



SUBCONTRACTOR PREQUALIFICATION STATEMENT

Legal name of company: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Email: _____

Phone: _____ Fax: _____

Trade/Type of Work: _____

Counties of operation: _____

Entity: Corp Partnership Sole Prop Other FEIN or SS#: _____

Is your firm certified by the State of Florida as a Minority Business Enterprise? _____

Women Owned Business? _____ (Attach any certifications if applicable)

Please attach ALL of the following information along with this form:

- **LICENSE:** copy of current license(s) as required by State/County/Municipality
- **INSURANCE:** copy of current certificates of insurance including General Liability, Florida Worker's Compensation, Commercial Auto
- **PROJECTS:** list of at least (3) current projects to include date started & completed, brief description of work, contract size and completed contract size, general contractor (contact name and phone)
- **REFERENCES:** list of at least (3) references including contact name, phone and fax number

All information provided above and attached is true and correct:

Signed: _____ Date: _____

Print name and title: _____

**Please return via fax or email to Debbie Mahan:
Fax (772)781-0620 or Email dmahan@teamparksinc.com**