

Ajax is prequalifying bidders from 6/1/2021 to 6/1/2022. In order to initiate the pre-qualification process, all interested bidders shall complete and submit this "Annual Bidder Qualifications Questionnaire" in accordance with the "Instructions to Applicant" included herein.

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CALENDAR YEAR 2021

June 1, 2021 to **June 1, 2022**

Bidder Qualifications Questionnaire and all supporting documentation shall be completed and returned to the Ajax project contact listed below via email within fourteen (14) days of receipt.

TO: Ajax Building Company, LLC	CONTACT NAME: Jeff Chamberlain
PHONE: (727) 394-3241	EMAIL:jeff.chamberlain@ajaxbuilding.com
ADDRESS: 109 Commerce Blvd., Oldsma	r, FL 34677

APPLICANT INFORMATION

Please provide contact information for the person who assembled and submitted this questionnaire. Ajax's evaluator may need to contact you with questions or to obtain clarification.

COMPANY NAME:		
PERSON COMPLETING FORM:		
EMAIL:		
PHONE #:	DATE SENT:	# OF PAGES:

Visit our website at www.ajaxbuilding.com for more information about Ajax. The "Subcontractors and Vendors" webpage includes project information on other bidding opportunities.

Bidder prequalification is required on an annual basis.



INSTRUCTIONS TO APPLICANT

Please fill out this form "electronically", and retain an electronic copy for future reference.

This will save time when prequalifying for future projects, or re-applying for Pre-Qualification annually

COMPLETE APPLICANT INFORMATION FORMS:

- ✓ Fill out Bidder Qualifications Questionnaire Form (pages 3 6) completely.
 - Have page 6 signed and dated by an authorized person or company officer.
 - A "See Attached" response is not acceptable.
 - Answer questions related to your background, certification, personnel, and BIM capabilities.

COMPLETE SECTION 1 & 1A (PROJECT EXPERIENCE AND REFERENCES):

- ✓ Fill out Sections 1 & 1A, Project Experience and References Form, (page 5 9) completely.
 - List 2 current projects along with references.
 - Verify contact information for all of your references.
 - List most current Ajax projects you are/have worked on.
 - Complete the 3-year history of similar projects (pages 6 9) or attach this as a separate list of major projects completed within the past 3 years as instructed. **This history list is required.**

BONDING AND INSURANCE REFERENCES (SECTIONS 2 AND 3):

- ✓ **Top half of Section Forms** need to be completed by Applicant, then:
 - Forward a copy of Section 2 (page 10) to your Bonding Agent.
 - Forward a copy of Section 3 (page 11 & 12) to your Insurance Agent.
- ✓ Your Bonding & Insurance Agents shall then complete the *bottom half* of each Exhibit form as follows:
 - Provide requested information, sign, date, and return to Applicant.
 - Applicant shall follow up with Bonding and Insurance Agents as needed to expedite requests.
 - Do not submit incomplete or unsigned Bonding and Insurance Sections to Ajax.

SUBMISSION:

- ✓ **Submit the fully assembled package** (pages 1 through 16) complete with all attachments, and any supplemental information you deem necessary to Ajax for review. Please refer to attached checklist of items required with submission.
 - Include Bidder Qualifications Questionnaire form completed, signed and dated, including any supporting or supplementary data/information required for explanations from "Yes" answers on page 3, History of Completed Projects, Licenses and Key Personnel Resumes.
 - Include Section 2 and Section 3 forms completed, signed and dated by respective Agents.
 - Include Form W-9 for Applicant.
 - Include Financial Statement for confidential review.
 - Include Checklist noting all items submitted.
 - No partial submittals, please.

REVIEW AND NOTIFICATION:

- Ajax will begin our review upon receipt of all information, and notify you as to the results.
- If you have questions, contact the Ajax contact person listed on page 1.



APPLICANT GENERAL INFORMATION

OFFICE INFORMATION Company Name: Street Address: City:_____ State:____ ZIP:___ County:____ Office Phone: _____ Fax: ____ Website: _____ BUSINESS STRUCTURE Type of Business Organization:______ Tax ID No.:_____ Special Status? MBE WBE DBE SBE Certified By:____ (Attach Certificates, State/County/City, etc.) **COMPANY CONTACTS** PRIMARY CONTACT: Name:_____ Title: Email: Direct Phone: SECONDARY CONTACT: Title: Name:____ Email: _____ Direct Phone: _____ WORK TRADE(S) PERFORMED Have you ever worked on an Ajax project? Yes (Please List Below) □ No Ajax Project(s):

Your completed Subcontractor / Vendor Profile Questionnaire may be submitted to Ajax via email at preconstruction@ajaxbuilding.com or fax to the attention of Jeff Chamberlain at 813-792-3938, or you may contact him at 727-394-3241 or jeff.chamberlain@ajaxbuilding.com with any questions.

