



Gulfcoast Consulting Group, Inc.

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SUBCONTRACTOR PRE-QUALIFICATION FORM

Thank you for your interest in **Gulfcoast Consulting Group, Inc.** We are excited that you are interested in our organization and look forward to the opportunity of working together.

Gulfcoast Consulting Group, Inc was formed at the beginning of the new millennium to provide an innovative approach to the construction and construction management process through the use of "leading edge" products and technology. As a total solution general contracting and construction management firm, **Gulfcoast Consulting Group, Inc specializes in medical, restaurant, health care, and commercial markets.**

Our goal is to provide the highest quality to our clients and deliver excellent service by choosing the best subcontractors for our projects. **Gulfcoast Consulting Group, Inc** strives to build not only a strong relationship with our clients, but an attitude of trust and confidence with our subcontractors by consistently paying on time. We are always looking for qualified subcontractors to add to our resource network of pre-qualified suppliers and subcontractors.

Please complete the attached form and submit it to our office along with the necessary insurance information and a signed W-9 form. Please submit all paperwork (form, insurance certificate, W-9 form, additional company information) as a single package.

IMPORTANT: Please understand that filling out this form does not guarantee a spot on our bidders' list or an invitation to bid. Once your completed pre-qualification form is received, we will carefully review it. Based on our criteria and availability for your trade/scope of work, you will be notified when you have been approved or when there is a space open for that division/trade.

Thank you again for your interest in our company and we look forward to doing business with you in the future.

Sincerely,

Gulfcoast Consulting Group, Inc.



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FIRM NAME: _____

TELEPHONE: (____) _____ FAX: (____) _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

ESTIMATOR/CONTACT: _____ E-MAIL ADDRESS: _____

CONTRACTING SCOPE / SPECIALTIES: _____

GEOGRAPHIC AREA OF BUSINESS OPERATION: _____

COMPANY ESTABLISHED IN: _____ YEARS PERFORMING WORK SPECIALTIES: _____

ARE YOU A MINORITY BUSINESS: YES___ NO___

BUSINESS CERTIFICATION TYPE: MINORITY BUSINESS ENTERPRISE (MBE) ___

WOMEN'S BUSINESS ENTERPRISE (WBE) ___

BONDING, INSURANCE & FINANCIAL INFORMATION

CAN YOU FURNISH A BOND? YES___ NO___ BONDING CAPACITY \$: _____

BONDING AGENT: _____ PHONE: _____

INSURANCE AGENT: _____ PHONE: _____

AVERAGE ANNUAL SALES FOR THE LAST 3 YEARS: _____

OWNERSHIP OF FIRM AND PERCENTAGES: _____

FIRM'S QUALIFYING PERSON: _____ STATE LICENSE #: _____



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STAFF SIZE

ENGINEERS/ARCHITECTS: _____ CPM SCHEDULERS: _____ ESTIMATORS: _____

PM'S: _____ FULL TIME PURCH. AGENTS: _____ DRAFTMEN: _____ CRAFTMEN: _____

LABORERS: _____ APPRENTICES: _____ JOURNEYMEN: _____

PLEASE READ THE FOLLOWING; IF ANSWERED YES TO ANY OF THE FOLLOWING, SUBMIT DETAILS AND CURRENT STATUS:

HAS THE FIRM EVER FAILED TO COMPLETE A CONTRACT: (YES) OR (NO)

HAS THE FIRM BEEN INVOLVED IN BANKRUPTCY OR REORGANIZATION: (YES) OR (NO)

ARE THERE ANY PENDING JUDGMENT CLAIMS OR LAWSUITS AGAINST THE FIRM: (YES) OR (NO)

IS THE FIRM CURRENTLY RATED WITH DUN & BRADSTREET: (YES) OR (NO)

IF YES, WHAT IS YOUR RATING? _____

REFERENCES

BANK NAME: _____ CONTACT: _____

PHONE/FAX: _____ ADDRESS: _____

PLEASE LIST THREE (3) TRADE REFERENCES, INCLUDING CONTACT NAME AND PHONE NUMBER:

