

Company Name: _____

Street Address: _____ **City:** _____

State: _____ **Zip:** _____

Contact Person: _____ **Title** _____ **Tel #** _____

(This person will receive Invitation to Bid)

Email Address: _____

Is your company bondable? _____ If yes, what is your maximum bond capacity? \$ _____

Average Contract Size: _____ Maximum: _____ Minimum: _____

Annual Sales/Revenue: \$ _____

Fed I.D. No.: _____ License No.: _____ Year Incorporated: _____

Is your company owned by another company? _____ If yes, which company? _____

Years performing work specialty: _____ Do you carry Workers' Compensation Coverage: _____

General Liability Coverage: General Aggregate Amount: \$ _____ Each Occurrence: \$ _____

Please provide current W-9

Does your company specialize in any of the following types of construction projects?

____ Retail ____ Office ____ Industrial ____ Medical/ALF

Please indicate the geographical area and/or areas in which your company works.

____ Central Florida ____ Tampa/St. Pete ____ Other _____

Please indicate the division(s) of work your company performs.

Please provide list of Owner/GC References and Past Projects with this Subcontractor Profile.