



Subcontractor Qualification Form

Date Submitted: _____

General Information

Company Name: _____

Mailing Address: _____

Street/PO Box City State Zip

Physical Address: _____

Street City State Zip

Phone: _____ Fax: _____

Email: _____ (NOTE: Email is the only way Canco sends out Notices to Bid)

Primary Contact: _____

License Number (if applicable): _____

Contracting Specialty: _____ Years Performing Work Specialty: _____

Type of Company: _____ Corporation _____ Partnership

_____ Sole Proprietor _____ LLC

Minority/Disadvantaged Business: _____ No _____ Yes (if yes, please attach certification)

If Yes, Minority Business Type: _____ MBE _____ SBE _____ VBE _____ DBE _____ WBE

Officers/Owners Names	Title	Years Here at this Firm	Total Years in this Field
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Insurance Information

Bonding Surety (if applicable): _____

Bonding Agent: _____ Phone: _____

Insurance Coverage's (attach sample insurance certificate)

General Liability

_____ (Insurance Carrier Name)

_____ (Coverage – in \$ 000's)

Auto Liability

_____ (Insurance Carrier Name)

_____ (Coverage – in \$ 000's)

Workers Compensation

_____ (Insurance Carrier Name)

_____ (Coverage – in \$ 000's)



Employee Information

Total Number Permanent Staff Employed: _____

Office Staff: _____ Field Personnel: _____

Percent of Work Completed by Own Forces: _____

Type of Work Primarily Performed with Own Forces: _____

Type of Work Primarily Performed by Subcontractors: _____

Financial Information

Has the Company Ever:

- _____ Failed to complete a contract?
- _____ Been involved in bankruptcy or reorganization?
- _____ Had pending judgment claims or suits against it?
- _____ Been assessed liquidated damages on any project?

If YES to any of the above, please explain on a separate sheet.

Name of Bank: _____

Address: _____

Contact Person: _____ Phone: _____

Supplier / Trade References

Name	City	Phone	Fax	Contact
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

General Contractors with whom you have worked in the last (2) years

Name	City	Phone	Fax	Contact
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



Significant Projects Currently Under Construction

Project	General Contractor	Scope of Work	Contract Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Significant Projects Completed in Last 2 Years

Project	General Contractor	Scope of Work	Contract Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Largest Contract Ever Completed _____ \$ _____

General Contractor _____ Date Completed _____

Amount of Work Currently Under Contract \$ _____

Safety Information

Do you have a written Safety Program? _____

Explain Briefly: _____

Do you have a Drug Free Workplace Program? _____

Explain Briefly: _____

Please attach the following:

1. General Liability Insurance Certificate (sample)
2. Workers Compensation Insurance Certificate (sample)
3. Contractor License or Occupational License – copy
4. Minority/Disadvantaged Business Certification (if applicable)



Bidding Information

Please check/place an X in the areas below in which you are qualified to bid:

