



10496 N.W. 50<sup>TH</sup> Street  
Sunrise, FL 33351  
Tel: (954) 748-3808  
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# PRE-QUALIFICATION FORM

Pursuant to our discussion regarding opportunities for work, please fill out the attached information sheets. This same form is utilized for all sub contractors and will be kept confidential. It is used solely to determine your firm's qualifications.

This form and the requested attachments should be as complete as possible. Boulanger Drywall must have this documentation on file prior to being added to our sub contractor list. If you have any questions please call Barbara at the number listed below. Please fax or mail the completed form to:

Boulanger Drywall Corp.  
5229 North Hiatus Road  
Sunrise, FL 33351  
Fax: 954.748.7752

*To be completed by: Boulanger Drywall Corp.*

This prequalification form was sent by: \_\_\_\_\_

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

Initial Response was received: \_\_\_\_\_

Completed Response received: \_\_\_\_\_

*Above to be completed by: Boulanger Drywall Corp.*

## SUBCONTRACTOR CONTACT INFORMATION

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: (if different from above)

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Fax(2): \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

BOULANGER DRYWALL CORPORATION

	Contact	Title	Phone#	Mobile#
1				
2				
3				

## GENERAL INFORMATION / OWNERSHIP

Contractor's License Number: \_\_\_\_\_

State: \_\_\_\_\_ Expiration: \_\_\_\_\_

State Sales Tax Registration #: \_\_\_\_\_ Federal Tax ID #: \_\_\_\_\_

Year Company Was Established: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

Type of Company:

Corporation  Partnership  Proprietorship  Sub S. Corp.

Is your company certified as a minority?

MBE  WBE  DBE (attach copies of each)

Name of Parent Company

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Fax(2): \_\_\_\_\_

List other names under which your company has previously operated:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List the Corporate Officers, Partners, Proprietors, Members, and Shareholders (> than 5% )

	<b>Name</b>	<b>Position</b>	<b>Years Experience</b>	<b>Years w/ Company</b>
1				
2				
3				
4				

**EMPLOYEES**

Do you utilize leased employees? \_\_\_\_\_

If yes, what is your leasing company? \_\_\_\_\_

*(If you lease employees, your insurance must provide coverage for your entire company, not just the employees provided by your company.)*

**ATTACH A COPY OF INSURANCE**

How many persons does your company currently employ?

Office: \_\_\_\_\_ Field Supervision: \_\_\_\_\_ Labor: \_\_\_\_\_

Do you perform union work? \_\_\_\_\_

If yes, how do you perform on open shop projects?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you actively being pursued by the Union to consider joining? \_\_\_\_\_

### **LEGAL STANDING**

Has your company or any of your owners or officers ever:

1. Had a legal claim filed against them for defective, improper, or non-compliant performance of work? \_\_\_\_\_

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Been involved in arbitration or litigation? \_\_\_\_\_

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Been precluded from bidding or performing public work or found to be non-responsive by a public agency? \_\_\_\_\_

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Been indicted or convicted of any felony or other criminal behavior? \_\_\_\_\_

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Defaulted or been terminated on an awarded contract? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

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6. Does your company have any outstanding claims or judgements? \_\_\_\_\_  
 If yes, explain: \_\_\_\_\_

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7. Filed Bankruptcy? \_\_\_\_\_  
 If yes, explain: \_\_\_\_\_

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8. Had a legal claim filed against or been involved with litigation for delays in the work? \_\_\_\_\_  
 If yes, explain: \_\_\_\_\_

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BOULANGER DRYWALL CORPORATION

**SCOPES / TYPES OF WORK**

(Please indicate the scopes of work your company is interested in bidding and the associated years of experience in that particular scope of work)

	Scope of Work	Total Exp. (years)	Condominium Exp.
1			
2			
3			
4			

Check any or all building types your company has performed work in the past five (5) yrs:

- High Rise Condos - over 15 stories
- Educational
- Other Condominiums
- Industrial
- Commercial
- Remodeling
- Hotels
- Design Build
- Hospital
- Other:

List the items of work that are NOT performed by your own employees:

	Subcontract Out	Name of Typical Sub	Piece Work
1			
2			
3			
4			

What is the typical range of project size (in dollars \$): \_\_\_\_\_

How many projects do you typically have ongoing? \_\_\_\_\_

Avg. size of project: \_\_\_\_\_

What is the largest contract your company has completed?

\_\_\_\_\_

Amount: \$ \_\_\_\_\_ Year Completed: \_\_\_\_\_ Duration: \_\_\_\_\_

What are your expected annual billings?

