



COMPANY _____
TRADE _____

D&D Construction Services

SUBCONTRACTOR PRE-QUALIFICATION STATEMENT

D & D Construction Services, 2707 Rew Circle, Ocoee, Florida 34761

Instructions:

All subcontractors and suppliers are required to complete the attached prequalification documents in order to be placed on our bidders list. Subcontractors and suppliers on our bidders list will be automatically solicited for bids on upcoming projects with D&D Constructions Services. All documents are to be completed and returned to:

Email: rparker@ddcs.net or Fax to: (407) 654-7546

By completing and executing this form, subcontractor acknowledges all information provided is complete, true and correct and that this Pre-Qualification Statement is made for the express purpose of having your firm's qualifications evaluated with regard to the scope of work subcontractor is soliciting. Subcontractor further acknowledges and agrees to the Bidding Requirements contained herein.

Completion and submittal of this document to D&D Construction, as well as approval and acceptance of your firm by D&D Construction, are conditions precedent to your firm's participation in future projects. D&D Construction reserves the right to accept or reject participation by your firm at any time with or without cause.

Agreement to the terms and conditions of the standard D&D Construction Subcontract Agreement without modification is condition precedent to your firm being approved and accepted to participate in D&D Construction projects.

General Information:

Date of Application: _____
Complete Name of Soliciting Firm: _____
Previous Names (if any): _____
Date of Incorporation (if applicable): _____
Address: _____
Phone Number: _____
Fax Number: _____
Company Contact: _____
Dunn & Bradstreet Reference #: _____
Years in Business (present name): _____
Scope of Work Desiring to Bid: _____
Percentage of Work to be Performed with Own Forces: _____
% Union Affiliations (local or national): _____
Contractor Licensing Number: _____ State: _____

Bonding Information:

Is your organization bondable? Yes () No ()

If so, Please complete the following:

Surety Company _____
Name & Address of Agent: _____

Phone Number of Agent: _____
Bonding Capacity: \$ _____
Value of Work Presently Bonded: \$ _____
Bonding Limit for a single Project: \$ _____
Bonding Rate: _____ %
Are you willing & able to provide a bond for this project if required? Yes () No ()

Insurance Information:

Insurance Company & Address: _____

Agent Company & Address: _____

Agent Contact: _____

COVERAGES:

Minimum Required Limits:

Contractors Comprehensive General Liability Coverages, Bodily Injury & Property Damage	\$1,000,000.00_____
Automobile Liability Coverages, Bodily Injury & Property Damage	\$1,000,000.00_____
Excess Liability, Umbrella Form	\$5,000,000.00_____
Worker's Compensation & Employers Liability	\$ Per Florida Statutes____

Safety: Do you have a company-wide safety program? Yes () No ()

Do you have a Drug Free Workplace policy in place? Yes () No ()
 Have you had any OSHA fines in the last 3 Yrs? Yes () No ()
 Have you had any jobsite fatalities within the last 3 yrs? Yes () No ()
 If yes to either of the last 2 questions above, please explain:

Please List your Worker's Compensation Experience 2008 _____
 Modification Rate (EMR) for each of the last three (3) 2007 _____
 Years: 2006 _____

Note: If EMR Average for the last 3 years is over 1.0, please submit an OSHA 200 log for each year.

Minority/E.E.O. Compliance:

Is your organization in compliance with all EEO requirements? Yes () No ()
 Is your organization a certified minority or small business contractor? Yes () No ()
 List agencies with whom certified:

Experience & References:

Number of years' experience your firm has had in trade being bid: _____ years
 Please list the last three (3) projects Completed by your Firm :
Note: Please do not include projects for which your firm is not yet begun or has just started.