<input type="checkbox"/> 2413 site demolition	<input type="checkbox"/> 8113 HM doors and frames	<input type="checkbox"/> 21130 fire sprinkler system
<input type="checkbox"/> 2416 structural demolition	<input type="checkbox"/> 8146 wood doors	<input type="checkbox"/> 22110 plumbing
<input type="checkbox"/> 2419 interior demolition	<input type="checkbox"/> 8331 counter shutter door	<input type="checkbox"/> 22133 septic systems
<input type="checkbox"/> 2820 asbestos remediation	<input type="checkbox"/> 8332 roll-up/overhead door	<input type="checkbox"/> 23000 HVAC
<input type="checkbox"/> 2829 asbestostesting	<input type="checkbox"/> 8410 storefront doors	<input type="checkbox"/> 23093 test and balance
<input type="checkbox"/> 2830 lead paint remediation	<input type="checkbox"/> 8510 metal windows	<input type="checkbox"/> 26000 electrical
<input type="checkbox"/> 2839 lead paint testing	<input type="checkbox"/> 8700 finish hardware	<input type="checkbox"/> 26410 lightning protection
<input type="checkbox"/> 2850 mold remediation	<input type="checkbox"/> 8800 glazing	<input type="checkbox"/> 26568 athletic lighting
<input type="checkbox"/> 2859 mold testing	<input type="checkbox"/> 8919 louvers/vents	<input type="checkbox"/> 27200 data communications
<input type="checkbox"/> 3353 cast in place concrete	<input type="checkbox"/> 9216 drywall	<input type="checkbox"/> 27300 voice communications
<input type="checkbox"/> 3371 concrete pumping	<input type="checkbox"/> 9226 metal studs	<input type="checkbox"/> 27410 audio/video systems
<input type="checkbox"/> 3810 concrete cutting	<input type="checkbox"/> 9243 stucco	<input type="checkbox"/> 28100 security system
<input type="checkbox"/> 4012 brick repointing	<input type="checkbox"/> 9300 wall/floor tile	<input type="checkbox"/> 28310 fire alarm system
<input type="checkbox"/> 4210 brick masonry	<input type="checkbox"/> 9510 acoustical ceilings	<input type="checkbox"/> 30000 sitework
<input type="checkbox"/> 4220 block masonry	<input type="checkbox"/> 9640 wood flooring	<input type="checkbox"/> 31100 site clearing
<input type="checkbox"/> 4230 glass block	<input type="checkbox"/> 9650 resilient flooring	<input type="checkbox"/> 31231 dewatering
<input type="checkbox"/> 4430 stone masonry	<input type="checkbox"/> 9680 carpeting	<input type="checkbox"/> 31311 termite control
<input type="checkbox"/> 5120 structural steel	<input type="checkbox"/> 9840 acoustical wall panels	<input type="checkbox"/> 32126 asphalt paving
<input type="checkbox"/> 5140 structural aluminum	<input type="checkbox"/> 9910 painting	<input type="checkbox"/> 32136 sealcoating
<input type="checkbox"/> 5300 metal deck	<input type="checkbox"/> 10110 visual display boards	<input type="checkbox"/> 32146 brick pavers
<input type="checkbox"/> 5400 metal trusses	<input type="checkbox"/> 10149 signage	<input type="checkbox"/> 32173 pavement markings
<input type="checkbox"/> 5520 metal railings	<input type="checkbox"/> 10213 toilet compartments	<input type="checkbox"/> 32313 chain link fences and gates
<input type="checkbox"/> 6170 wood trusses	<input type="checkbox"/> 10226 operable partitions	<input type="checkbox"/> 32319 decorative metal fences/gates
<input type="checkbox"/> 6400 architectural woodwork	<input type="checkbox"/> 10280 toilet accessories	<input type="checkbox"/> 32800 irrigation
<input type="checkbox"/> 6410 casework (cabinets)	<input type="checkbox"/> 10440 fire protection specialties	<input type="checkbox"/> 32923 sodding
<input type="checkbox"/> 6610 countertops	<input type="checkbox"/> 10510 lockers	<input type="checkbox"/> 32930 landscaping
<input type="checkbox"/> 7110 damp	<input type="checkbox"/> 10733 awnings	<input type="checkbox"/> 34430 airfield lighting
<input type="checkbox"/> 7190 waterrepellants (caulking)	<input type="checkbox"/> 10736 canopies/walkway covers	<input type="checkbox"/> 34733 aircraft tie downs
<input type="checkbox"/> 7216 batts insulation	<input type="checkbox"/> 10750 flagpoles	
<input type="checkbox"/> 7219 foam insulation	<input type="checkbox"/> 108131 bird screen	Other (Please Describe)
<input type="checkbox"/> 7240 EIFS system	<input type="checkbox"/> 11230 comm laundry equipment	_____
<input type="checkbox"/> 7310 shingle roofing	<input type="checkbox"/> 11400 food service equipment	_____
<input type="checkbox"/> 7320 tile roofing	<input type="checkbox"/> 11523 projection screen	_____
<input type="checkbox"/> 7510 built-up bituminous roofing	<input type="checkbox"/> 11530 laboratory equipment	_____
<input type="checkbox"/> 7560 fluid-applied roofing	<input type="checkbox"/> 12200 window treatments	_____
<input type="checkbox"/> 7610 metal roofing	<input type="checkbox"/> 12930 site furnishings	_____
<input type="checkbox"/> 7840 fire stopping	<input type="checkbox"/> 13349 metal building systems	_____



I hereby certify that the above information is true and complete to the best of my knowledge:

Signed: _____

Print Name and Title: _____

Date: _____

Please direct all questions and return/email all documents to:

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