1. _____

2. _____

3. _____



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PLEASE LIST THREE (3) GENERAL CONTRACTOR REFERENCES, INCLUDING CONTACT NAME AND PHONE NUMBER:

1. _____
2. _____
3. _____

PLEASE LIST THREE (3) SIGNIFICANT COMPLETED PROJECTS OR PRESENTLY UNDER CONSTRUCTION:

PROJECT NAME/LOCATION: _____

ARCHITECT: _____

GENERAL CONTRACTOR: _____

CONTRACT AMOUNT: _____

DATE COMPLETED: _____

PROJECT NAME/LOCATION: _____

ARCHITECT: _____

GENERAL CONTRACTOR: _____

CONTRACT AMOUNT: _____

DATE COMPLETED: _____



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PROJECT NAME/LOCATION: _____

ARCHITECT: _____

GENERAL CONTRACTOR: _____

CONTRACT AMOUNT: _____

DATE COMPLETED: _____

DECLARATION

I HEREBY CERTIFY THAT THE INFORMATION HEREIN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

FIRM NAME: _____

TYPE OF FIRM: _____

() CORPORATION () PARTNERSHIP () SOLE PROPRIETOR

SIGNATURE: _____ DATE: _____

OFFICER OF FIRM

PRINTED NAME: _____

TITLE: _____



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GENERAL BIDDING PROCEDURES:

The following are our standard bidding practices; these may be altered according to the specific project needs. In order to become part of our list of pre-approved subcontractors, you must agree to abide by the following guidelines:

- All invitations to bid must be accepted or declined by your company in writing via fax or email within 48 hours of receiving our invitation.
- Plans will be available on our website. You will receive detailed instructions on how to access this section of our website. Subcontractor is responsible for downloading and/or printing ALL necessary drawings and specs to submit a comprehensive proposal.
 - o If hard copy plans are available, they must be picked up promptly. Plans can also be sent via FedEx if you provide us with your account number.
- Always read Letter of Transmittal attached to plans and follow all job specific instructions.
- Questions regarding any project out for bid must be submitted in writing via fax and/or email. GCG will provide your company with a contact name and email along with the plans.
- Deadlines must be met. No exceptions. Due dates are always clearly posted on bid invitation and letter of transmittal. If you cannot make the deadline, you must inform our office promptly.
- Communication is required. Please keep us informed of any delays, changes, or concerns during the bidding process.
- All proposals must be as comprehensive and clear as possible. The following information is required in all proposals: Clear project name and location, A list of plans used; including latest revision date; Comprehensive list of services/materials included in proposal amount; List of exclusions

I have read and accepted the above procedures in their entirety:

Company Name: _____

Signature & Printed Name: _____



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INSURANCE REQUIREMENTS

Commercial General Liability Insurance:

The subcontractor shall purchase and maintain at the subcontractor's expense commercial general liability insurance for the life of the subcontract.

Subcontractor shall require each sub-subcontractor to likewise purchase and maintain at their expense commercial general liability insurance meeting the same limits and requirements as the subcontractor insurance.

The limits of this insurance shall not be less than the following limits:

Each occurrence Limit	\$1,000,000
Personal & Advertising Injury Limit	\$1,000,000
Fire Damage (Any One Fire)	\$100,000
Medical Expense Limit	\$5,000
Products & Completed Operations Aggregate Limit	\$2,000,000

(Other than Products & Completed Operation) \$2,000,000

The insurance must contain additional or inclusive coverage provisions which cover the following exposures:

Bodily Injury Liability and Property Damage Liability arising from premises, operations, and products and completed operations including broad form property damage liability; and explosion, collapse and underground property damage liability; and contractual liability.

This subcontractor and each sub-subcontractor's insurance must contain a coverage provision to include the following as additional insured under this insurance:

Gulfcoast Consulting Group, Inc
9681 Gladiolus Drive, Suite 211
Fort Myers, FL 33908

If the insurance of any subcontractor or any sub-subcontractor contains deductible(s), penalty(s), or self insured retention(s), the subcontractor or sub-subcontractor whose insurance contains such provision(s) shall be solely responsible for payment of such deductible(s), penalty(s), and/or self insured retention(s).

