



Development Group LLC

CONTRACTOR PRE-QUALIFICATION FORM

All contractors are required to complete this questionnaire. The contents of this questionnaire will be considered and used solely to determine your firm's qualification to perform work for **NN Development Group, LLC**

Return Completed form to

NN Development Group, LLC, 1629 Prime Court -Suite 700-Orlando, FL 32809

OR Email to: NNDevelopmentGroupinfo@gmail.com

PLEASE NOTE: Please fill out as much information as possible.

Application Date: _____ **Trade:** _____ **Division:** _____

BACKGROUND				
Company Name:	Type of Company (S-Corp, LLC, Sole Proprietor)	Type of Work Performed		
Street Address:		Phone Number:		
City/State/Zip	Principal Contact		Email Address	
Year Business was Established	States You Do Work In	Union <input type="checkbox"/>	Non-Union <input type="checkbox"/>	DBA (if applicable)
Contractor License#	D&B No.:	Qualified Minority Business? MBE <input type="checkbox"/> WBE <input type="checkbox"/> DBE <input type="checkbox"/>		

SAFETY			
List your Company's # Of Injuries/Illnesses from your OSHA 300 Logs as follows:	Last Year	Prior Year	2nd Prior Year
Experience Modification Rate (EMR)			
Total # of Fatalities: (From Column G on the OSHA 300 Log)			
Total # of OSHA Recordable Incidents (Total of Columns H, I and J on the OSHA 300 Log)			
Total # of Lost Work Day Incidents (Column H on the OSHA 300 Log)			
Total # of other recordable cases (Column J on the OSHA 300 Log)			
Total # fo Annual Man-Hours Worked			

Please check if your Company implements the following safety controls	Yes	No
Has a Written Safety Program	<input type="checkbox"/>	<input type="checkbox"/>
Has an Implemented Drug Screening Policy for all Employees	<input type="checkbox"/>	<input type="checkbox"/>
Performs Safety Orientation & Training for all Employees	<input type="checkbox"/>	<input type="checkbox"/>
Performs Continuing Safety Education for all Employees	<input type="checkbox"/>	<input type="checkbox"/>

Safety Manager Contact Information			
Name	Title	Phone Number	Email Address

WORK EXPERIENCE			
Provide summary of three largest projects currently IN PROGRESS	Location	Start/Complete	Contact Amount

Provide summary of three largest projects COMPLETED	Location	Start/Complete	Contact Amount

PERSONNEL INFORMATION

Provide the following information regarding your present personnel				
Current Number of Employees	Full Time	Part-Time	Contract	Temp
Executives				
Project Managers				
Estimators				
Administrative				
Superintendents				
Foreman				
Journeyman				
Laborers				
Other (Specify)				
Totals				

FINANCIAL HISTORY

Please provide answers to the following questions and attach explanations as necessary		
Are there any judgements, claims, arbitrations, proceedings or suite pending/outstanding against your firm or its officers or principals?	<input type="checkbox"/>	<input type="checkbox"/>
Has your firm ever filed bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>
Has your firm filed any lawsuits or requested arbitration or mediation with regard to construction contracts within the last three (3) years)	<input type="checkbox"/>	<input type="checkbox"/>
Has your firm or any other organization, with which of the officers or partners were involved during the past (3) years, ever failed to complete any work awarded? If yes, please provide further details	<input type="checkbox"/>	<input type="checkbox"/>
Submit a listing of all litigation or formal arbitration to which your organization has been a party involving amounts in excess of \$10,000 for the past five years including any unsettled litigation or arbitration		

INSURANCE & BONDING

Please provide a proof of your General Liability and Workers Compensation Insurance
Attached a copy of your General Liability and Workers Compensation Insurance

Please provide the following Bonding Information				
Can you provide a Performance Bond?	Bond Rating	Bonding Capacity	Single Project	Aggregate
Name of Bonding Company	Contact		Phone Number:	
Last Type of Bond Issued	Date	Amount (\$)		

REFERENCES

Provide three client references			
Company Name	Contact	Phone Number	Email Address
Company Name	Contact	Phone Number	Email Address
Company Name	Contact	Phone Number	Email Address

Provide three Supplier references			
Company Name	Contact	Phone Number	Email Address

Company Name	Contact	Phone Number	Email Address
Company Name	Contact	Phone Number	Email Address

Principal Signature

Date: _____

Print Name