



Introduction: This form provides the qualification requirements to perform contracted work with F & G Construction General Contractors, Inc.
Email completed forms to: estimating@fandgconstruction.com Fax completed forms to: (904) 388-5774

Subcontractor/Supplier Information

Date _____

Company Registered Name _____ D/B/A: _____

Address _____

Phone _____ Fax _____ Email _____

Federal ID # _____ EMR(Experience Modification Rate) _____

Years in operation under this name (If in business under a different name within last five years, please give details.) _____

Owner _____

Principal Contact _____ Phone _____ Email _____

Jurisdiction	Name of License Holder	License Number	Type of License (General, Specialty, etc.)

Has your firm or company been engaged in a lawsuit, claim, arbitration or bankruptcy in the past (5) years? (If yes, please explain)

Insurance Requirements*

- General Liability: \$1,000,000 per occurrence, \$2,000,000 aggregate
- Automobile: \$1,000,000 per accident
- Workers Compensation \$1,000,000 each accident / \$1,000,000 policy limit

*Additional insured and waiver of subrogation required on all contracts

*Secondary subcontractors must carry the same limits

Do you have the above minimum insurance coverage required to contract with F& G General Contractors, Inc.? (If no, please explain)

References (Attach additional sheets as necessary)

Name of Project and Contract Value	Scope of Work	General Contractor Name and Contact Individual	Phone and Email

Suppliers	Discipline	Contact Individual	Phone and Email

Signed (Owner of Subcontractor/Supplier company)

Date: _____ Name: _____ Signed: _____

Reviewed by F&G Construction General Contractors, Inc. (Project Manager)

Date: _____ Name: _____ Signed: _____

Reviewed by F&G Construction General Contractors, Inc. (President or Director)

Date: _____ Name: _____ Signed: _____