



**AUSTIN COMMERCIAL, LP
SUBCONTRACTOR / SUPPLIER PREQUALIFICATION QUESTIONNAIRE
DIRECTIONS**

**THIS PREQUALIFICATION QUESTIONNAIRE HAS
TWO (2) SECTIONS THAT MUST BE COMPLETED
AND SUBMITTED SEPARATELY.**

PART A:

Complete all sections of Part A

SUBMIT TO:

Prequalify_for_Tampa_ConRAC-APM@austin-ind.com

PART B:

Complete form 1300a and attach all required information

SUBMIT TO:

rms@austin-ind.com

**DIRECT ANY QUESTIONS TO BILL LONG
813-282-3900**



PART A

Complete all sections of Part A

SUBMIT TO:

[Prequalify for Tampa ConRAC-APM@austin-ind.com](mailto:Prequalify_for_Tampa_ConRAC-APM@austin-ind.com)



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TAMPA INTERNATIONAL AIRPORT CONRAC & APM PROJECT

If this form is not filled out in its entirety, the deficient information will be pointed out and requested from you. Should you not be responsive to this request your firm will not be assessed as prequalified and you will not be allowed to bid on this project. Untimely responses will not be assessed and will not be considered!

SECTION #1 – COMPANY & CONTACT INFORMATION

COMPANY NAME _____

Federal ID # _____

Phone: A/C _____ No. _____ Fax: A/C _____ No. _____

Mailing Address _____ Street Address _____

City _____ ST _____ ZIP _____ City _____ ST _____ ZIP _____

Estimating Contact: Name _____ Title _____

E-mail: _____ Phone: _____ Fax: _____

Cell: _____

Management Contact: Name _____ Title _____

E-mail: _____ Phone: _____ Fax: _____

Cell: _____

List two officers of your company:

Name _____

Name _____

Title _____

Title _____

Is your company affiliated with any other company?

Name _____

Affiliation: _____

Address: _____

SECTION #2 - RELEVANT EXPERIENCE

Firms seeking to be prequalified for bidding work with Austin must be registered with HCAA as a supplier prior to the submittal of this questionnaire. Registration with HCAA can be accomplished online at www.TampaAirport.com under Airport Business then Supplier Registration. ***Attach a copy of the registration confirmation email or a screenshot of your firm's registration information from HCAA website.***

Do you hold the required and active State of Florida or Hillsborough County Contractor's License(s)? Yes____, N/A____. ***If yes, please attach copy of current license showing classifications and expiration dates.***

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TPA ConRAC & APM Prequalification Questionnaire - Part A - Page 1 of 6 – July 8, 2014 Rev2

RETURN COMPLETED FORM VIA EMAIL TO: Prequalify_for_Tampa_ConRAC-APM@austin-ind.com



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TAMPA INTERNATIONAL AIRPORT CONRAC & APM PROJECT

What work does your company perform or what materials can your company supply?

What Aviation projects, starting with any APM or ConRAC projects and then any Airport projects has your firm performed over the past five years? List previous or ongoing Aviation project's name, scope of work, dollar volume, location, and duration. *Attach additional pages labeled "aviation projects" if needed.*

How many years has your company been in operation? _____
How many years has your company been in operation under the current name? _____
How many years has your company been in operation under the current ownership? _____

SECTION #3 - FINANCIAL

Check the size(s) of Subcontract or Purchase Order your company has performed over the last two years: Check all that apply.

Less than \$100,000 ____ \$100,000 to \$500,000 ____ \$500,000 to \$1,500,000 ____ \$1,500,000 to \$5,000,000 ____
\$5,000,000 to \$10,000,000 ____ \$10,000,000 to \$20,000,000 ____ over \$20,000,000 ____

Annual revenue for the last two years: \$ _____ 2012 \$ _____ 2013

Provide a letter from your surety confirming your single project limit bonding capacity and program aggregate.

Company Capacity/Backlog: Current work in progress:

Total Current Contracted Value _____
Location(s) _____ Completion Date(s) _____
Location(s) _____ Completion Date(s) _____

Total Current number of Employees _____ Previous Years: 2011 _____ 2012 _____ 2013 _____

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TPA ConRAC & APM Prequalification Questionnaire - Part A - Page 2 of 6 – July 8, 2014 Rev2

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TAMPA INTERNATIONAL AIRPORT CONRAC & APM PROJECT

SECTION #4 – AREA OF OPERATIONS/LOCAL EXPERIENCE

Over the last 2+ calendar years (01/01/2012-Present) provide the following information *Attach additional pages labeled “recent past projects” if needed.* :

	CSI Division	# of Completed Projects	Aggregate Value
In Tampa?	_____	_____	_____
In Florida; Not in Tampa?	_____	_____	_____
In SE United States (AL, GA, SC)?	_____	_____	_____
Outside the above areas (domestic)?	_____	_____	_____

SECTION #5 – INSURANCE

List your firm’s current insurance limits and carriers, if no coverage put NC in Occurrence blank:

