

SUBCONTRACTOR QUALIFICATION CHECKLIST

The following information is required by Invision Development in order to qualify your bid and or enter into a Contract Agreement:

- Completed Subcontractor Qualification Form
- Company W-9
- Copy of State Contractor's License
- Business License
- MBE, WBE or other Minority/Disadvantaged Status Certificate
- Certificates of Insurance

Please send all of the attached to us at bsebastian@invisionfl.com. The timely return of this information will enable us to move forward in developing our business relationship.

Thank you,

Bennet Sebastian

Invision Development, LLC



SUBCONTRACTOR QUALIFICATION FORM

COMPANY INFORMATION

Firm: _____

Phone: _____

Address: _____

Fax: _____

Federal ID#: _____

President: _____

Main Contact: _____

Year Company Established: _____

Years in This Specialty: _____

Company Legal Structure: Corporation LLC Partnership Sole Proprietor

Union Status: Union Non-Union Minority Status: MBE WBE Other _____

Type of work performed: _____ Divisions usually bid: _____

Has Company ever failed to complete or been terminated on a contract? Yes No

Has Company been involved in a bankruptcy or reorganization? Yes No

Does Company have pending judgements, claims or suits against it? Yes No

If answers to any of the above are yes please provide explanations below: _____

List number of staff employed:

Project Managers: _____

Foremen: _____

Superintendents: _____

Tradesmen: _____

Office Staff: _____

Apprentices: _____

Percentage of work completed by company employees: _____

Percentage of work completed by sub-subcontractors: _____



BANK INFORMATION

Bank Name: _____

Contact Person: _____

Address: _____

Phone Number: _____

BONDING INFORMATION

Bonding Company _____

Bonding Agent: _____

Address: _____

Phone Number: _____

INSURANCE INFORMATION

General Liability: Each Occurrence: _____

Aggregate: _____

Workers Compensation: Each Occurrence: _____

Aggregate: _____

Umbrella Liability: Each Occurrence: _____

Aggregate: _____

Auto Liability: Combined Single Limit: _____

(Please provide a copy of your insurance certificates for each of the above showing limits)

FINANCIAL INFORMATION

Annual Sales Previous Three Years:

Year: _____ Gross Sales: _____

Year: _____ Gross Sales: _____

Year: _____ Gross Sales: _____

Current Working Capital: _____

Financial statements may be required prior to issuing a contract. If requested, will you comply?

SAFETY

Does your company have a written safety training program? _____

Number of employees with OSHA 10-hr safety training certification: _____

Number of employees with OSHA 30-hr safety training certification: _____

Number of OSHA violations in the past three years: _____

PERFORMANCE HISTORY:

List three major projects performed in the last three years:

1. Project Name: _____
Location: _____
Owner: _____
Contract Amount: _____
Date Completed: _____
General Contractor: _____
GC Contact/Phone: _____

2. Project Name: _____
Location: _____
Owner: _____
Contract Amount: _____
Date Completed: _____
General Contractor: _____
GC Contact/Phone: _____

3. Project Name: _____
Location: _____
Owner: _____
Contract Amount: _____
Date Completed: _____
General Contractor: _____
GC Contact/Phone: _____

CURRENT WORKLOAD:

List projects presently under construction or expected to start within the next three months:

1. Project Name: _____
Location: _____
Owner: _____
Contract Amount: _____
Expected Completion Date: _____
Percent Complete: _____
General Contractor: _____
GC Contact: _____
GC Contact/Phone: _____

2. Project Name: _____
Location: _____
Owner: _____
Contract Amount: _____
Expected Completion Date _____
Percent Complete: _____
General Contractor: _____
GC Contact: _____
GC Contact/Phone: _____

3. Project Name: _____
Location: _____
Owner: _____
Contract Amount: _____
Expected Completion Date: _____
Percent Complete: _____
General Contractor: _____
GC Contact/Phone: _____



TRADE REFERENCES

List three suppliers your company deals with on a regular basis

1. Company _____
Contact: _____
Phone: _____
Credit Limit: _____

2. Company _____
Contact: _____
Phone: _____
Credit Limit: _____

3. Company _____
Contact: _____
Phone: _____
Credit Limit: _____

VERIFICATION OF ACCURACY AND AUTHORIZATION TO RELEASE CREDIT INFORMATION

The Company hereby verifies that all statements made herein are true and accurate to the best of its knowledge. The Company authorizes Invision Development to make all inquiries necessary for assessing the credit and performance history of the Company. The Company hereby indemnifies Invision Development 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

Submitted By:

Name: _____

Signature: _____

Title: _____

Date: _____