



1680 The Greens Way, Suite 100
Jacksonville Beach, FL 32250
Phone: (904) 273-6004, Fax: (904) 273-0040

SUBCONTRACTOR INFORMATION/ QUALIFICATION FORM

Estimating Department Website
www.landsouth.com/vendors

Company / Contact Information

Company Name: _____
Street Address (1): _____
Street Address (2): _____
City, State, Zip: _____
Work Regions: _____

Contact Name: _____
Email Address: _____
Phone (Cell): _____
Phone (Office): _____
Fax: _____

History / Financials

Year Established: _____
Prior Year Volume: \$ _____
Current Year Expected Volume: \$ _____

License Number: _____
Typical Job Size: \$ _____
Current Backlog: \$ _____

Ownership

Name: _____
% Ownership: _____ Date of Birth: _____
Name: _____
% Ownership: _____ Date of Birth: _____
Name: _____
% Ownership: _____ Date of Birth: _____

Position: _____
SSN: _____
Position: _____
SSN: _____
Position: _____
SSN: _____

Scopes of Work

Description of Scope (Check All That Apply)

Labor (E) – Labor performed by company employee
Labor (Sub) – Labor subcontracted to a third party company

Material _____ / Labor (E) _____ / Labor (Sub) _____
Material _____ / Labor (E) _____ / Labor (Sub) _____
Material _____ / Labor (E) _____ / Labor (Sub) _____
Material _____ / Labor (E) _____ / Labor (Sub) _____
Material _____ / Labor (E) _____ / Labor (Sub) _____
Material _____ / Labor (E) _____ / Labor (Sub) _____
Material _____ / Labor (E) _____ / Labor (Sub) _____
Material _____ / Labor (E) _____ / Labor (Sub) _____



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Current / Recent Contracts

Number of jobs currently on hand: _____

Number of jobs currently bidding: _____

Project Name: _____

GC / Owner: _____

Location: _____

Contact Name: _____

Type (Apt, Commercial, Etc.): _____

Phone: _____ Fax: _____

Contract Amount: \$ _____

Superintendent: _____

Percent Complete: _____ % Year Complete: 20 _____

Phone: _____ Fax: _____

Project Name: _____

GC / Owner: _____

Location: _____

Contact Name: _____

Type (Apt, Commercial, Etc.): _____

Phone: _____ Fax: _____

Contract Amount: \$ _____

Superintendent: _____

Percent Complete: _____ % Year Complete: 20 _____

Phone: _____ Fax: _____

Project Name: _____

GC / Owner: _____

Location: _____

Contact Name: _____

Type (Apt, Commercial, Etc.): _____

Phone: _____ Fax: _____

Contract Amount: \$ _____

Superintendent: _____

Percent Complete: _____ % Year Complete: 20 _____

Phone: _____ Fax: _____

Personnel

Number of Office Employees: _____

Number of Foreman / Superintendents Currently Employed: _____

Number of Crews Currently Active: _____

Range in Crew Size in the Past 2 Years: _____

Average Number of Laborers Employed Over Past Year (Per Project): _____



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General Contractor References

Company Name: _____
Phone: _____ Fax: _____
Completion Date: _____

Company Name: _____
Phone: _____ Fax: _____
Completion Date: _____

Contact Name: _____
Most Recent Project: _____
Scope Value: _____

Contact Name: _____
Most Recent Project: _____
Scope Value: _____

Subcontractor / Supplier References

Company Name: _____
Phone: _____ Fax: _____
Completion Date: _____

Company Name: _____
Phone: _____ Fax: _____
Completion Date: _____

Contact Name: _____
Most Recent Project: _____
Scope Value: _____

Contact Name: _____
Most Recent Project: _____
Scope Value: _____

Banking / Financial References

Institution Name: _____
Street Address: _____
City, State, Zip: _____
Tenure w/ Institution: _____

Institution Name: _____
Street Address: _____
City, State, Zip: _____
Tenure w/ Institution: _____

Contact Name: _____
Phone: _____ Fax: _____
Line of Credit: \$ _____
Amount Currently Borrowed: \$ _____

Contact Name: _____
Phone: _____ Fax: _____
Line of Credit: \$ _____
Amount Currently Borrowed: \$ _____



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Bonding Capacity

Bondable (Y / N): _____
Typical Rate / Percentage: _____ %
Value Currently Bonded: \$ _____
Single Project Limit: \$ _____
Aggregate Limit: \$ _____
Workman's Comp Mod Rate: _____
Revenue (3 Yrs): \$ _____ \$ _____ \$ _____
 20__ 20__ 20__

Agency Name: _____
Agency Code: _____
Agent Name: _____
Phone: _____ Fax: _____
Tenure w/ Agency: _____
Surety Name: _____
Phone: _____ Fax: _____
Tenure w/ Surety: _____

*** Please attach a copy of the company's bondability letter from Surety or Bonding Agent ***
*** Please provide the company's last 2 years fiscal year-end financial statements or tax returns. If the latest financial statement or tax return is more than 6 months old, please also provide a current interim financial statement ***

Other

Does this company have a written safety program? _____
Has this company been cited by OSHA in the last 3 years? _____
Has this company ever been in claim, and/or denied bonding by a current or past surety? _____
Has this company ever failed to complete a contract or been terminated by an owner or GC? _____
Does this company have past due account balances? _____
Has any principal of this company filed for insolvency or bankruptcy? _____
Does this company have judgments, claims, or suits? _____

(Please provide explanations on a separate sheet.)

Certification

I, as owner and/or officer, hereby certify that the information provided herein is true and correct.

Signature

Date

Print Name

Owner/Officer

FAX OR EMAIL COMPLETED FORM TO 904-273-0040 or estimating@landsouth.com
Check the estimating department website for project information, bid status, plans & specs, contacts, etc.