General Liability: _____ Occ. _____ Agg. _____ Carrier _____

Auto Liability: _____ Occ. _____ Agg. _____ Carrier _____

Excess Liability: _____ Occ. _____ Agg. _____ Carrier _____

Pollution Liability: _____ Occ. _____ Agg. _____ Carrier _____

Professional Liability: _____ Occ. _____ Agg. _____ Carrier _____

Workmen’s Compensation(Statutory): _____ Yes _____ No _____ Carrier _____

SECTION #6 – SAFETY

Does your company have a written Safety Program? _____ Yes _____ No *If yes, please attach copy.*

Does your company have a Full-Time Corporate Safety Director? _____ Yes _____ No *If yes, please provide contact information below.*

Corporate Safety Director Name _____ Title _____

E-mail: _____ Phone: _____ Fax: _____

Cell: _____

Does your company conduct weekly “tool box talks”? _____ Yes _____ No

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TPA ConRAC & APM Prequalification Questionnaire - Part A - Page 3 of 6 – July 8, 2014 Rev2

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TAMPA INTERNATIONAL AIRPORT CONRAC & APM PROJECT

All information requested in this section is required from contractors, subcontractors, and other organizations whose services include providing labor at the project site and beyond a customer's site. Provide the following rates for your company for the past three years (including current year):

Year	EMR	Incident Rate (Lost Time)	Recordable Rate	Number of OSHA Citations
2013				
2012				
2011				

*Incident Rate = $\frac{\# \text{ of lost time work related injuries/yr.} \times 200,000}{\# \text{ of man hours worked/yr.}}$

**Recordable Injury Rate: $\frac{\# \text{ of work related injuries/yr.} \times 200,000}{\# \text{ of man hours worked/yr.}}$

Describe your OSHA Citations (if applicable): _____

Provide your company's OSHA 300 Log information for each of the last three (3) years:

Description	2013	2012	2011
Total Recordable			
Lost Work Day Cases			
Lost Workdays			
Total Employee Hours Worked			
Number of Fatalities			

Does your company have a written program requiring training? _____ Yes; _____ No

If yes, please attach a copy.

SECTION #7 – PERFORMANCE

Attach additional pages labeled "performance" if needed:

Has your firm ever defaulted on a contract, or have any of your principals been principal of another firm that defaulted on a contract? _____ Yes, _____ No; **If Yes, please attach explanation on additional pages.**

Are there any pending or outstanding criminal indictments, lawsuits, judgments, requests for arbitration or claims involving your firm or its principals? _____ Yes, _____ No; **If Yes, please attach explanation on additional pages.**

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TPA ConRAC & APM Prequalification Questionnaire - Part A - Page 4 of 6 – July 8, 2014 Rev2

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TAMPA INTERNATIONAL AIRPORT CONRAC & APM PROJECT

In the past five years, has any claim against your firm concerning your firm’s work on a construction project, been filed in court or arbitration? Yes, No; **If Yes, please attach explanation on additional pages.**

In the past five years, has your firm made any claim against a project owner, Construction Manager, General Contractor, or another subcontractor covering work on a project or payment for a contract, and filed that claim in court of arbitration? Yes, No; **If YES, please attach explanation on additional pages.**

Provide the percentage of your work performed with self-perform labor: _____ %

What type of work do you normally engage subcontractors to perform?

CSI code(s) _____

Description _____

SECTION #8 – DIVERSITY

Does your firm have a written and active diversity program? YES NO

(Please attach a copy of your firm's diversity program)

Type of Ownership: ***(Please attach a copy of your certification)***

 MBE (Minority-Owned); WBE (Women-Owned);

 VOB (Veteran-Owned); SDVOB (Service Disabled Veteran-Owned)

 Other (list) _____

IF YOUR FIRM QUALIFIES AS A CERTIFIED M/WBE OR DBE FIRM, PLEASE FURNISH THE INFORMATION REQUESTED BELOW ***and attach a copy of your certification:***

List all Certifying Agency and Certified Group Classification below:

Certifying Agency and Certified Group Classification (i.e. M/WBE OR DBE)	Certificate Number	Expiration Date

SECTION #9 – QUALITY

Does your company have a written Quality Management Program?

 Yes No ***If yes, please attach a copy of your written quality program.***

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TPA ConRAC & APM Prequalification Questionnaire - Part A - Page 5 of 6 – July 8, 2014 Rev2

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TAMPA INTERNATIONAL AIRPORT CONRAC & APM PROJECT

I certify that all information in this questionnaire and the attachments are true and correct. We hereby authorize Austin Commercial and its representatives to investigate directly with the references given herein, any information pertaining to the undersigned and/or the individuals involved therein. We authorize our financial institutions, prior and existing sureties, customers, creditors and suppliers to release credit history and other underwriting/qualification information.

