



RE: Prequalification

Dear Subcontractor,

Thank you for taking the time to prequalify with Mad Dog Construction. Please carefully review and complete the attached '2015 Prequalification' form. Feel free to provide any additional information beyond that requested within the form that will help demonstrate your firm's ability to complete the scope (s) of work for which you are pre-qualifying. Please ensure that, at a minimum you have provided all information requested within.

Please be aware that prequalification with Mad Dog Construction may be a prerequisite to bidding a project. Please refer to the project specific bid packages for deadlines relative to a specific project.

Thank you again for your time!

Sincerely,

SHAWN C. ROBERTS
Vice President, Chief Operating Office
Mad Dog Construction



MORE THAN BUILDINGS

morethanbuildings.com
Phone: 850.878.8272
Fax: 850.878.6038

1203 Miccosukee Road
Tallahassee, FL 32308

FL CGC 018607



Mad Dog Construction

2015 JOB SPECIFIC PREQUALIFICATION

Project Name _____

Pre-Qualification for Bid Package(s) # _____

(Please List All Applicable Bid Packages) _____

GENERAL FIRM INFORMATION

Firm Name _____

Contact _____

Address _____

City, State, Zip Code _____

Office Telephone _____ Fax _____

Email _____

Website _____

FIRM HISTORY

Year Established/Incorporated _____

Corporate Charter # _____

Florida Contractor License # _____

Primary Business _____

Years Performing This Work _____ Number of Permanent Employees _____

Total Dollar Value Of Work Completed For The Last Three Years:

2014 _____

2013 _____

2012 _____



Mad Dog Construction 2015 JOB SPECIFIC PREQUALIFICATION

Dollar Amount of Work Currently Under Contract _____

Name Of Bank _____ Contact _____

Address _____

City, State, Zip Code _____

Telephone # _____

BONDING INFORMATION

Project Bonding Limit _____ Total Aggregate Bonding Limit _____

Value of Work Presently Bonded _____

Bonding Surety _____ Contact Agent _____

Address _____ Telephone # _____

City, State, Zip Code _____ Fax # _____

INSURANCE INFORMATION

Insurance Company _____ Contact Agent _____

Address _____ Telephone # _____

City, State, Zip Code _____ Fax # _____

Your firm must provide a certificate of insurance as proof of the insurance coverage limits listed below:

- Comprehensive General Liability
- *\$1,000,000 Each Occurrence
 - *\$2,000,000 Products/Completed Operations
 - *\$2,000,000 General Aggregate
 - *\$1,000,000 Per person/organization
 - *States 30-day Cancellation Notice
 - *Certificate Holder Additional Insured

- Automotive Liability
- *\$1,000,000 Combined Single Limit
 - *States "Any Auto Coverage"
 - *States 30-day Cancellation Notice



Mad Dog Construction 2015 JOB SPECIFIC PREQUALIFICATION

Workers Compensation

- *\$500,000 E.L. Disease – Policy Limit
- *\$500,000 E.L. Disease – Each Employee
- *\$500,000 E.L. Each Accident
- *States 30-day Cancellation Notice

RELEVANT PROJECT EXPERIENCE

Please list on a separate sheet any current or past project experience with a similar scope that your firm has completed during the last five years. Please include all the following information.

Was The Project Completed On Time? YES NO

Completion Date _____ OR Percentage Completed _____

Project Name _____

Project Location _____

Contract Amount _____ Change Order Amount _____

General Contractor _____

Phone/Email _____

Owner's Representative _____

Phone/Email _____

CONTRACTOR REFERENCES

Company _____ Contact/Title _____

Telephone # _____ Email _____

Company _____ Contact/Title _____

Telephone # _____ Email _____



Mad Dog Construction

2015 JOB SPECIFIC PREQUALIFICATION

Company _____ Contact/Title _____

Telephone # _____ Email _____

VENDOR REFERENCES

Company _____ Contact/Title _____

Telephone # _____ Email _____

Company _____ Contact/Title _____

Telephone # _____ Email _____

Company _____ Contact/Title _____

Telephone # _____ Email _____

OWNER REFERENCES

Company _____ Contact/Title _____

Telephone # _____ Email _____

Company _____ Contact/Title _____

Telephone # _____ Email _____

Company _____ Contact/Title _____

Telephone # _____ Email _____



Mad Dog Construction 2015 JOB SPECIFIC PREQUALIFICATION

OTHER INFORMATION

Please check all that apply. If 'YES' to any, please attach an explanation and/or relevant certification documents on a separate sheet.

- | | | |
|---|------------------------------|-----------------------------|
| Does This Firm Have Any Pending Judgments, Claims or Suits? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Has This Firm Had A Bankruptcy or Reorganization? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Has This Firm Ever Failed To Complete A Project? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Is This Firm A Certified MBE of Any City, County or State Entity? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Is This Firm A Certified W/MBE of Any City, County or State Entity? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Is This Firm A Service Disabled Veteran Owned Business? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Does This Firm Have A Written Safety Program? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Has This Firm Been Cited BY OSHA Within The Last 3 Years? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

SIGNATURE

I, Herby Certify To The Best Of My Knowledge, The Information Provided On This Form Is True And Complete.

Name (Print) _____

Signature _____

Title _____

Date _____