



Project Title: \_\_\_\_\_

Location: \_\_\_\_\_

EXPERIENCE QUESTIONNAIRE AND CONTRACTOR'S FINANCIAL STATEMENT

Company Name:		Date:	
Office Address (city/state/zip):			
Phone:		Fax:	
CSI Number(s):			
Scope of work:			
<b>Structure of Company:</b>			
Corporation <input type="checkbox"/>		Co-partnership <input type="checkbox"/>	
Individual <input type="checkbox"/>		Joint Venture <input type="checkbox"/>	
Date of Incorporation or establishment:		State of Incorporation or establishment:	
Certified MBE Contractor Yes <input type="checkbox"/> No <input type="checkbox"/>		Certified WBE Contractor Yes <input type="checkbox"/> No <input type="checkbox"/>	
Work in progress:			
Amount of work under contract:			
Amount of incomplete work:			
<b><u>*Attach Financial Statement*</u></b>			
<b>Bonding Information</b>			
Can Contractor bond this contract: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name of Bonding Agency:			
Relationship Officer:			
Phone #:		Fax #:	
Best Rating:			
Bonding Capacity:		<input type="checkbox"/> Single Job <input type="checkbox"/> Aggregate	
Surety's Maximum Federal Register Bond Limit:			
<b><u>*Attach Insurance Certificate*</u></b>			

Have you, in the previous five years, been denied a contract award on which you submitted the low bid in competitive bidding or been refused a contract based on pre-qualification data submitted.  Yes  No  
 If yes, please describe.

\_\_\_\_\_  
 \_\_\_\_\_

<b>Personnel</b>			
<b>Number of Full Time personnel within your organization</b>	Current	Maximum	Minimum
Clerical Personnel			
Engineers & Architects			
Supervisors, Foreman, or Superintendent			
Skilled Employees including Technicians			
Unskilled Employees			
Estimators			
Total number of full time personnel			
Leased Employees			

**What is the construction experience of the principals and supervisory personnel of your organization? (Asterisk any personnel likely to be assigned to project being bid)**

Principal's Name	Title	Years of Construction Experience	In what capacity and with whom
Supervisory Personnel	Title	Years of Construction Experience	In what capacity and with whom

**References:**

Please list three trade references with whom you have worked in the last year:

Name with Complete Address	Contact	Phone #

**List all contracts completed by your organization in the previous 3 fiscal years (If more than 10, list 10 most recently completed)**

Name of Owner	Name location Description of Project	Type of work	Name of Design Arch./ Eng. and/or GC	Original Contract Price	Final Contract Price	Was a Payment & Performance Bond Required?	Completion Dates		
							Original	Revised	Actual

Within the previous 3 fiscal years, has your organization or predecessor organizations ever failed to complete a project? If so, state name of organization and reason thereof.

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Within the previous 3 fiscal years has your organization been involved in litigation?  Yes  No  
If yes, describe and give current status.

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Were there any liquidated damages, penalties, liens, defaults or cancellations imposed or filed against your organization?  Yes  No.  
If so, list the name and location of the project and explain.

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**Contractors Safety Information:**

Do you have a written Safety Program (including Hazard Communications)?  Yes  No  
If yes, briefly describe scope:

Who enforces it?

What type of safety training is given to your employees?

Do you have a Company Safety Director or other Safety Contact:  Yes  No  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your company conduct regular safety inspections of jobsites?  Yes  No  
If yes, by whom is it conducted and how often?

What is your EMR (experience modification rate) for the last 3 years?

**Attach a copy of your Experience Modification Rate data calculation (This information is available from your Workers Compensation Insurance company) and your most recent OSHA 300 log.**

Has your company had any job related employee deaths in the last 3 years?  Yes  No  
If yes, describe:

Has your company had any OSHA citations in the last 3 years?  Yes  No  
If yes, describe:

Do you qualify for a "Florida Drug Free Workplace" credit for Worker's Compensation coverage?  
 Yes  No  
If no, do you have a drug-testing program?  Yes  No  
If yes, describe

*The contractor acknowledges that this Experience Questionnaire and Financial Statement is made for the express purpose of inducing the Owner to whom it is submitted to award a contract to the contractor, and further the contractor acknowledges that the agency may at its discretion, by means which the Owner may choose, determine the accuracy of all statements made by the contractor herein.*

Submitted by: \_\_\_\_\_

Date: \_\_\_\_\_