



Subcontractor Pre-Qualification Questionnaire

This pre-qualification questionnaire is confidential and will not be used for any other purpose except for us to evaluate your firm's qualifications in doing business with Jon F. Swift, Inc. Thank you for taking the time to complete this form. Please submit via email to adminassistant@jonfswiftinc.com (preferred) or fax to (941) 954-4369.

Gulf Coast Builder's Exchange

Is your firm a member of the GCBX?	Yes	No
If so, under what name?		
If not, are you willing to participate as a member?	Yes	No

Business Information

Legal Name of Business:			
Street Address:			
City:	State:	Zip:	
Phone:	Fax:	Website:	
Contact Name:	Email:		
Type of Firm:	C Corp	S Corp	Partnership Other
FEIN #:	License Type(s) #s:		
Date Firm Founded:	State Firm Founded in:		

Corporate Officers

Name:	Title:	Years in Position:
Name:	Title:	Years in Position:
Name:	Title:	Years in Position:
Name:	Title:	Years in Position:

Business Size

Current # Employees:	# in Office:	# in Field:
Is your business a Minority Business Enterprise?		Yes No
Is your business owned/controlled by any other organization? If yes, describe:		Yes No

Bonding

Can you provide a Performance/Payment Bond?	Yes	No
Name of Bonding Company:		
Single Project Limit:	Aggregate Limit:	
Current Bonding Backlog:		

Insurance

Please submit a current insurance certificate along with this pre-qualification form. Failure to submit insurance documentation will preclude your firm from being added to our qualified bidders list. For current insurance requirements, please see the Insurance Requirement Link on our website.

Business Legal Information

Has your firm done business under a previous name or DBA? Yes No	Please describe if yes:
Has your company or any of the principals of your company ever been involved in bankruptcy of the reorganization of a firm? Yes No	Please describe in detail if yes:
Are there any judgments, claims, arbitrations, proceedings or suits pending and/or outstanding against your firm or its officers or principals? Yes No	Please describe in detail if yes:

Type of Work Performed

Please describe the types of work your firm performs:	
Do you subcontract any portion of your work?	Yes No
If yes, what % of the work?	

Approximate Annual Revenue

Year:	Revenue:
Year:	Revenue:
Year:	Revenue:

Contractor/CM References

Company:	Name:	Ph:
Project(s):	Email:	Fax:
Company:	Name:	Ph:
Project(s):	Email:	Fax:
Company:	Name:	Ph:
Project(s):	Email:	Fax:

Current Workload

Please submit a list of current projects, including what company you are working for, amount of contract, % complete and whether or not you have bonded the project.

Past Projects

Please submit a list of between 3 – 10 past projects your firm has successfully completed. Please include what company you worked for, the amount of the contract and any other pertinent information.

Feel free to submit any other information you feel is relevant to establish your firm's qualifications.