

Thank you for your interest in Marzucco's Construction & Coatings. In order to best match your capabilities with upcoming opportunities, please fill out the following information and return to **Ivonne Sevilla** at reception@marzuccosconstruction.com or fax 239.455.7048.

General Information:

1. Legal Company Name: _____

Federal Tax Id Number: _____

Current Licenses: _____

2. Mailing Addresses: _____

3. Business phone: _____

Business fax: _____

Contact Name and Email: _____

Website: _____

4. Company Established (Month/Year): _____

5. Form of Business (check all that apply):
 Sole Proprietorship Partnership Corporation
 EDGE DBE WBE Other: _____

6. Number of Employees: _____

Are Any LEED Accredited: _____

Safety Information:

7. Indicate your EMR for the current year and two previous years: _____
 Current: _____ Last: _____ Prior to Last: _____

8. OSHA:

a. Are your employees 10-hr OSHA Certified. If yes, how many and the positions that are trained: Yes No

b. Are your employees 30-hr OSHA Certified. If yes, how many and the positions that are trained: Yes No

Work Experience:

9a. Experience - Scope of Work (Check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Div. 01 – General Requirements | <input type="checkbox"/> Div. 07 – Roofing/Siding | <input type="checkbox"/> Div. 13 – Special Construction |
| <input type="checkbox"/> Div. 02 – Site Development | <input type="checkbox"/> Div. 08 – Doors/Windows | <input type="checkbox"/> Div. 14 – Elevators/Lifts |
| <input type="checkbox"/> Div. 03 – Concrete | <input type="checkbox"/> Div. 09 – Finishes | <input type="checkbox"/> Div. 21, 22, 23 – Mechanical |
| <input type="checkbox"/> Div. 04 – Masonry | <input type="checkbox"/> Div. 10 – Fixtures | <input type="checkbox"/> Div. 26, 27, 28 – Electrical |
| <input type="checkbox"/> Div. 05 – Metals | <input type="checkbox"/> Div. 11 – Equipment | |
| <input type="checkbox"/> Div. 06 – Carpentry | <input type="checkbox"/> Div. 12 – Furnishings | <input type="checkbox"/> Other (specify below): _____ |

9b. Experience - Overall:

Of the scope of work from question 9a., please complete the following information for further evaluation.
 (You may use the "Additional Blank Pages" at the end of this form)

Division/Trade:	Business Name Under Which Trade is/was Performed:	Years Performing Trade Under this Name:
_____	_____	_____
_____	_____	_____
_____	_____	_____

9c. Experience - Completed Projects:

List five (3) most recent and similar projects completed, starting from the most recent completion date. You may include projects where the bidder (your company) and subcontractor were subcontractors.

► **Regulatory / Contractual:**

10. Recent Occurrences:

If relevant to your company, include an explanation of all occurrences from the list below that have taken place in the last 5 years, or indicate "no" if irrelevant. (You may use the "Additional Blank Pages" at the end of this form, as needed) Provide sufficient and appropriate detail information such as "project name, owner, contact person and contact phone number, and amount of contract, etc."

- Any judgments, claims or suits pending or outstanding against your company? Yes No
 If yes, include a brief explanation of each.
- Any judgments, claims or suits pending or outstanding against a client or general contractor? Yes No
 If yes, include a brief explanation of each.
- Any citations by OSHA for violations in the last five (5) years? Yes No
 If yes, please include list of violations, status, and fine amount.

► **Company Insurance & Certificates**

The following information is required by Marzucco's Construction in order to qualify your bid and enter into a contract agreement.

13. Required Information:

- Workers Compensation: 1 million minimum coverage
- General Liability: 2 million minimum coverage
- We require Marzucco's Construction & Coatings to be listed as additionally Insured
- Business Licenses
- Completed Subcontractor Pre-Qualification Form
- Safety Manual
- W-9

14. Does your company have:

- An Affirmative Action Plan for employees? Yes No
 - Training/orientation on sexual harassment in the workplace? Yes No
 - A written Disciplinary Policy? Yes No
 - A written Hazardous Communication Program? Yes No
 - Safety orientation for new hires? Yes No
 - Mandatory weekly safety meetings? Yes No
 - A designated Safety Officer for your company? Yes No
 - A Substance Abuse Policy? Yes No
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15. Employee Compliance:

Are you willing to require your employees to be subjected to site, project, or Owner specific drug and/or alcohol testing programs? Yes No

► **Signature:**

I certify that the information in this questionnaire is correct and complete.

Name of Company Principal (print)

Thank you for completing the Subcontractor Prequalification Questionnaire for
Marzucco's Construction & Coatings

Signature of Company Principal

Date

