



Parrish McCall Constructors, Inc.
3455 SW 42nd Avenue | Gainesville, Florida 32608
Email: estimating@parrish-mccall.com
Office: 352-378-1571 | Fax: 352-377-0669

The following form is for prospective bidders on any Parrish McCall Constructors project. Please e-mail, or fax the completed form along with any supporting documentation to estimating@parrish-mccall.com, or (352) 377-0669, Attention: Estimating Department.

Please be sure to indicate the contact person in your organization who you want to be our direct contact for any bid opportunities. Provide the individual's name, telephone number (with extension), and e-mail address.

Thank you for your interest.

Date Project Name

Company Information

Company Name

Contact Name

Type of Company: Corporation Partnership Sole Proprietorship

Street Suite No.

City State Zip Code

Phone Number Fax Number

Website

Email

Contractor's License Number (attach copy)

Geographic Area of Interest

Work Specialty Years Performing Work Specialty

Years in Business Under Present Name

Dollar Value of Work Under Contract Dollar Value of Work in Place Last Year

Dollar Value of Work Presently Bonded Total (Aggregate) Bonding Capacity

Surety Company Single Project Bonding Capacity

Bonding Agent Phone Number

Insurance Agent Phone Number

Will the scope of work being applied for be performed by employees of this company, or will it be subcontracted to others?

Work to be self-performed

Work to be subcontracted to others

If any scope of work is to be subcontracted, provide name(s) of subcontractor(s) and background information on each subcontractor that will be utilized on this project.

Total Number of Permanent Staff

Office Staff

Field Personnel

Average Work Force Over the Past Five Years

Is the firm a Florida State Certified M/WBE? Yes No Certificate No.

Is firm in compliance with EEO requirements? Yes No

Approximate value of equipment owned by company:

Does the company have a Safety Program? Yes No

What is the company's EMR (Experience Modifier Ratio)?

Does the company maintain an OSHA 300 Log (total of hours worked, lost time, total accidents, etc.)?

Yes No If YES, Provide a copy.

Has the Company or any company related to the current ownership of the company ever:

Failed to complete a contract? Yes No

Been involved in a bankruptcy or reorganization? Yes No

Had pending judgement claims and suits against it? Yes No

Been assessed liquidated damages on any project? Yes No

If YES to any of the preceding, submit details on a separate sheet.

Does the company have a D&B Rating? Yes No

If YES, please provide your D&B Number:

Trade References (Contact Name, Address, Phone Number)

1) Name Address Phone Number

2) Name Address Phone Number

3) Name Address Phone Number

List three projects with the same scope of work that you are applying for that were completed by the company (not a previous company or entity) within the past three years.

- | | |
|----|----------------|
| 1) | Contract Value |
| 2) | Contract Value |
| 3) | Contract Value |

List three Construction Managers that your company has performed the same scope of work for which you are applying. Provide the name of the firm, a contact, telephone number and address.

- | | |
|--------------|--------------|
| 1) Firm Name | Contact Name |
| Address | Phone Number |
| 2) Firm Name | Contact Name |
| Address | Phone Number |
| 3) Firm Name | Contact Name |
| Address | Phone Number |

List two of your MOST SIGNIFICANT projects currently UNDER construction which are the same in scope and contract value to the work being contemplated for this project.

- | | | | | |
|--|------------------------|--|-----|----|
| 1) Project Name | Location (City, State) | | | |
| Scope of Work | | | | |
| Contractor | Contact Name | Phone Number | | |
| Contract Amount | Completion | Is the work being self-performed?
If no, see below. | Yes | No |
| If no, please list the subcontractor(s) performing the work and the value of the contact | Sub | Contract Value | | |
| 2) Project Name | Location (City, State) | | | |
| Scope of Work | | | | |
| Contractor | Contact Name | Phone Number | | |
| Contract Amount | Completion | Is the work being self-performed?
If no, see below. | Yes | No |
| If no, please list the subcontractor(s) performing the work and the value of the contact | Sub | Contract Value | | |

Attach a complete resume of the proposed Project Manager and Superintendent to be utilized for this project. If the qualified bidder is successful in obtaining the contact, it is expected that these individuals will be committed to the project. AN INCOMPLETE PRE-QUALIFICATION FORM MAY EFFECT THE APPLICANT'S APPROVAL. Please submit only a completed form with all requested information.

I hereby certify that the above information is true and complete to the best of my knowledge. I understand that the CM has the sole discretion based on the information provided in this application and past experience to approve or deny a company's ability to bid on the project.

Signature (Officer of the Company)

Name (Print)