NOTE: The above information is intended to provide Ajax with basic information regarding your firm and does not serve as a form of prequalification to participate on one of our projects. Please visit the Bidder Prequalification Information Section of our website for instructions on our bidder prequalification process.



GENERAL COMPANY INFORMA	ATION					
Years in Business:	Are you setup and	able to bor	nd subcontr	acted work?	☐Yes ☐ No	
Average Volume of Work (Past 3 Years):						
NUMBER OF EMPLOYEES: Home	Office:	Field Sup	pervisors:_	Ti	rades People:	
GEOGRAPHICAL PROJECT INT	ERESTS					
☐ Alabama ☐ Florida ☐ Geo	orgia North	Carolina	□ s	outh Carolina	Tennessee	
Geographical or Regional Limits, if any:_						
	COMPANY	Y PROFI	LE			
Years performing work specialty:		Years in b	usiness unde	er present name:		
*Previous Business name:		# of Years Under Previous Name:				
Avg. annual value of work completed in past 3 years:	Value of work in place in previous year:	i		Value of work n under contract:		
Is your Company rated with Dunn and Bradst	reet? Yo	es 🗌	No	D & B Rating:		
Is your Company a certified MWDBE Enterp	rise? Yo	es 🗌	No	Classification:		
If "Yes", enclose a copy of your certification	<u>(s).</u>					
Is your Company a "Drug-Free Workplace"?	Yo	es 🗌	No			
In the past 3 years has your Company had any	y OSHA fines? Yo	es	No	If "Yes", Prov	ide explanation.	
In the past 5 years have you had any jobsite fa	atalities? Yo	es 🗌	No	If "Yes", Prov	ide explanation.	
In the past 5 years have you filed for bankruptcy? Ye		es 🗌	No	If "Yes", Prov	ide explanation.	
In the past 5 years have you failed to complete a contract? Ye.		es 🗌	No	If "Yes", Prov	ide explanation.	
Any pending claims or judgments against you	ır Company? Yo	es 🗌	No	If "Yes", Prov	ide explanation.	
Do you have any past or present objections to Ajax's personnel, systems, or contract docum		es 🗌	No 🗌	If "Yes", Prov	ide explanation.	

Your completed Subcontractor / Vendor Profile Questionnaire may be submitted to Ajax via email at preconstruction@ajaxbuilding.com or fax to the attention of Jeff Chamberlain at (813) 792-3938, or you may contact him at (727) 394-3241 or jeff.chamberlain@ajaxbuilding.com with any questions.

NOTE: The above information is intended to provide Ajax with basic information regarding your firm and does not serve as a form of prequalification to participate on one of our projects. Please visit the Bidder Prequalification Information Section of our website for instructions on our bidder prequalification process.



SECTION 1 PROJECT EXPERIENCE AND REFERENCES

HISTORY OF COMPLETED PROJECTS

Provide a separate list of major projects completed within the past three (3) years. <u>Include projects that adequately</u> reflect the ability to handle diversity of project types and sizes.

(See attached spreadsheet or provide as an attachment)

CURRENT PROJECTS

- 1. List two (2) of your Company's most significant projects currently under construction.
- 2. Select either the Project Manager or General Superintendent of the Contracting Agency as a current reference.
- 3. Verify the contact information for each reference, making sure that e-mail addresses and telephone numbers are current and correct. *Invalid contact information will delay the prequalification process.*

(CURRENT PROJECT #1	CURRENT PROJECT #2		
Contracting Agency:		Contracting Agency:		
Project Name:		Project Name:		
Location:		Location:		
Project % Complete:		Project % Complete:		
Scheduled Completion Date:		Scheduled Completion Date:		
Scope of your Subcontract:		Scope of your Subcontract:		
Value of Your Subcontract:		Value of Your Subcontract:		
Reference's Name:		Reference's Name:		
Reference's Title: (PM or GS)		Reference's Title: (PM or GS)		
Reference's E-mail:		Reference's E-mail:		
Reference's Office Phone:		Reference's Office Phone:		
Reference's Cell Phone:		Reference's Cell Phone:		

AJAX PROJECTS

List the name of any current Ajax project(s) and/or most recently completed Ajax project(s).

