



**SUBCONTRACTOR QUALIFICATION FORM  
For  
J. RAYMOND CONSTRUCTION CORP**

**465 W. Warren Rd.  
Longwood, FL 32750**

**Phone#: (407) 862.6966  
Fax #: (407) 571.3597**

**On the Web at [www.jray.com](http://www.jray.com)**

**Instructions:** Elaboration of the following requested information or additional information deemed to be useful for evaluation of your firm's capabilities may be attached to this form. Your completed qualification form will be maintained and utilized by J. Raymond Construction Corp. as a basis for determining bid sources.

**PLEASE ATTACH TO THIS FORM, A COPY OF YOUR CERTIFICATE OF INSURANCE INDICATING CURRENT LIMITS AND A CURRENT FINANCIAL STATEMENT.**

Some J. Raymond Construction Corp. projects may require more current information and your re-submission of this form.

Type of work performed \_\_\_\_\_

**COMPANY BIOGRAPHY**

Firm: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ FAX #: ( ) \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Sales Contact: \_\_\_\_\_

President: \_\_\_\_\_

Federal ID#: \_\_\_\_\_ Date Company began under present name: \_\_\_\_\_

Years performing work specialty: \_\_\_\_\_ Former Co. Name: \_\_\_\_\_

Firm Type Circle One: **Corporation**, **LLC**, **Sole Proprietorship** or **Partnership**

Is firm Union **Y N**, Does Firm perform Prevailing wage work **Y N**

Does Firm Have State Approved Minority Status? Circle all that apply **MBE**, **WBE** **SBE**

Does Firm have an approved EEO policy **Y N**, Is firm in compliance with all EEO requirements? **Y N**

Locations Firm will perform work in - \_\_\_\_\_

HAS FIRM: Failed to complete a contract **Y N**,

been involved in a bankruptcy or reorganization **Y N**,

pending judgments, claims or suits against firm **Y N**.

(If answer is yes to any of above three questions, submit details on a separate sheet.)

List number of Staff Employed: Engineers:\_\_\_\_, Foreman:\_\_\_\_, Licensed Tradesman:\_\_\_\_, Apprentices\_\_\_\_, Purchasing Agents:\_\_\_\_,

Total Staff Employed:\_\_\_\_, In-house engineering or fabricating capacity **Y N**.

Portions of work to be Completed by Sub-Subcontractors: \_\_\_\_\_

## BANK INFORMATION

Bank reference: \_\_\_\_\_

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

Bank contact name \_\_\_\_\_ Address: \_\_\_\_\_

## BONDING INFORMATION

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

Bonding Agent: \_\_\_\_\_

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

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

Total bonding capacity: \$ \_\_\_\_\_

Work now under contract \$ \_\_\_\_\_

## FINANCIAL INFORMATION

Annual sales last 3 yrs: \$ \_\_\_\_\_ Yr \$ \_\_\_\_\_ Yr \$ \_\_\_\_\_ Yr

Current working capital: \$ \_\_\_\_\_ % of work performed by own forces \_\_\_\_\_

Approx. value of capital equipment owned by firm: \$ \_\_\_\_\_ Stockholder's Equity: \$ \_\_\_\_\_

## FINANCIAL STATEMENT: (SUBMISSION OF FINANCIAL STATEMENT AT THIS TIME IS REQUESTED. THIS INFORMATION WILL BE HANDLED CONFIDENTIALLY.)

The financial statement should contain reasonably current data and reflect the general current financial condition of the firm and include:

**CURRENT ASSETS:** Cash, joint venture accounts, accounts receivable, notes receivable, accrued interest on notes, deposits, and material and prepaid expenses, net fixed assets and other assets.

**CURRENT LIABILITIES:** Accounts payable, notes payable, accrued interest on notes, provision for income taxes, advances received from owners, accrued salaries, accrued payroll taxes, other liabilities and capital, capital stock, authorized and outstanding shares par values, earned surplus.

Date of statement or balance sheets: \_\_\_\_\_

Name of firm preparing statement \_\_\_\_\_

## INSURANCE: ("CLAIMS-MADE" GENERAL LIABILITY IS UNACCEPTABLE)

LIST LIMITS OR PROVIDE SAMPLE CERTIFICATE

COMMERCIAL GENERAL LIABILITY: \$ \_\_\_\_\_ AUTO : \$ \_\_\_\_\_ WORKMEN COMP: \$ \_\_\_\_\_

EXCESS UMBRELLA COVERAGE: \_\_\_\_\_ INSURANCE AGENCY: \_\_\_\_\_

PHONE NO.: ( \_\_\_\_\_ ) \_\_\_\_\_ CONTACT'S NAME: \_\_\_\_\_

## SAFETY

FIRMS WORKMEN COMPENSATION. EXPERIENCE MODIFICATION FACTOR FOR THE PAST 3 YEARS \_\_\_\_\_, \_\_\_\_\_.

