



HEDRICK BROTHERS
C O N S T R U C T I O N

Dear Subcontractor/Supplier,

We believe that our Subcontractors are vital to our success. From the Owners to the Subcontractors, everyone is respected for their contribution. Please begin by completing the 'Subcontractor Qualification Statement' in its entirety. Information provided will be used to create your Subcontractor file, which contains information needed for Estimating, Project Management and Accounting. When you have completed the 'Subcontractor Qualification Statement', please email to estimating@hedrickbrothers.com.

Your 'Subcontractor Qualification Statement' is valid one (1) year from date of submission. It is the Subcontractor's responsibility to track the expiration date and resubmit your Qualification Statement. In addition, whenever your company information changes, please email any changes so we can update our records.

Submitting a 'Subcontractor Qualification Statement' does not automatically include your company on every project bidders list. Once we have reviewed your information and your company has been entered into our Subcontract Database, it is the Subcontractor's responsibility to periodically contact us and we will update you on any upcoming bid projects. Typically we have a preliminary bidders list started and will include you on the projects you are interested in. When the project is ready for bid solicitation you will receive an 'Invitation to Bid' via email, at which time you will respond whether you are interested in bidding a specific project or not.

All bid documents, i.e. plans, specifications, addenda, etc. will be issued through our FTP website. Login and password information is project specific and will be provided on the Invitation to Bid. During the bid process it is imperative the Subcontractor continues to check the FTP website frequently for new documents posted. All new posted documents typically will be indicated with the posting date.

Disclaimer: The information provided on Hedrick Brothers Construction's FTP Website may contain legally privileged and/or confidential information and is for the exclusive use of Hedrick Brothers Construction, its employees, clients, subcontractors, suppliers and other business affiliates in the course of performance of contracts with and conducting business with Hedrick Brothers Construction. Use of the information contained on this site is for the designated recipient only and any dissemination, distribution or duplication of this material by any entity other than the designated recipient is strictly prohibited. If you obtain access to information which is not intended for you, please notify Hedrick Brothers Construction by emailing estimating@hedrickbrothers.com or calling 561-689-8880.

Thank you for your interest in joining the Hedrick Brothers Construction Team, we look forward to working with you. If you have any questions or require additional information, please contact us VIA email at estimating@hedrickbrothers.com.

Sincerely,

Estimating Department

Hedrick Brothers Construction Co., Inc.
BRINGING VISIONS TO REALITY
www.hedrickbrothers.com



HEDRICK BROTHERS
CONSTRUCTION

SUBCONTRACTOR QUALIFICATION STATEMENT

Date: _____

Legal Business Name: _____

MAIN/CORPORATE OFFICE:

Street Address: _____

City: _____ State: _____ Zip: _____

Principal Contact: _____ Contact Email: _____

Phone: _____ Fax: _____

Company Website: _____ Years in Business: _____ # Employees: _____

Name of License Qualifier: _____ Qualifier's Ownership of the Co: _____%

BUSINESS TYPE:

- Partnership
- Corporation If Corporation, please list Officer(s): _____
- LLC/LCP Sole Proprietor Other: _____ Federal ID#: _____

BRANCH OFFICE:

Street Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Mobile: _____

Phone: _____ Fax: _____

Contact Email: _____ Years Branch Open: _____

Branch Employees: _____ # Full-Time Field Employees: _____

Has your Company (or Entities inclusive of Branch, Field, Satellite Offices, etc.) failed to complete an awarded project or have been terminated for cause?

- Yes No

Does your Company have any judgments, claims arbitrations, law suits or liens currently against your Organization?

- Yes No

If yes, please explain below:

LICENSE: Please provide License information where your company is legally qualified to work:

State	License Number	Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

INSURANCE - Minimum Requirements (Specific projects may require additional coverage):

Workman's Compensation Yes No Expiration Date: _____ Mod Rate: _____ %
General Liability \$1,000,000 Yes No Expiration Date: _____
Automobile Liability \$1,000,000 Yes No
Employer Liability \$1,000,000 Yes No

Insurance Agent: _____ Contact: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

BONDING:

Bonding Company: _____ Contact: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Bonding Capacity: \$ _____ Current Bonding Available: \$ _____ Bonding Rate: _____ %

BANK INFORMATION:

Local Bank: _____ Contact: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

PROJECT INFORMATION: Please provide information from the three (3) most recent fiscal years.