AJAX PROJECT #1	AJAX PROJECT #2



ANNUAL BIDDER QUALIFICATIONS QUESTIONAIRE

SECTION 1A

3-YEAR HISTORY OF SIMILAR AND COMPLETED PROJECTS

Project Type:

SC - School **C** - Correctional

U - University **O** - Office

HC - Medical R - Retail
PS - Public Safety A - Aviation

P - Energy Plant X - Other

Year Complete	Project Name	Location (City, State, Zip)	Project Type	Scope	Contracting Agency	Reference Name & Phone #	Value of Contract



ANNUAL BIDDER QUALIFICATIONS QUESTIONAIRE

SECTION 1A

3-YEAR HISTORY OF SIMILAR AND COMPLETED PROJECTS

Project Type:

SC - School **C** - Correctional

U - University **O** - Office

HC - Medical **R** - Retail

PS - Public Safety A - Aviation P - Energy Plant X - Other

Year Complete	Project Name	Location (City, State, Zip)	Project Type	Scope	Contracting Agency	Reference Name & Phone #	Value of Contract



ANNUAL BIDDER QUALIFICATIONS QUESTIONAIRE

SECTION 1A

3-YEAR HISTORY OF SIMILAR AND COMPLETED PROJECTS

Project Type:

P - Energy Plant

SC - School C - Correctional

U - University **O** - Office

HC - Medical **R** - Retail

PS - Public Safety **A** - Aviation

X - Other

Year Complete	Project Name	Location (City, State, Zip)	Project Type	Scope	Contracting Agency	Reference Name & Phone #	Value of Contract



ANNUAL BIDDER QUALIFICATIONS QUESTIONAIRE

SECTION 1A

3-YEAR HISTORY OF SIMILAR AND COMPLETED PROJECTS

Project Type:

SC - School C - Correctional

U - University **O** - Office

HC - Medical R - Retail

PS - Public Safety A - Aviation P - Energy Plant X - Other

Year Complete	Project Name	Location (City, State, Zip)	Project Type	Scope	Contracting Agency	Reference Name & Phone #	Value of Contract



SECTION 2 BONDING REFERENCE

(Step 1: Subcontractor to complete this top portion and forward to Bonding Agent)

SUBCONTRACTOR

Please provide the follow	ing information:		
TO: (Bonding Agent)			
Agent's Contact Person:			
	Email:		
	Phone:	Fax:	
FROM: (Subcontractor)			
Inquiry is authorized by:	Name:		
	Title:		
	Email:		
	Phone:	Fax:	
Please provide the follow 1. Subcontractor's Surety Co	ompany:		
2. Surety's Best Rating:			
3. Treasury Listing Underwr	riting Limit:		
4. Single Project Bonding Limit:	Total Bonding Capacity:	Value of Work Now Bonded:	
5. Comments:			
Signature of Agent:			
Print Name & Title:			
Date:			

BONDING AGENT

Please return this completed Section 2 form to the Subcontractor at their above address.

The contents of this form are confidential and used solely to determine the applicant's qualifications.

Your prompt response to this inquiry is greatly appreciated.



SECTION 3 INSURANCE REFERENCE

(Step 1: Subcontractor to complete this top portion and forward to Insurance Agent)

SUBCONTRACTOR

Please provide the follow	ing informa	tion:		
TO: (Insurance Agent)				
Agent's Contact Person:				
	Email:			
	Phone:	Fax:		
FROM: (Subcontractor)	_			
TROM (Succommunion)	Name:			
In action in anthonical has	_			
Inquiry is authorized by:	Title:			
	Email: _			
	Phone:	Fax:		
(Step 2: <u>Ins</u>	surance Agei	<u>nt</u> to complete this bottom portion and return to Subc	ontractor.)	
		INSURANCE AGENT		
Please provide the follow	ing informs	tion:		
1. Can the subcontractor meet				
COMPREHENSIVE GEN	ERAL LIAI	BILITY		
• Subcontracts up to \$2,00	00,000	Minimum Limit: \$1,000,000 Each Occurrence	Yes	No
		Minimum Limit: \$2,000,000 General Aggregate	Yes	No
• Subcontracts <u>over</u> \$2,00	00,000	Minimum Limit: \$2,000,000 Each Occurrence	Yes	No
		Minimum Limit: \$4,000,000 General Aggregate	Yes	No
UMBRELLA LIABILITY				
• Subcontracts up to \$2,00	00.000	Minimum Limit: \$3,000,000 Each Occurrence	Yes	No
1 , 7,	,	Minimum Limit: \$3,000,000 Aggregate	Yes	No
• Subcontracts over \$2,00	00,000	Minimum Limit: \$5,000,000 Each Occurrence	Yes	No 🗌
		Minimum Limit: \$5,000,000 Aggregate	Yes	No
COMPREHENSIVE AUT	OMOBILE	LIABILITY		
Bodily Injury:		Minimum Limit: \$1,000,000 Each Occurrence	Yes	No
Property Damage:		Minimum Limit: \$1,000,000 Each Occurrence	Yes	No 🗌



