



**Preconstruction Services Department
Subcontractor Profile**

Please complete this form and fax to Shannon Horn at (407) 297-0459.

Company Name: _____

Street Address: _____ City: _____ State _____ Zip _____

Tel # _____ Fax # _____
(fax number very important)

Contact Person: _____ Title _____ Cell # _____
(This person will receive the Invitation to Bid)

Email Address: _____ *(email address very important)*

Please indicate which (if any) of the following apply to your company:

Minority Business Enterprise _____ Women Business Enterprise _____ Disadvantaged Business _____

Small Women Owned Business _____ Small Business _____ IF APPLICABLE, PLEASE ATTACH YOUR CERTIFICATE.

Is your company bondable? _____ If yes, what is your maximum bond capacity? _____

D&B Rating: _____ Annual Sales/Revenue: _____

Fed I.D. No.: _____ License No.: _____ Year Incorporated: _____

Please provide us with a copy of your most current W-9 as well as your financial statement

Is your company owned by another company? If so, which company? _____

Years performing work specialty: _____

What States are you licensed to perform business operations: _____

Do you carry Workers' Compensation Coverage: _____ For what states: _____

Do you carry General Liability Coverage: _____ General Aggregate Amount: \$ _____ Each Occurrence: \$ _____

Average Contract size: _____ Maximum: _____ Minimum: _____

Does your company specialize in any of the following types of construction projects?

___ Office Bldgs	___ Medical/ALF	___ Retail
___ Schools	___ Themed Attractions	___ Industrial

Please indicate the geographical area and/or areas in which your company works.

___ Central Florida	___ SW Florida	___ Miami/Ft. Laud./WPB	___ Panhandle
___ Tampa/St. Pete	___ North Florida	Other: _____	

Using the lines below, please indicate the division(s) of work your company performs.

Please send lists of Owner/G.C. References and Past Projects with this Sub Profile.