I understand that the completion and submittal of this questionnaire is for the sole purpose of allowing Austin Commercial to prequalify firms for bidding work associated with the TIA ConRAC & APM project. I also understand completion and submittal of this questionnaire does not guarantee that my firm will be prequalified for the above. Finally, I understand completion and submittal of this questionnaire or the subsequent assessment by Austin Commercial that my firm is deemed prequalified; does not constitute a guarantee, or contract for any work associated with the above noted project.

Submitted by:

Company _____ Phone# _____

Signature _____ Name _____

Title _____ Date _____

Austin will contact you within 2-3 weeks should additional information be required or upon completion of our review.

A COMPLETE SUBMITTAL MUST INCLUDE THE DOCUMENTS LISTED BELOW AS ATTACHMENTS. PLEASE MARK THE CHECKBOX REPRESENTING THAT EACH DOCUMENT IS ATTACHED OR IT IS NOT APPLICABLE.

CHECKLIST OF ATTACHMENTS (questionnaire page# reference)

- | | |
|--|------------------------------------|
| 1. <u>HCAA SUPPLIER REGISTRATION (page #1)</u> | ATTACHED ___ |
| 2. <u>STATE OF FLORIDA / HILLSBOROUGH COUNTY ACTIVE CONTRACTOR'S LICENSE (page #1)</u> | ATTACHED ___ Not Required _____ |
| 3. <u>Added pages if needed: "AVIATION PROJECTS" (page #2)</u> | ATTACHED ___ Not Needed _____ |
| 4. <u>AUDITED FINANCIAL STATEMENT (PART B)</u> | PART B ___ |
| 5. <u>SURETY LETTER – BONDING LIMITS (page #2)</u> | ATTACHED ___ No Surety _____ |
| 6. <u>Added pages if needed: "RECENT PAST PROJECTS" (page #3)</u> | ATTACHED ___ Not Needed _____ |
| 7. <u>CORPORATE SAFETY PLAN (page#3)</u> | ATTACHED ___ Do not have one _____ |
| 8. <u>SAFETY TRAINING PROGRAM (page#4)</u> | ATTACHED ___ Do not have one _____ |
| 9. <u>Added pages if needed: "PERFORMANCE" (page #4)</u> | ATTACHED ___ Not Needed _____ |
| 10. <u>DIVERSITY PROGRAM (page #5)</u> | ATTACHED ___ Do not have one _____ |
| 11. <u>OWNERSHIP CERTIFICATION (page #5)</u> | ATTACHED ___ N/A _____ |
| 12. <u>WMBE/DBE CERTIFICATE (page #5)</u> | ATTACHED ___ N/A _____ |
| 13. <u>QUALITY PROGRAM (page #5)</u> | ATTACHED ___ Do not have one _____ |

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TPA ConRAC & APM Prequalification Questionnaire - Part A - Page 6 of 6 – July 8, 2014 Rev2

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PART B

Complete all sections of Part B

SUBMIT TO:
rms@austin-ind.com

Subcontractor Underwriting Risk Evaluation (SURE)

Subcontractor Qualifications

Form 1300a

The Austin Commercial, L.P. (ACL P) **SURE Program** qualifies subcontractors to work for ACL P without being required to furnish payment and performance bonds. Subcontractors must demonstrate they have the financial resources and capacity similar to that which is demonstrated to their own surety. We trust you will view this effort not as an invasion of your company's privacy, but as an effort to make sure we have assembled a network of highly qualified subcontractors to participate in our projects. This sensitive information is not disclosed to any person or entity other than those who have a need to review it for our qualification process.

Subcontractors desiring to bid work for ACL P are required to submit the information listed below either by:

- (1) Mail to 3535 Travis, Suite 300, Dallas, Texas 75204-1466 marked "confidential" - Attention Manager, Risk Management Services
- (2) Fax to 214-224-4366 (*confidential fax site*), or
- (3) E-mail to rms@austin-ind.com

We can use information provided for a previous subcontract, but it must be updated at least annually, or when your company's financial position changes.

Company Name (including DBA): _____

Federal Tax ID (FEIN): _____ Website: _____

Address: _____

Date: _____

1. **ATTACH** the Company's **past two year-end financial statements, including the balance sheet, income statement, and notes to financials (if CPA-prepared)**. If the last fiscal year end is over six month's old, include the Company's **most recent internal financial statements**.
2. **ATTACH current work-in-progress schedule/backlog, or list of current projects/amounts.**
3. **ATTACH** owner, general contractor, subcontractor, and supplier references.
4. **ATTACH** a description of the three largest jobs completed in the last five years.
5. Internal Financial Officer _____ Email _____
Outside Accountant _____
6. Owner Name _____ % of Ownership _____
Continuity Plan in case of death or disability of principals _____
7. Primary Bank _____ Officer _____
8. Line of Credit \$ _____ Current Amount Available \$ _____
9. Current lawsuits, claims, liens, arbitration or pending actions in excess of \$25,000 _____
Or, similar actions or bankruptcies against principals _____ If so, attach details.
10. Surety _____
Estimated limits: Single \$ _____ Aggregate \$ _____