



CRAFT CONSTRUCTION COMPANY LLC.
 480 S. Andrews Ave Suite 103
 Pompano Beach, Florida 33069

PRE QUALIFICATION FORM

SUBCONTRACTOR / VENDOR COMPANY INFORMATION	
Legal Business Name:	Date:
	<input type="checkbox"/> Subcontractor <input type="checkbox"/> Vendor
Mailing or Billing Address: Street Address: City: State: Zip:	Business Address: Street Address: City: State: Zip:
Prime Contact:	Years of Operation Under Current Name:
Secondary Contact:	Number of Full Time Employees:
Mobil Number:	Type Business:
Office Number:	<input type="checkbox"/> Limited Liability <input type="checkbox"/> Corporation
Fax Number:	<input type="checkbox"/> Partnership <input type="checkbox"/> Others
Email Address:	Web Site Address:
State License Number:	Employer Identification Number:

SAFETY RECORD									
Provide the Company's Experience Modification Rate for the last three years	Has this Company had any record OSHA violation over the past three years:								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Year</th> <th style="width: 50%;">Rate</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Year	Rate	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes please provide written description on a separate sheet and resolution Does the Company have a written Safety Program: _____
Year	Rate								
_____	_____								
_____	_____								
_____	_____								

REFERENCE AND PROJECT INFORMATION	
List the last three completed projects:	
Project Name:	Project Location:
Contract Amount:	General Contractor
Date Started: Date Completed:	General Contractor Contact: Phone:
Provide description a of your scope work:	
Project Name:	Project Location:
Contract Amount:	General Contractor
Date Started: Date Completed:	General Contractor Contact: Phone:
Provide description a of your scope work:	
Project Name:	Project Location:
Contract Amount:	General Contractor
Date Started: Date Completed:	General Contractor Contact: Phone:
Provide description a of your scope work:	



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INSURANCE AND BONDING

Confirm your Company carry's the following insurance coverage:

Each Occurrence	\$1,000,000.00	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
General Liability Per Project	\$2,000,000.00	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Product and Completed Operations Aggregate	\$2,000,000.00	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Personal / Advertising Injury	\$1,000,000.00	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Automobile Liability Combined Single Limit	\$1,000,000.00	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Fire Damage	\$100,000.00	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Medical Payment	\$10,000.00	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Umberlla Liability	\$1,000,000.00	<input type="checkbox"/>		<input type="checkbox"/>	
Workers Compensation meeting statutory required with all state endorsements and containing: Employer Liab. \$500,000.00 , Each Accident \$500,000.00, Disease-Policy Limit \$500,000.00		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Bonding Company: _____ Total Bonding Capacity: _____

Current Available Bonding Capacity: _____

CERTIFY

The undersigned certifies that the information provided herein is true and accurate representation of the Company's information:

 Print Name

 Title

 Date

Return this complete form to:

Craft Construction Company
 480 S. Andrews Ave Suite 103
 Pompano Beach, Florida 33069
 or email: info@craftconstruction.com
 Ph. 954-372-1017