



Calvin, Giordano & Associates, Inc.
EXCEPTIONAL SOLUTIONS

1800 Eller Drive, Suite 600, Fort Lauderdale, FL 33316

Subconsultant Pre-Qualification Questionnaire

All information submitted for pre-qualification evaluation will be considered official information acquired in confidence.

Name of Firm _____
Contact: _____
Address: _____
Phone: _____ **Fax:** _____
E-Mail Address: _____ **Tax ID No.** _____
Web Site Address: _____

1. License

a. Name of license holder exactly as on file with the State License Board.

b. License Number _____

c. License Classification _____ Expiration Date _____

2. Company structure

a. Corporation _____

b. How many years has your company been in business under its present business name? _____

Under what other former names has your company operated?

Name _____ Years _____

Name _____ Years _____

List the scope/type of work normally performed with your own work force

Total number of employees _____

3. Financial

a. Attached a copy of your latest profit and loss statement and balance sheet.

- b. What was your company's revenue for the past three years?
 2005 _____ 2006 _____ 2007 _____

- c. Average Contract Size \$ _____
 Minimum \$ _____ Maximum: \$ _____
 Geographical Area of Work: _____

- d. Company's Dunn & Bradstreet No.: _____

- e. Has your Company (either under current or previous name) ever filed for
 bankruptcy protection with U.S. Bankruptcy Court? Yes _____ No _____
 If Yes, Date of Filing _____ Classification of Filing _____

- f. Have any principals of your company, either past or present, been affiliated with
 any type of bankruptcy?

4. Litigation

- a. Have you ever had a contract terminated for default within the past five years?
 Yes _____ No _____ If Yes, Explain and provide dates: _____

- b. Are there any judgments, claims, arbitration proceedings, or suits pending or
 outstanding against your company?
 Yes _____ No _____ If Yes, Explain: _____

- c. Has your company filed any lawsuits, submitted claims, or been involved in any
 litigation with regard to your contract activity within the last five years?
 Yes _____ No _____ If Yes, Explain: _____

5. Insurance

- a. Can you provide current evidence or evidence of ability to insure to minimum limits of insurance Yes _____ No _____. Attach a sample insurance certificate and additional insured endorsement with this completed application.

6. Bonding

- a. Bonding company name: _____
- b. Address: _____
- c. Agent Name: _____ Phone Number: _____
- d. A.M. Best Rating: _____
- e. Single Project Bonding Capacity _____
- f. Aggregate Bonding Capacity _____

7. References:

- a. Bank Reference

Bank Name and Branch _____

Account Manager _____ Phone _____

Address: _____

Line of Credit _____ Amount in Use: _____

- b. Customer

Please identify _____ Subcontractor with whom you have worked in the past two years:

Company Name: _____

Contact Person: _____

Phone Number: _____

The above information is true and correct to the best of your knowledge.

Signed

Printed Name

Title

Date