Year: _____ Max. Contract Value Completed: \$ _____ Annual Company Revenue: \$ _____
Year: _____ Max. Contract Value Completed: \$ _____ Annual Company Revenue: \$ _____
Year: _____ Max. Contract Value Completed: \$ _____ Annual Company Revenue: \$ _____

SAFETY PROGRAM:

Name of Safety Program: _____

Contact: _____

Phone: _____

Please provide your Company Experience Modification Rate (EMR) for the last three (3) years:

Year: _____ EMR Rate: _____ %

Year: _____ EMR Rate: _____ %

Year: _____ EMR Rate: _____ %

Number of OSHA Recordable Incidents for the last three (3) years:

Year: _____ # of Incidents _____

Year: _____ # of Incidents _____

Year: _____ # of Incidents _____

SCOPE OF WORK your company performs:

Division _____ CSI Code/Trade _____

Division _____ CSI Code/Trade _____

Division _____ CSI Code/Trade _____

Division _____ CSI Code/Trade _____

PROJECT TYPE your company performs: Please check all that apply and provide %.

Commercial _____% Hospitality _____%

Residential _____% Interior Renovations _____%

Retail _____% Other _____%

COUNTIES AND STATES your company is licensed to work in:

County _____ State _____

County _____ State _____

County _____ State _____

County _____ State _____

PLEASE REVIEW AND CHECK WILLINGNESS TO PARTICIPATE IN THE FOLLOWING:

- Is your firm M/WBE (Minority/Women Business Enterprise) Certified? Please attach Certificate.

Yes No

- Is your firm SBE (Small Business Enterprise) Certified? Please attach Certificate.

Yes No

- Owner Direct Purchase Order (“DPO”) process?

Yes No

- Can you comply with State of Florida’s Jessica Lunsford Act?

Yes No

CURRENT PROJECTS:

Project Name: _____ City, State: _____
General Contractor: _____ Contact: _____
Phone: _____ Subcontract Amount: \$ _____
 Commercial Residential Retail Other _____ LEED Project? Yes No
Scope(s) of Work: _____ Project Size: _____ SF
Start Date: _____ Projected Completion Date: _____

Project Name: _____ City, State: _____
General Contractor: _____ Contact: _____
Phone: _____ Subcontract Amount: \$ _____
 Commercial Residential Retail Other _____ LEED Project? Yes No
Scope(s) of Work: _____ Project Size: _____ SF
Start Date: _____ Projected Completion Date: _____

Project Name: _____ City, State: _____
General Contractor: _____ Contact: _____
Phone: _____ Subcontract Amount: \$ _____
 Commercial Residential Retail Other _____ LEED Project? Yes No
Scope(s) of Work: _____ Project Size: _____ SF
Start Date: _____ Projected Completion Date: _____

BACKLOG PROJECTS:

Project Name: _____ City, State: _____
General Contractor: _____ Contact: _____
Phone: _____ Subcontract Amount: \$ _____
 Commercial Residential Retail Other _____ LEED Project? Yes No
Scope(s) of Work: _____ Project Size: _____ SF
Projected Start Date: _____ Projected Completion Date: _____

Project Name: _____ City, State: _____
General Contractor: _____ Contact: _____
Phone: _____ Subcontract Amount: \$ _____
 Commercial Residential Retail Other _____ LEED Project? Yes No
Scope(s) of Work: _____ Project Size: _____ SF
Projected Start Date: _____ Projected Completion Date: _____

Project Name: _____ City, State: _____
General Contractor: _____ Contact: _____
Phone: _____ Subcontract Amount: \$ _____

Commercial Residential Retail Other _____ LEED Project? Yes No

Scope(s) of Work: _____ Project Size: _____ SF

Projected Start Date: _____ Projected Completion Date: _____

COMPLETED PROJECTS within the last three (3) years:

Project Name: _____ City, State: _____

General Contractor: _____ Contact: _____

Phone: _____ Subcontract Amount: \$ _____

Commercial Residential Retail Other _____ LEED Project? Yes No

Scope(s) of Work: _____ Project Size: _____ SF

Project Completion Date: _____

Project Name: _____ City, State: _____

General Contractor: _____ Contact: _____

Phone: _____ Subcontract Amount: \$ _____

Commercial Residential Retail Other _____ LEED Project? Yes No

Scope(s) of Work: _____ Project Size: _____ SF

Project Completion Date: _____

Project Name: _____ City, State: _____

General Contractor: _____ Contact: _____

Phone: _____ Subcontract Amount: \$ _____

Commercial Residential Retail Other _____ LEED Project? Yes No

Scope(s) of Work: _____ Project Size: _____ SF

Project Completion Date: _____

TRADE REFERENCE (I.E. SUPPLIERS, DISTRIBUTORS, ETC.):

Company: _____ Contact: _____

Phone: _____ Fax: _____

Company: _____ Contact: _____

Phone: _____ Fax: _____

Company: _____ Contact: _____

Phone: _____ Fax: _____

The undersigned certifies that the information provided herein is accurate to the best of their knowledge. The information provided is intended only for the use of Hedrick Brothers Construction Co., Inc.

Signature: _____

Printed: _____

Title: _____

Date: _____