



## ANNUAL TRADE CONTRACTOR SURVEY

**YEAR – 2010/2011**

This Trade Contractor Survey will be used by Baycrest Corporation to develop a more complete knowledge of your company and your firm's capabilities based on past experiences. Only Trade Contractors who have turned in a Trade Contractor Survey and who are considered capable of performing certain scopes of work will be allowed to receive Bid Documents and allowed to submit a Bid on Baycrest Corporation managed Projects. RECEIPT OF BID DOCUMENTS AND SUBMITAL OF A BID DOES NOT GUARANTEE THAT YOUR FIRM WILL BE QUALIFIED FOR AWARD OF CONTRACT. Baycrest Corporation will consider the bid price, the bidder's understanding of the scope, project schedule, the bidder's work load, the bidder's experience, the bidder's past performance, the bidder's financial strength, the bidder's current bonding capacity, and other factors in awarding each bid package. The information included above, but not limited to, will be evaluated before award of contract to the successful bidder.

*I hereby certify that I understand the above information:*

Signature: \_\_\_\_\_  
 Officer/ Principal of the Firm

Name: \_\_\_\_\_

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

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

### GENERAL INFORMATION

Firm Name:		
Address:		
City, State, Zip Code:		
Telephone:		
Fax:		
Designated Company E-mail:		
Company Web Site:		
Services That Your Firm Performs: (Division/ Scope of Work)		
01-General 02-Sitework 03-Concrete 04-Masonry 05-Metals 06-Wood & Plastics	07-Thermal & Moisture 08-Doors, Frames & Hardware 09-Finishes 10-Specialties 11-Equipment 12-Furnishings	13-Special Conditions 14-Conveying Systems 15-Mechanical 16-Electrical 17-Voice & Data



# ANNUAL TRADE CONTRACTOR SURVEY

## HISTORY OF FIRM

<b>Year Established/Incorporated:</b>	
<b>Corporate Charter No.:</b>	
<b>Florida Contractor License No.:</b>	
<b>Primary Business:</b>	
<b>State Sales Tax Registration Number:</b>	
<b>State Unemployment Insurance Number:</b>	
<b>Federal ID Number:</b>	

List the corporate officers, partners, proprietors, members and shareholders of more than 5% of the stock of your company:

<b>Name</b>	<b>Position</b>	<b>Percent Owned</b>

## FINANCIAL INFORMATION SUMMARY

Total dollar value of work completed for the last three years:

<b>2009</b>	
<b>2008</b>	
<b>2007</b>	

<b>Name of Bank:</b>	
<b>Address:</b>	
<b>Contact:</b>	
<b>Telephone No.:</b>	
<b>Amount of Line of Credit:</b>	



## ANNUAL TRADE CONTRACTOR SURVEY

### BONDING CAPACITY

Bonding limit per project:	
Aggregate capacity:	

Bonding Surety Company:	
Agent:	
Telephone No.:	
Date of Last Bond:	
Bond Rate: (%)	

### INSURANCE

Insurance Company:	
Agent:	
Telephone No.:	

### PERMANENT PERSONNEL

PERMANENT PERSONNEL	NUMBER ON STAFF
Senior Management	
Project Managers	
Superintendents	
Administrative	
Technical	
Trades	
Other	

Total Permanent Employees: \_\_\_\_\_

List key office personnel and Field Supervisors below:

Name	Years Experience	Title	Previous Employer



# ANNUAL TRADE CONTRACTOR SURVEY

## SUBCONTRACTORS

Do you typically employ subcontractors to perform work on your projects?

Yes

No

If answered yes to the above question, list on a separate sheet, the name, address, phone number, and complete work scope for the subcontractor you intend to employ.

## EXPERIENCE

Indicate the size of projects that your Company is most competitive in performing below by entering the number 1 next to the range of values. Also, indicate other size projects that are preferred based on your capabilities in order of preference (2, 3, 4.....)

Under \$100,000	
\$100,000 - \$200,000	
\$200,000 - \$500,000	
\$500,000 - \$1,000,000	
\$1,000,000 - \$5,000,000	
\$5,000,000 - \$10,000,000	
Over \$10,000,0000	

Please insert a mark next to each Building Type your Company has worked on directly:

High Rise Office Building(over 4 stories)		Sports/ Entertainment	
Mid Rise Office Building(4 stories and below)		Industrial Building	
Hotels/ Motels		School Buildings	
Hospital		High Tech/ Laboratories	
Residential		Correctional Facilities	

On the following sheet or on a separate sheet, please identify the projects completed within the last five years within the noted categories above.



## ANNUAL TRADE CONTRACTOR SURVEY

### TRADE CONTRACTOR COMPLETED PROJECTS

List the projects below, within the noted categories on the previous sheet, your firm has completed during the last five years; list no less than three per category. If you wish to show your Completed Projects on a separate sheet, please confirm that all requested information below is included.

<b>Project Title/Size/Type:</b>	
<b>Date Completed:</b>	
<b>Contract Value:</b>	
<b>Owner Contact/Phone No.:</b>	
<b>General Contractor/Phone No.:</b>	

<b>Project Title/Size/Type:</b>	
<b>Date Completed:</b>	
<b>Contract Value:</b>	
<b>Owner Contact/Phone No.:</b>	
<b>General Contractor/Phone No.:</b>	

<b>Project Title/Size/Type:</b>	
<b>Date Completed:</b>	
<b>Contract Value:</b>	
<b>Owner Contact/Phone No.:</b>	
<b>General Contractor/Phone No.:</b>	

<b>Project Title/Size/Type:</b>	
<b>Date Completed:</b>	
<b>Contract Value:</b>	
<b>Owner Contact/Phone No.:</b>	
<b>General Contractor/Phone No.:</b>	

<b>Project Title/Size/Type:</b>	
<b>Date Completed:</b>	
<b>Contract Value:</b>	
<b>Owner Contact/Phone No.:</b>	
<b>General Contractor/Phone No.:</b>	



## ANNUAL TRADE CONTRACTOR SURVEY REFERENCES

List no less than three each.

### Major Material Suppliers

Name:	
Address:	
Contact:	
Telephone No.:	

Name:	
Address:	
Contact:	
Telephone No.:	

Name:	
Address:	
Contact:	
Telephone No.:	

### General Contractors

Name:	
Address:	
Contact:	
Telephone No.:	

Name:	
Address:	
Contact:	
Telephone No.:	

Name:	
Address:	
Contact:	
Telephone No.:	

By signing this agreement, \_\_\_\_\_ permits Baycrest Corporation to  
(Insert Company Name)  
request information about their work/payment histories.

\_\_\_\_\_  
Signature of Authorized Representative





# ANNUAL TRADE CONTRACTOR SURVEY

## OFFICERS OF THE COMPANY

Please provide below the names of the Officers or personnel of your Company that are authorized to sign Contractual Documents:

Name	Title

I hereby certify that the foregoing information is, to the best of my knowledge, true and complete. Further, we can assure that our answers are not in any respect misleading either by providing ambiguous information or by omitting information.

Signature: \_\_\_\_\_  
Officer/Principal of the Firm

Name: \_\_\_\_\_

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