This year? \_\_\_\_\_ Previous year? \_\_\_\_\_ Two years ago? \_\_\_\_\_

Indicate geographical areas in which you work:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BONDING & INSURANCE**

Name of Surety: \_\_\_\_\_

Name of Agent: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Person Phone No.: \_\_\_\_\_

Bonding Capacity Per Job: \$ \_\_\_\_\_

Aggregate: \$ \_\_\_\_\_

Bond Rate: \_\_\_\_\_%

Bond Line Available: \_\_\_\_\_

BOULANGER DRYWALL CORPORATION

List persons or entities that provide indemnification to your surety:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ins. Agent: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone No: \_\_\_\_\_

Ins. Agent: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone No: \_\_\_\_\_

Provide copy of current certificate(s), identifying the following coverages:

- General Liability
- Excess Liability
- Automotive Liability
- Workmen’s Compensation

**SAFETY**

Worker’s Compensation Modification Rate:

This year: \_\_\_\_\_ Previous year: \_\_\_\_\_

Have you had any lost time accidents? \_\_\_\_\_ (If so, how many? \_\_\_\_\_)

Have you had any jobsite fatalities within the past three (3) years? \_\_\_\_\_

Have you had any OSHA fines in the past three (3) years? \_\_\_\_\_

*If yes, explain:* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you had any WILFUL violations? \_\_\_\_\_

**CREDIT REFERENCES**

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

BOULANGER DRYWALL CORPORATION

Bank Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Person Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Line of Credit Amount: \$ \_\_\_\_\_

Amt Available: \$ \_\_\_\_\_

What is your company’s Dunn & Bradstreet No. & Rating?

\_\_\_\_\_

Please attach a copy of your current audited financial statement.

*(This information is strictly confidential for Boulanger Drywall qualification assessment).*



### PRICING & ESTIMATING

Who is in charge of submitting pricing? \_\_\_\_\_

Phone No. \_\_\_\_\_

Who prepares the details of the pricing? \_\_\_\_\_

Phone No. \_\_\_\_\_

How would you like to pick up plans?

\_\_\_\_\_

### REFERENCES

All references will be checked utilizing a one page questionnaire and possible phone conversation. We require a minimum of three (3) confirmed references in writing prior to inclusion on the subcontractor list. If responses are not readily available, you may be contacted for additional assistance.

BOULANGER DRYWALL CORPORATION

Provide information on current and completed projects with Boulanger Drywall Corp.:

- 1. Project Name: \_\_\_\_\_  
 Boulanger Manager: \_\_\_\_\_  
 Contract Amount: \$ \_\_\_\_\_  
 Date work completed: \_\_\_\_\_
- 2. Project Name: \_\_\_\_\_  
 Boulanger Manager: \_\_\_\_\_  
 Contract Amount: \$ \_\_\_\_\_  
 Date work completed: \_\_\_\_\_
- 3. Project Name: \_\_\_\_\_  
 Boulanger Manager: \_\_\_\_\_  
 Contract Amount: \$ \_\_\_\_\_  
 Date work completed: \_\_\_\_\_

**REFERENCES** *(continued)*

List five (5) contractors that you are currently working with *(minimum 20% completed work)*:

1. GC Name: \_\_\_\_\_  
GC Contact Person: \_\_\_\_\_  
Project Name and Description:  
\_\_\_\_\_  
Percentage (%) Completed: \_\_\_\_\_ Date work completed: \_\_\_\_\_

2. GC Name: \_\_\_\_\_  
GC Contact Person: \_\_\_\_\_  
Project Name and Description:  
\_\_\_\_\_  
Percentage (%) Completed: \_\_\_\_\_ Date work completed: \_\_\_\_\_

3. GC Name: \_\_\_\_\_  
GC Contact Person: \_\_\_\_\_  
Project Name and Description:  
\_\_\_\_\_  
Percentage (%) Completed: \_\_\_\_\_ Date work completed: \_\_\_\_\_

4. GC Name: \_\_\_\_\_  
GC Contact Person: \_\_\_\_\_  
Project Name and Description:  
\_\_\_\_\_  
Percentage (%) Completed: \_\_\_\_\_ Date work completed: \_\_\_\_\_

5. GC Name: \_\_\_\_\_  
GC Contact Person: \_\_\_\_\_  
Project Name and Description:  
\_\_\_\_\_  
Percentage (%) Completed: \_\_\_\_\_ Date work completed: \_\_\_\_\_

BOULANGER DRYWALL CORPORATION

**REFERENCES** *(continued)*

List at least three (3) of your Major Suppliers:

- 1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_
- 2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_
- 3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**THANK YOU**

We understand the time and effort it takes to complete this application. We appreciate your effort and want to thank you for your interest in Boulanger Drywall Corporation. We look forward to the possibility of working together in the near future. Please sign and notarize below and return to the name and address stated on page 1.

### CONTRACTOR’S STATEMENT

We hereby declare that we have answered all applicable questions in a full and complete manner and assure Boulanger Drywall Corp. that the answers are accurate, true and correct, and are not in any way misleading, ambiguous or false. We also understand that Boulanger Drywall Corp. will be using this information to assist in determining whether or not to permit our company to bid projects and/or award contracts.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ of 20\_\_\_\_\_

Name of Company:

\_\_\_\_\_

Completed by (must be an officer of the company):

\_\_\_\_\_

Title: \_\_\_\_\_ Phone No. \_\_\_\_\_

To verify information contained above contact:

\_\_\_\_\_

Title: \_\_\_\_\_ Phone No. \_\_\_\_\_

### NOTARY PUBLIC

\_\_\_\_\_ 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 \_\_\_\_\_ 20

\_\_\_\_\_

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



Please place notary stamp in area above