Project #1:
 Project Name: _____
 Location: _____
 Total Value of Project: \$ _____
 Value of your Contract: \$ _____
 General Contractor: _____
 Contact: _____
 Phone Number: _____
 Work Performed: _____
 Completion Date: _____

Project #2:
 Project Name: _____
 Location: _____
 Total Value of Project: \$ _____
 Value of your Contract: \$ _____
 General Contractor: _____
 G.C. Contact: _____
 G.C. Phone Number: _____
 Work Performed: _____
 Completion Date: _____

Project #3:
Project Name: _____
Location: _____
Total Value of Project: \$ _____
Value of your Contract: \$ _____
General Contractor: _____
G.C. Contact: _____
G.C. Phone Number: _____
Work Performed: _____
Completion Date: _____

Please list the 3 most Significant Projects Completed in the last five (5) years:

Project #1:
Project Name: _____
Location: _____
Total Value of Project: \$ _____
Value of your Contract: \$ _____
General Contractor: _____
G.C. Contact: _____
G.C. Phone Number: _____
Work Performed: _____
Completion Date: _____

Project #2:
Project Name: _____
Location: _____
Total Value of Project: \$ _____
Value of your Contract: \$ _____
General Contractor: _____
G.C. Contact: _____
G.C. Phone Number: _____
Work Performed: _____
Completion Date: _____

Project #3:
Project Name: _____
Location: _____
Total Value of Project: \$ _____
Value of your Contract: \$ _____
General Contractor: _____
G.C. Contact: _____
G.C. Phone Number: _____
Work Performed: _____
Completion Date: _____

Financial Statement:

Please complete the following information or provide a copy of your last certified yearend financial statement under separate cover:

Date of the information that follows: _____

ASSETS

Cash: \$ _____
Accounts Receivable Trade: \$ _____
Inventory: \$ _____
Prepaid Expenses: \$ _____
Total Current Assets: \$ _____
Leasehold Equipment: \$ _____
Mobile Equipment: \$ _____
Plant Equipment: \$ _____
Total Plant & Equipment: \$ _____
Less Accum., Depre., & Amort.: \$ _____
Net Plant & Equipment: \$ _____
Other Assets (Please Describe): \$ _____
TOTAL ASSETS: \$ _____

LIABILITIES

LIABILITIES & STOCKHOLDER'S EQUITY

Current Liabilities

Accounts Payable Trade: \$ _____
Notes Payable: \$ _____
Accrued Payroll & Taxes: \$ _____
Accrued Expenses: \$ _____
TOTAL LIABILITIES: \$ _____

Stockholder's Equity

Common Stock: \$ _____
Paid in Capital: \$ _____
Retained Earnings: \$ _____
Current Earnings: \$ _____
TOTAL STOCKHOLDER'S EQUITY: \$ _____

TOTAL LIABILITIES & STOCKHOLDER'S EQUITY: \$ _____

Please provide net total billings (contract volume) for your firm over the past three (3) fiscal years:

2007 total billings to date: \$ _____

2006 total billings: \$ _____

2005 total billings: \$ _____

Has your firm failed to complete any contract: Yes () No ()
Has your firm been involved in Bankruptcy or reorganization? Yes () No ()
Has your firm been involved in any litigation or claims? Yes () No ()
Has your firm had liquidated damages filed against it? Yes () No ()
Has your firm been involved with any claims? Yes () No ()
Has your firm been involved with any construction liens? Yes () No ()

If yes to any of the above questions, please explain:

Personnel:

Total Number of permanent staff presently employed by firm: _____

The above referenced permanent staff employment includes the following:

Management # _____	Skilled Craftsmen # _____
Superintendent # _____	Unskilled Labor # _____
Project Engineers # _____	Estimators # _____
Engineers # _____	Other # _____
Foremen # _____	Project Managers # _____
Draftsmen # _____	

By executing this document, you acknowledge that all information contained herewith is true, complete, and correct, and that you accept all of the terms and conditions contained within this document without exception.

Signature of Principal: _____

Typed Name: _____

Title: _____

Signature of Witness: _____

Typed Name Title: _____

Corporate Seal