DOES YOUR FIRM HAVE A WRITTEN SAFETY PROGRAM? **Y N**

DO YOU HAVE AN ORIENTATION PROGRAM FOR NEW HIRES? **Y N**

IN THE PREVIOUS THREE YEARS HAS YOUR FIRM BEEN CITED FOR A SERIOUS (AS DEFINED BY O.S.H.A.) VIOLATION? **Y N**

IF YES EXPLAIN

ATTACH LOG AND SUMMARY OF OCCUPATIONAL INJURIES AND ILLNESSES AS REQUIRED BY THE U.S. DEPARTMENT OF LABOR FOR THE LAST (12) TWELVE MONTHS (O.S.H.A. FORM No. 200).

# PROVIDE STATE CERTIFICATION/LICENSE OR MANUFACTURER CERTIFICATIONS

## PERFORMANCE HISTORY

### LIST FOUR(4) MOST SIGNIFICANT PROJECTS COMPLETED IN THE LAST FIVE(5) YEARS.

PROJECT & LOCATION	G.C / CONTACT / PHONE	CONTRACT AMT.	DATE COMP.
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### LIST PROJECTS PRESENTLY UNDER CONSTRUCTION AND PROJECTS EXPECTED TO START WITHIN THE NEXT 3 MONTHS

PROJECT & LOCATION	G.C. / CONTACT / PHONE	CONTRACT AMT	% COMP.	EXPTD COMP DATE
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## TRADE REFERENCE

### List the three(3) most significant suppliers that your firm deals with on a regular basis.

Company	Contact Person	Phone No.	High Credit Limit
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## VERIFICATION OF ACCURACY AND AUTHORIZATION TO RELEASE CREDIT INFORMATION

The Applicant \_\_\_\_\_ (Firm's name) hereby verifies that all Statements made herein are true and accurate to the best of its knowledge. The Applicant authorizes J. Raymond Construction Corp. the right to make any and all inquiries necessary for assessing credit and performance history. The applicant hereby indemnifies J. Raymond Construction Corp. and its agents, from any liability resulting from their credit and performance survey.

This form must be signed by an Officer or an individual so authorized by an Officer of the firm.

Signature: \_\_\_\_\_ Date / /

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

# FOR INTERNAL USE ONLY - DO NOT FILL IN

<u>REFERENCE CONTACTED</u>	<u>DATE</u>	<u>CONTACT</u>	<u>REMARKS</u>
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## BONDING COMPANY CONTACTED

### BANK CONTACTED

- +),
- .) - **RECOMMEND** THIS FIRM BE PLACED ON BIDDER LIST.
- +),
- .) - **DO NOT RECOMMEND** THIS FIRM BE PLACED ON BIDDER LIST, BECAUSE

- +),
- .) - DUNN & BRADSTREET REQUESTED:

January 20, 2011



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: JC

DATE (MM/DD/YYYY)  
01/28/11

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Insurance Agency Name	CONTACT NAME:	
	Address	PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		PRODUCER CUSTOMER ID #:	
		INSURER(S) AFFORDING COVERAGE	
INSURED	Subcontractor Name Address	INSURER A: <b>A- or Better by A.M. Best</b>	NAIC #
		INSURER B: <b>A- or Better by A.M. Best</b>	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b>	X	X	POLICY NUMBER			EACH OCCURRENCE \$ <b>1,000,000</b>
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>50,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ <b>5,000</b>
	<input checked="" type="checkbox"/> Contractual Liab.						PERSONAL & ADV INJURY \$ <b>1,000,000</b>
	<input checked="" type="checkbox"/> XCU Included						GENERAL AGGREGATE \$ <b>2,000,000</b>
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMPI/OP AGG \$ <b>2,000,000</b>
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						\$
A	<b>AUTOMOBILE LIABILITY</b>			POLICY NUMBER			COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b>			POLICY NUMBER			EACH OCCURRENCE \$ <b>1,000,000</b>
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	<input checked="" type="checkbox"/> OCCUR						<b>Excess of</b> \$
	<input type="checkbox"/> CLAIMS-MADE						<b>GL,AL,WC</b> \$
	DEDUCTIBLE						<input checked="" type="checkbox"/> WC STATUTORY LIMITS   OTH-ER
	RETENTION \$						E.L. EACH ACCIDENT \$ <b>500,000</b>
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	Y/N	N/A	POLICY NUMBER			E.L. DISEASE - EA EMPLOYEE \$ <b>500,000</b>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - POLICY LIMIT \$ <b>500,000</b>
	If yes, describe under DESCRIPTION OF OPERATIONS below						

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**

Project Name from Subcontract Agreement  
The Certificate Holder and Owner are named as Additional Insureds with respects to General Liability for claims arising out of its work for both ongoing and completed operations (Attach Endorsement CG 20 10 11 85 or equivalent). A Waiver of Subrogation is in favor of the Certificate Holder and the Owner with respects to General Liability and Workers Compensation with respects to General Liability and Workers Compensation. The Umbrella Liability follows form. Insurance of subcontractor shall be primary and non-contributory to the insurance maintained by the Certificate Holder.

**CERTIFICATE HOLDER****CANCELLATION**

<b>J. Raymond Construction</b> 465 West Warren Avenue Longwood, FL 32750	<b>JRAYMO3</b>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
		AUTHORIZED REPRESENTATIVE _____ Authorized Representative Signature

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