------------------------|-------------------|-----------------------------|--------------|-------------|
|              |       |                    |                         |                   |                             |              |             |
|              |       |                    |                         |                   |                             |              |             |
|              |       |                    |                         |                   |                             |              |             |
|              |       |                    |                         |                   |                             |              |             |

## CONTRACTORS QUALIFICATION QUESTIONNAIRE (Continued)

5. List jurisdictions in which your organization's partnership or trade name is filed:

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6. If the answer to any of the questions below is YES, please attach details. Reference sheets to question number.

6.1 Has your organization ever failed to complete any work awarded to it? YES NO  
See Sheet No. \_\_\_\_\_

6.2 Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers? YES NO  
See Sheet No. \_\_\_\_\_

6.3 Has your organization filed any law suits or requested arbitration with regard to construction contracts within the last five (5) years? YES NO  
See Sheet No. \_\_\_\_\_

7. Has any Officer or Partner of your organization ever failed to complete a construction contract handled in his own name or as a qualifier for another? YES NO  
If so, state the name of the individual, name of owner, when, where, and the reason therefore:

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8. Has any Officer or Partner of your organization ever been as Officer or Partner of some other organization that failed to complete a construction project? YES NO  
If so, state the name of the individual, other organization, when, where and the reason therefore:

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9. Has your organization ever been refused registration by an Federal, State or Municipal Agency as a Pre-qualified Bidder or Qualified Bidder for construction contracts? YES NO  
If so, for what type of work? \_\_\_\_\_  
Give details and reason: \_\_\_\_\_

10. Give below any information which would indicate the size and capacity of your organization, including the number of permanent employees engaged in estimating, purchasing, expediting, detailing and engineering, field supervision, field engineering and layout:

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(use extension sheet if necessary and reference sheet number herein: \_\_\_\_\_)

## CONTRACTORS QUALIFICATION QUESTIONNAIRE (Continued)

11. Attach resumes of key personnel, including superintendents for field management. The resumes shall include the following information:
- 11.1 Name and present position or capacity
  - 11.2 Years of construction experience, type of work, position or capacity and cost range
  - 11.3 Years of related construction experience, type of work, position or capacity and cost range
  - 11.4 Brief education and professional registrations
12. List of type of work normally provided by your own work forces:
- 
13. Indicate type of contracting undertaken by your organization and number of years experience:
- |                       |       |       |       |      |
|-----------------------|-------|-------|-------|------|
| As General Contractor | _____ | Years | _____ | Type |
| As SubContractor      | _____ | Years | _____ | Type |
14. Attach the prime construction contracts your organization has underway on this date \_\_\_\_\_.  
*The list shall include the following information: (reference sheet numbers herein:\_\_\_\_\_)*
- 14.1 Project Title and Location
  - 14.2 Contractor or SubContractor
  - 14.3 Contract Amount and Date of Contract
  - 14.4 Percent Complete
  - 14.5 Project Manager or Superintendent
  - 14.6 Required Completion Date
  - 14.7 Name, Address and Telephone Number of Owner
  - 14.8 Designing Architect/Engineer and Address
15. Attach the last five (5) prime construction contracts completed in the past five (5) years by your organization.  
*The list shall include the following information: (reference sheet numbers herein:\_\_\_\_\_)*
- 15.1 Project Title and Location
  - 15.2 Contractor or SubContractor
  - 15.3 Contract Amount and Date of Contract
  - 15.4 Date Complete
  - 15.5 Project Manager or Superintendent
  - 15.6 Required Completion Date
  - 15.7 Name, Address and Telephone Number of Owner
  - 15.8 Designing Architect/Engineer and Address

## CONTRACTORS QUALIFICATION QUESTIONNAIRE (Continued)

16. Attach the prime construction contracts your organization has contracted with Lee County that are either underway or completed.

*The list shall include the following information: (reference sheet numbers herein:\_\_\_\_\_)*

- 16.1 Project Title and Location
- 16.2 Contractor or SubContractor
- 16.3 Original Contract Amount and Date
- 16.4 Final Contract Amount
- 16.5 Percentage Complete
- 16.6 Project Manager or Superintendent
- 16.7 Required Completion Date
- 16.8 Name, Address and Telephone Number of Owner
- 16.9 County Sponsoring Department

17. If General Contractor, list one or more of the following subcontractors who have been associated with you on any of the projects listed above:

SUBCONTRACTOR (Name and Address)

- 17.1 Mechanical Work \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 17.2 Plumbing \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 17.3 Electrical \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 17.4 Structural \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 17.5 Three (3) other major subcontractors:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CONTRACTORS QUALIFICATION QUESTIONNAIRE (Continued)

18. List below the name of the bonding companies you use for construction project and the name, address and telephone number of your agent:

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19. List no less than three (3) and preferably five (5) financial references:

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20. What is the largest contract (dollar cost) ever performed by your organization?

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21. What is the dollar value of the largest project you consider your organization is qualified to undertake?

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Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Name of Organization

BY: \_\_\_\_\_

\_\_\_\_\_  
Title of Person Signing

(if Corporation Affix Corporate Seal)

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

The foregoing instrument was signed and acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_,

by \_\_\_\_\_ who has produced

(Print or Type Name)

\_\_\_\_\_ as identification.

(Type of Identification and Number)

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Printed Name of Notary Public

\_\_\_\_\_  
Notary Commission Number/Expiration