

Potential Bidder Pre-qualification Form

Return to: Mathews Division of Hardin Construction
One N. Dale Mabry Highway
Suite 820
Tampa, Florida 33609
Ph: 813.801.6474 Main Fax: 813.354.0775

Date: _____

Trade/s, Division of Work: _____

Name of Firm: _____

Mailing Address: _____

Physical Address: _____

Phone :(____) _____ Fax :(____) _____

Website: _____

MAY WE FAX YOU BID NOTICES AND OTHER RELATED INFORMATION? _____

Table with 5 columns: Contacts, Name, EXT, Mobile, E-Mail. Rows include Estimating, Accounting, and Operations.

Type of Firm () Corporation () Partnership () Sole Proprietor

State Where Registered as Corporation: _____

Contractor License # _____ State: _____

Federal ID # _____

Geographic area of business interest: _____

Years in business under present name: _____

Years performing work specialty: _____

Work now under contract \$ _____

Work in place last year: \$ _____

Average annual sales last 3 years \$ _____

% of work performed by own forces _____

Does your firm comply with Mathews insurance requirements? _____

BONDING INFORMATION

Is your firm bondable? Y___ N___

Value of work presently bonded \$ _____

Total bonding capacity: \$ _____ Per Project: _____

Bonding Surety: _____ Phone: () _____

Bonding Agent: _____ Phone: () _____

Insurance Agent: _____ Phone: () _____

Total number of permanent staff employed by firm _____.

Is firm in compliance with EEO requirements? () Yes () No

Is firm W/M DBE certified? () Yes () No

Provide copies of current minority certification: _____

Has firm: Failed to complete a contract () : been involved in bankruptcy or reorganized () : pending judgment claims or suits against firm (). (If answer is yes, submit details on separate sheet.)

List three (3) references, with contact person, phone number and address:

1 _____

2 _____

3 _____

List three (3) trade references, with contact person, phone numbers and address.

1 _____

2 _____

3 _____

Attach a list of completed and current projects with values and contact info:

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

Signature _____

Officer of the Firm

Name: (Printed) _____

Title: _____