OKEECHOBEE COUNTY SCHOOL BOARD

OKEECHOBEE, FLORIDA

## CONTRACTORS PRE-QUALIFICATION APPLICATION

The following application must be completed prior to your bidding on jobs for Okeechobee County School Board, Okeechobee, Florida. Once you have completed the application, return it to Brian Barrett, Director of Operations, 700 SW 2nd Avenue, Okeechobee, FL 34974. You will then be issued a certificate/letter authorizing you to bid.

YOUR NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_

FIRM/COMPANY NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip

TYPE OF LICENSE(S) HELD (ATTACH COPIES) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

QUALIFIER’S NAME & LICENSE NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF INCORPORATION IF APPLICABLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DAYTIME PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EVENING PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE WRITE A BRIEF NARRATIVE OF THE TYPE OF WORK YOU ARE LICENSED TO PERFORM:

### BONDING/INSURANCE

#### NAME AND ADDRESS OF BONDING COMPANY:

Street City State Zip

DOLLAR AMOUNT OF BONDING CAPACITY (Attach Copy) \_\_\_\_\_\_\_\_\_\_\_

VALUE OF WORK PRESENTLY BONDED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THE DISTRICT HAS THE OPTION OF PREQUALIFING YOU FOR JOBS NOT EXCEEDING TEN (10) TIMES YOUR NET QUICK ASSETS. IF YOU WISH TO APPLY UNDER THIS PROVISION PLEASE ATTACH

INFORMATION VERIFYING TEN (10) TIMES YOU QUICK ASSETS AMOUNTS.

NAME AND ADDRESS OF INSURANCE COMPANY:

Street City State Zip

WORKERS COMPENSATION MODIFIER FOR PAST TWO YEARS

VALUE OF PUBLIC LIABILITY INSURANCE: (Attach Copy) \_\_\_\_\_\_\_\_\_\_

VALUE OF PROPERTY DAMAGE INSURANCE: (Attach Copy) \_\_\_\_\_\_\_\_

PLEASE LIST, AT LEAST TWO, PROJECTS COMPLETED IN LAST TWO YEARS SIMULAR TO PROJECTS YOU ANTICIPATE BIDDING ON:

*PROJECT NAME DOLLAR AMOUNT COMPLETED DATE*

1.

2.

3.

PLEASE LIST ANY CLAIMS(S) BY OR AGAINST YOU IN THE PAST FIVE YEARS WITH A STATEMENT OF RESOLUTION:

1.

2.

3.

Respectfully submitted:

Please Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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