



## Contractor Profile

Name: \_\_\_\_\_ Type:  Proprietorship  "S" Corp.  
 Address: \_\_\_\_\_  Partnership  Corporation  
 City: \_\_\_\_\_ State: FL Zip: \_\_\_\_\_  
 Phone # (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Date Business Started: \_\_\_\_\_ Date Incorporated: \_\_\_\_\_ Tax I.D. #: \_\_\_\_\_  
 Type of Work Performed: \_\_\_\_\_ Territory of Operations: \_\_\_\_\_  
 Name of Prior Business (if applicable): \_\_\_\_\_

### Owners, Officers, Partners

List All Owners, Officers, Partners, and Spouses.

Name: _____	Name: _____
Title: _____ % Ownership _____	Title: _____ % Ownership _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Date of Birth: _____ SS # _____	Date of Birth: _____ SS # _____
Spouse: _____ SS # _____	Spouse: _____ SS # _____

Name: _____	Name: _____
Title: _____ % Ownership _____	Title: _____ % Ownership _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Date of Birth: _____ SS # _____	Date of Birth: _____ SS # _____
Spouse: _____ SS # _____	Spouse: _____ SS # _____

### Related Companies

List Affiliates, Subsidiaries, or Related Companies in which this Firm or Stockholders have an Interest:

Company: _____	Company: _____
Type of Business: _____	Type of Business: _____
% Owned: _____	% Owned: _____

## Key Personnel

List all Key Personnel - Project Managers, Superintendents, Estimators, etc.

Name: \_\_\_\_\_ Year Born: \_\_\_\_\_ Name: \_\_\_\_\_ Year Born: \_\_\_\_\_

Position: \_\_\_\_\_ Position: \_\_\_\_\_

How Long Here: \_\_\_\_\_ How Long Here: \_\_\_\_\_

Total Number of Employees: \_\_\_\_\_

Who holds the License for the Firm? \_\_\_\_\_

## Prior Experience

List Your Five Largest Jobs Completed in the Last Three Years.

1. Project Description and Location: \_\_\_\_\_  
Contract Price: \$ \_\_\_\_\_ Gross Profit \$ \_\_\_\_\_ Year Completed: \_\_\_\_\_  
Owner/G.C./Arch./Eng.: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

2. Project Description and Location: \_\_\_\_\_  
Contract Price: \$ \_\_\_\_\_ Gross Profit \$ \_\_\_\_\_ Year Completed: \_\_\_\_\_  
Owner/G.C./Arch./Eng.: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Project Description and Location: \_\_\_\_\_  
Contract Price: \$ \_\_\_\_\_ Gross Profit \$ \_\_\_\_\_ Year Completed: \_\_\_\_\_  
Owner/G.C./Arch./Eng.: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

4. Project Description and Location: \_\_\_\_\_  
Contract Price: \$ \_\_\_\_\_ Gross Profit \$ \_\_\_\_\_ Year Completed: \_\_\_\_\_  
Owner/G.C./Arch./Eng.: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

5. Project Description and Location: \_\_\_\_\_  
Contract Price: \$ \_\_\_\_\_ Gross Profit \$ \_\_\_\_\_ Year Completed: \_\_\_\_\_  
Owner/G.C./Arch./Eng.: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Subcontractor/Supplier References

Percent of Work Subcontracted: \_\_\_\_\_ %

Policy on Managing Subcontractors:

Lien Releases:  Yes  No

Joint Check:  Yes  No

Bond:  Yes  No

**List Five Subcontractor References:**

1. Company: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

2. Company: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Company: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

4. Company: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

5. Company: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

**List Five Suppliers**

1. Company: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

2. Company: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Company: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

4. Company: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

5. Company: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

Do you Normally Pay Suppliers:  Discount  30 Days  60 Days  Over 60 Days

**Largest Job/Current Bond Needs**

Largest Job Completed: \$ \_\_\_\_\_ Year \_\_\_\_\_

Largest Work Program: \$ \_\_\_\_\_ Year \_\_\_\_\_  
Current Bond Need: Single: \$ \_\_\_\_\_ Work Program: \$ \_\_\_\_\_

### Banking

Bank Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Do you have a line of Credit?  Yes  No Amount: \$ \_\_\_\_\_  
How is it Secured? \_\_\_\_\_

### Continuity/Life Insurance

Is there a buy-sell agreement in effect?  Yes  No  
Insured: \_\_\_\_\_ Insured: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_ Beneficiary: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_ Type:  Whole  Term Amount: \$ \_\_\_\_\_ Type:  Whole  Term

### Insurance/Bonding

Current Liability Carrier: \_\_\_\_\_ Agent: \_\_\_\_\_  
Current Bond Company: \_\_\_\_\_ Agent: \_\_\_\_\_

### Accounting

Firm Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fiscal Year End: \_\_\_\_\_ How Many Years has the Firm Prepared Your Financial Statements? \_\_\_\_\_  
Type of Statement:  Completed Contract  Review  Audit  
**Basis of Preparation of Statements:** **Basis of Tax Payments:**  
 Cash  Completed Contract  Cash  Completed Contract  
 Accrual  % of Completion  Accrual  % of Completion

*Florida Law requires that we inform you that any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.*

*I authorize you to contact the individuals and companies given as references to gather information on the credit, character, capacity, and capital of the company and its employees and owners for bonding purposes.*

Signed: \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_\_