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Vendor Qualification Form

Please Print or Type

Company Name		Type of Company <input type="checkbox"/> Subcontractor <input type="checkbox"/> Supplier <input type="checkbox"/> Both		Website	
Address #1 (Street Address)		Address #2 (Mailing Address)		Office Telephone Number	
City/State/Zip		City/State/Zip		Office Fax Number	Are you an AGC Member? <input type="checkbox"/> Yes <input type="checkbox"/> No
Estimating Contact	Estimating Email	Estimating Telephone	Accounting Contact	Accounting Email	Accounting Telephone
Principal Contact	Principal Email	Principal Telephone			
Is company a certified minority business enterprise? <input type="checkbox"/> Yes <input type="checkbox"/> No Type: <input type="checkbox"/> AA <input type="checkbox"/> WBE <input type="checkbox"/> HBE <input type="checkbox"/> NA <input type="checkbox"/> Other: _____		Business Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprieter <input type="checkbox"/> Other		Years in Business	Federal Tax ID #
Maximum Contract Value		Do you have any judgements, claims, arbitrations, suits, or liens currently against your organization? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, explain on a separate sheet and attach to this form)			
Average Annual Work	Can you obtain the following insurance coverage? Worker's Compensation (Statutory max by Proj) \$1,000,000 <input type="checkbox"/> Yes <input type="checkbox"/> No		Insurance Company		EMR
Design / Build Capabilities <input type="checkbox"/> Yes <input type="checkbox"/> No	General Liability \$1,000,000 <input type="checkbox"/> Yes <input type="checkbox"/> No Automobile Liability \$1,000,000 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Contact	Telephone	

References (List 3 Projects Completed in the previous calendar year)

Project Name		Project Location (City, State)		Completion Date (MM,DD,YY)	
Your Approximate Contract Amount	Project General Contractor	General Contractor Contact	Contact Telephone #		
Briefly Describe Work Performed:					

Project Name		Project Location (City, State)		Completion Date (MM,DD,YY)	
Your Approximate Contract Amount	Project General Contractor	General Contractor Contact	Contact Telephone #		
Briefly Describe Work Performed:					

Project Name		Project Location (City, State)		Completion Date (MM,DD,YY)	
Your Approximate Contract Amount	Project General Contractor	General Contractor Contact	Contact Telephone #		

Briefly Describe Work Performed:

References (List 3 Projects Currently in Progress)

Project Name		Project Location (City, State)		% Complete	
Your Approximate Contract Amount	Project General Contractor		General Contractor Contact		Contact Telephone #

Briefly Describe Work Performing:

Project Name		Project Location (City, State)		% Complete	
Your Approximate Contract Amount	Project General Contractor		General Contractor Contact		Contact Telephone #

Briefly Describe Work Performing:

Project Name		Project Location (City, State)		% Complete	
Your Approximate Contract Amount	Project General Contractor		General Contractor Contact		Contact Telephone #

Briefly Describe Work Performing:

List all scopes of work your company performs using the attached Vendor/Subcontractor List :

_____	_____
_____	_____
_____	_____

The undersigned certifies that the information provided herein is a clear and accurate representation of this organization's background.

Information Supplied By (Print and Sign)

Title _____ Date _____

Please return completed form, Current Certificate of Insurance and W9 attachments to: estimating@wgpitts.com and accounting@wgpitts.com