

JSL Company, Inc.
SUBCONTRACTOR PRE-QUALIFICATION QUESTIONNAIRE

All new subcontractors are required to complete this questionnaire. The content of this questionnaire will be considered confidential and used solely to determine your firm's qualifications.

Return this completed form, to:

JSL Company, Inc.
3653 Regent Blvd., Suite 602
Jacksonville, FL 32224
Telephone: (904) 246-0015
Fax No.: (904) 646-0245

1. GENERAL INFORMATION. Please fill in the following:

- 1.1 Name of Business: _____
Street Address: _____
Post Office Address: _____
City, State, Zip Code: _____
- 1.2 Telephone Number _____ Fax Number: _____
- 1.3 Person to Contact: _____

2. ORGANIZATION. Please indicate your firm's legal structure:

- 2.1 This firm is a: () C Corporation () S Corporation () Partnership
() Sole Proprietor () Limited Liability Company
- 2.2 Federal Employer Identification Number: _____
- 2.3 Licenses held by your company:
- 2.4 Is your firm a qualified minority business? _____ Certification No.: _____

3. WORK CLASSIFICATION

- 3.1 Please list the type(s) of work you are interested in bidding:
- 3.3 Please list the geographic areas you prefer to work in:

4. WORK EXPERIENCE

- 4.1 Please attach a list of major projects your firm currently has in progress showing the project name, location, owner, architect/engineer, general contractor, percent complete and scheduled completion date, and contact person.

- 4.2 Please attach a list of major projects your firm has completed in the last three years showing the project name, location, owner, architect/engineer, general contractor, and completion date, and contact person.

7. CONTRACTOR PROFILE

- 7.1 Current Number of employees:
Office _____ Field _____

8. SAFETY, HEALTH AND ENVIRONMENTAL

- 8.1 Does your company have a written safety program? () Yes () No

9. INSURANCE

- 9.1 Attach the certificates provided by your insurance carrier for both General Liability Insurance and Worker's Compensation Insurance.

ADDITIONAL INFORMATION

Please list any additional information that you feel will help us determine your firm's qualifications and expertise:

This Pre-qualification Questionnaire was completed by:

Name: _____

Title: _____

Date: _____