



**CYE Enterprises Inc.**

76 S. Laura Street, Suite # 301

Jacksonville, FL 32202

Telephone 904-224-8224

Fax 904-224-8227

**SUBCONTRACTOR PRE-QUALIFICATION FORM**

Date \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Cage Code \_\_\_\_\_

Estimating Contact \_\_\_\_\_

Email \_\_\_\_\_

Past Performance Contact \_\_\_\_\_

Email \_\_\_\_\_

Web Site Address \_\_\_\_\_

Date Established \_\_\_\_\_

Type of Business \_\_\_\_\_

Contracting License # (s) - (If Applicable) \_\_\_\_\_

Types of Projects	Federal		State		Commercial		Residential	
-------------------	---------	--	-------	--	------------	--	-------------	--

Description of Services You Provide \_\_\_\_\_

Geographic Service Area \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Does your company have a safety program Yes No

If yes, is it a written safety program Yes No

Do you have a substance abuse program Yes No

Do you carry liability Insurance Yes No

Do you carry Worker's Compensation Insurance Yes No

EMR (Experience Modification Rating) \_\_\_\_\_

Have you had any OSHA Violations? Yes No

If yes, Please describe violation, and include date of occurrence and penalty information. \_\_\_\_\_

(Attach copy of Certificate of Insurance for evidence of limits)

(EMR can be obtained by contacting your Worker's Comp policy agent)

**BANK REFERENCES**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Contact \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Contact \_\_\_\_\_

**SUPPLIER REFERENCES**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Contact \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Contact \_\_\_\_\_

**PAST PERFORMANCE  
REFERENCES**

Project Title \_\_\_\_\_  
Location \_\_\_\_\_  
Contract # \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Point of Contact & Title \_\_\_\_\_ email: \_\_\_\_\_

Project Title \_\_\_\_\_  
Location \_\_\_\_\_  
Contract # \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Point of Contact & Title \_\_\_\_\_ email: \_\_\_\_\_

**BONDING**

DOES YOUR COMPANY HAVE A BONDING PROGRAM?

Yes No

**BONDING LIMITS**

Bonding Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Agent \_\_\_\_\_  
Bonding Limits Single \_\_\_\_\_ Aggregate \_\_\_\_\_