



SUBCONTRACTOR PRE-QUALIFICATION

We value our successful working relationships with the local subcontracting community and thank you for your interest in Triton Associates Inc. This Package contains a total of 5 pages and is used to gather company information to help ensure your relationship with Triton Associates Inc. is a positive experience. We welcome your questions and feedback.

You may obtain Pre-Qualified status, and be placed on our approved Bidders List, by carefully completing and returning the enclosed forms and attaching the required supporting documentation.

This Pre-Qualification Form combines the Pre-Qualification information required for all specialized divisions of Triton Associates Inc.

If you should have any questions regarding this process, you may contact our estimating department at:
estimating@tritonfl.com

We appreciate your interest and look forward to having your company on our Bidder's List.

Thank you,

Jay Pastorius

Applications must include all items on page 5 (checklist) and must be notarized
And faxed or emailed: attention Estimating

Fax 561-436-0898

Email estimating@tritonfl.com



SUBCONTRACTOR PRE-QUALIFICATION

Company Information

Date: _____		
Company: _____		
Contact: _____		
Street Address: _____		
City: _____		
State/Zip: _____		
Phone: _____		
E-Mail: _____		
Federal Tax ID Number: _____		
Is your company <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE <input type="checkbox"/> DBE <i>(if yes attach certification)</i>		
Structure of Company <input type="checkbox"/> Corp <input type="checkbox"/> LLC <input type="checkbox"/> IND		
Is your company Bondable: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes) Amount: _____		
Bonding Company Information Agent Name: _____ Phone: _____ Email: _____		
Please indicate whether Triton can use your qualifications in a bid package <input type="checkbox"/> Yes <input type="checkbox"/> No		
Principles/ Title	Cell	Email
Largest Job Your company has completed in the last three years:		
Job Name: _____	Location: _____	Amount: _____
Scope of Work: _____		
Contact Name: _____	Phone: _____	



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References

Please list three Job References (within the last 3 years)			
Contractor:	Job Name	Amount	
Scope of work			
Contact	Phone	Email	
Duration of work	Self performed	Date Started	Date Completed
Contractor:	Job Name	Amount	
Scope of work			
Contact	Phone	Email	
Duration of work	Self performed	Date Started	Date Completed
Contractor:	Job Name	Amount	
Scope of work			
Contact	Phone	Email	
Duration of work	Self performed	Date Started	Date Completed
References (please list three business references with current activity)			
Company Name:	Account Open Date:	Account Limit:	
Contact:	Phone Number:		
Company Name:	Account Open Date:	Account Limit:	
Contact Name:	Phone Number:		
Company Name:	Account Open Date:	Account Limit:	
			Phone Number:



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INSURANCE REQUIREMENTS - GENERAL

The Subcontractor's Comprehensive General Liability and Automobile Liability Insurance shall be written with limits of liability not less than the following and shall be on an occurrence basis and combined single limits:

1. GENERAL LIABILITY:

a) General Liability \$ 2,000,000 aggregate

NOTE: Comprehensive General Liability includes completed operations and contractual liability. Explosion, collapse, and underground coverage must be included for all work performed under ground level.

b) Products - Completed Operations Aggregate \$ 2,000,000 aggregate

c) Bodily Injury and Property Damage \$ 1,000,000 per occurrence

2. AUTOMOBILE LIABILITY NOTE: (Coverage must be for "Any Auto)." \$ 1,000,000 per occurrence

3. WORKER'S COMPENSATION/EMPLOYER'S LIABILITY

Statutory Limits

NOTES:

1. If your firm has "leased employees" through a

Professional Employment Organization (PEO) your Worker's Compensation policy must include Triton Associates Inc. , Ltd. as an additional insured.

2. Statutory Limits must be met.

3. An exemption from the State of Florida is not accepted in lieu of Worker's Compensation Insurance.



**SUBCONTRACTOR PRE-QUALIFICATION
CHECKLIST**

- Letter from Bonding Company stating Bonding Capacity (if applicable)
- Contractor Certifications
- Contractor Licenses
- Occupational Licenses
- M/WBE, SBE, DBE Certifications
- Verification of General Liability Insurance
- Coverage
- Verification of Worker's Compensation
- Insurance Coverage
- Verification of Automobile Insurance Coverage
- W-9

We have attempted to answer all questions in a full and complete manner to assure that our answers are not in any respect misleading, either by expressing ourselves in a misleading or ambiguous manner or omitting information. We recognize that Triton Associates Inc. We will be relying on the accuracy of the information and our responses in this questionnaire in deciding whether to permit us to bid and in awarding work.

Name of Company: _____

Completed By: _____

Signed: _____

Title: _____

Being duly sworn, deposes and says that the information provided herein is true and sufficiently complete so as to not be misleading.

Subscribed and sworn before me this day of _____, 2009.

Notary Public: _____

My commission expires: