



BENCHMARK

Building and Development Inc

www.BenchmarkBuildingGroup.com

Subcontractor Qualification Form

Please return this form to Vendors@BenchmarkBuildingGroup.com.

Type Of Work Qualifying For: _____

Company Name _____

Mailing Address _____

Physical Address _____

Phone _____ Fax _____ Email _____

Company Contact _____

Florida Contractor License Number _____

Geographic Area of Business _____

Years in Business under Present Name _____

Work Specialty _____

Years Performing Work Specialty _____

Work Currently Under Contract \$ _____

Total Bonding Capacity \$ _____

Insurance Agent _____

Phone Number _____

Policy Number Expiration Date _____

General Liability Insurance _____

Workers Compensation Insurance _____

Percent of Work Performed by Own Forces _____%

Total Number of Permanent Staff Employed by Company _____

This includes _____ Office Staff _____ Field Personnel

Has Company Ever _____ Failed to Complete a Contract?

_____ Been Involved in Bankruptcy or Reorganization?

_____ Had Pending Judgment Claims or Suits?

_____ Been Assessed Liquidated Damages on any Project?

Does Company Have a Current Rating with Dun & Bradstreet? ____ Yes ____ NO

If Yes, what is your D&B Rating? _____ D&B Number _____

Trade References (Contact Name, Phone, Address)

1. _____

2. _____

3. _____

General Contractors with whom you're Company has worked within the past two years
(Contact Name, Phone, and Address)

1. _____

2. _____

3. _____

List Four of your Most Significant Projects Currently Under Construction:

Name & Location Contact Name/Phone Contract Amount Completion

1. _____
2. _____
3. _____
4. _____

I hereby certify that the above information is true and complete to the best of my knowledge.

Signature _____

(Officer of the Company)

Name _____ Date _____

Type of Company: _____ Corporation _____ Partnership _____ Sole Proprietor

CONFIDENTIAL