Automobile Liability Insurance Requirements

The subcontractor shall purchase and maintain at the subcontractor's expense automobile liability insurance for the life of the subcontract.



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Subcontractor shall require each sub-subcontractor to likewise purchase and maintain at their expense automobile liability insurance meeting the same limits and requirements as the subcontractor insurance.

The insurer must be authorized to transact insurance in the state of Florida as provided by Florida statute 624.09 (1) and the most recent rating classification/financial category of the insurer as published in the latest edition of AM Best key rating guide (property casualty) must be A- or above.

The limits of this insurance shall not be less than \$1,000,000 combined single limit for bodily injury and property damage arising from any one accident. Split limits may be substituted for the combined single limit provided that such limits applicable to any one accident are not less than \$500,000 bodily injury per persona and \$1,000,000 all bodily injury any one accident and \$250,000 property damage.

Covered automobiles as defined within such insurance shall include any auto owned or operated by the insured subcontractor, insured sub-subcontractor including autos which are leased, hired, rented, or borrowed, including auto owners by their employees which are used in connection with the business of the respective subcontractor or sub-subcontractor.

This subcontractor and each sub-subcontractor's insurance must contain a coverage provision to include the following as additional insured under this insurance:

Gulfcoast Consulting Group, Inc
9681 Gladiolus Drive, Suite 211
Fort Myers, FL 33908

If the insurance of any subcontractor or any sub-subcontractor contains deductible(s), penalty(s), or self insured retention(s), the subcontractor or sub-subcontractor whose insurance contains such provision(s) shall be solely responsible for payment of such deductible(s), penalty(s), and/or self insured retention(s).

Subcontractor and its sub-subcontractor and material suppliers shall arrange with their respective insurers, waivers of subrogation in favor of contractor and owner on all policies obtained or maintained for this project

Worker's Compensation Insurance and Employer's Liability Insurance

The subcontractor shall purchase and maintain at the subcontractor's expense worker's compensation and Employer's Liability insurance for the life of the subcontract.

Subcontractor shall require each sub-subcontractor to likewise purchase and maintain at their expense worker's compensation and Employer's Liability insurance meeting the same limits and requirements as the subcontractor insurance.



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The limits of this insurance shall not be less than the following limits:

Part One - Worker's Compensation Insurance Unlimited
Statutory Benefits as Provided in Chapter 440,
Florida Statutes

And

Part Two - Employer's Liability Insurance \$1,000,000 Each Accident
Bodily Injury by Accident

If the worker's compensation insurance of any subcontractor or any sub-subcontractor contains deductible(s), retention(s), co-insurance, or is subject to any assessment(s), penalty(s) provisions(s), the subcontractor or sub-subcontractor whose insurance contains such provision(s) shall be solely responsible for payment of such deductible(s), retention(s), co-insurance, assessment(s), and/or penalty(s).

Umbrella Liability Insurance

The subcontractor shall purchase and maintain at the subcontractor's expense Umbrella Liability insurance for the life of the subcontract.

The requirements for an insurer of the umbrella liability insurance shall be the same as the requirements for an insurer of commercial general liability insurance as provided above.

The limits of this insurance shall not be less than the following limits:

Each occurrence Limit \$1,000,000
Aggregate Limit \$1,000,000

You may forward this document to your insurance company for their use/information.

PLEASE NOTE THAT YOU WILL NOT BE REQUIRED TO LIST GULFCOAST CONSULTING GROUP, INC AS ADDITIONALLY INSURED IN ORDER TO SUBMIT THE PRE-QUALIFICATION FORM; HOWEVER, IT WILL BE REQUIRED BEFORE ANY WORK IS AUTHORIZED AND/OR PAYMENT IS RELEASED.

I have read and accepted the above procedures in their entirety:

Company Name: _____

Signature & Printed Name: _____