WORKERS COMPENSATION			
• Worker's Compensation:	\$100,000 (Each Accident)	Yes	No 🗌
• Worker's Compensation:	\$100,000 (Disease – Each Employee)	Yes	No
• Worker's Compensation:	\$500,000 (Disease – Policy Limit)	Yes	No 🗌
CRANE SERVICES LIABILITY	Crane Services Not	t Applicable	
For Cranes with Lifting Capacity Exceed	ding 35 tons		
• Bodily Injury and Property Damage:	Minimum Limit: \$10,000,000 Each Occurrence	Yes	No
 Personal and Advertising Injury: 	Minimum Limit: \$10,000,000	Yes	No
• Products – Completed Operations:	Minimum Limit: \$10,000,000 Aggregate	Yes	No
• General Aggregate:	Minimum Limit: \$10,000,000	Yes	No
• Rigger Liability:	Minimum Limit: \$5,000,000, unless included in required limits indicated above.	Yes	No 🗌
For Cranes with a Maximum Lifting Cap	pacity of 35 tons or Less		
• Bodily Injury and Property Damage:	Minimum Limit: \$5,000,000 Each Occurrence	Yes	No
 Personal and Advertising Injury: 	Minimum Limit: \$5,000,000	Yes	No
• Products – Completed Operations:	Minimum Limit: \$5,000,000 Aggregate	Yes	No
General Aggregate:	Minimum Limit: \$5,000,000	Yes	No
• Rigger Liability:	Minimum Limit: \$5,000,000, unless included in required limits indicated above.	Yes	No
. Please verify subcontractor's workers' co	ompensation experience modifier for the last three (3	3) years:	
2018:	2019: 2020:		
Signature of Agent:			
Print Name and Title:			
Date:			
	INSURANCE AGENT		

INSURANCE AGENT

Please attach a <u>Certificate of Insurance</u> and return this completed Section 3 form to the Subcontractor at their above address.

The contents of this form are confidential and used solely to determine the applicant's qualifications. Your prompt response to this inquiry is greatly appreciated.

SUBCONTRACTOR

Please attach your company's OSHA Form 300A



SECTION 4 CONTRACTOR LICENSING & PERSONNEL

Provide license information for Primary Qualifying Agent(s) as issued by the State Licensing Board applicable to the project:

FIRST NAME: _____ MIDDLE: _____ LAST NAME: _____

LICENSE TYPE: LICENSE NUMBER:

EXPIRATION DATE:		(Attach copy of license to this Application)	
FIRST NAME:	MIDDLE:	LAST NAME:	
LICENSING BOARD:			
LICENSE TYPE:		LICENSE NUMBER:	
EXPIRATION DATE:		_(Attach copy of license to this Application)	

List names of key personnel in your organization. Attach a resume or summary of experience for each person. PROJECT EXECUTIVE: (Name One) PROJECT MANAGERS: (Name Three) PROJECT SUPERINTENDENTS: (Name Three)

COMPANY'S PERSONNEL AND MANPOWER

*Note: Ajax understands this is an annual pre-qualification process, and acknowledges that these individuals may or may not be available for every project. However, the personnel identified above should be reflective and representative of the quality and experience level of your current staff.

Indicate total number of full-time employees currently on your company's direct payroll:

Managers/Supervisors:	Skilled Craftsmen:	Unskilled	Labor:	
List other sources of skilled/unskilled labor:				
Do you employ workers through an Employ	ee Leasing Company?	□Yes □No	If Yes,%	
What percentage of work do you typically perform with your company's own forces?:				

Will you subcontract any portions of the work on this project? Yes No

If Yes, which activity(s):

LICENSING BOARD:



SECTION 5 BUILDING INFORMATION MODELING (BIM) EXPERIENCE & CAPABILITIES

Provide a brief description of your company's BIM capabilities.:
Is BIM modeling standard procedure within your company for design, coordination, shop/fabrication drawings, installations, etc?
Are the BIM efforts of your company performed:
List the primary BIM software programs and version that are used by your company.:
Is your company sufficiently equipped with the necessary hardware, software and technologies to be an active participant (i.e ability to perform live updates to your BIM models) when attending BIM coordination meetings that are conducted at the project site or other locations where mobility is required? Yes No
BIM STAFF
Number of BIM Manager(s): Number of BIM Modelers/Technicians:
Do your BIM Manager and BIM Technicians have sufficient and relevant experience with projects that are similar in size and complexity to this project?
BIM EXPERIENCE
How many active BIM projects does your company currently have underway (where BIM is being utilized by your company
for the design, coordination, shop/fabrication drawings and installation of your work?):
How many BIM projects has your company completed within the past five (5) years (where BIM was utilized by your company for the design, coordination, shop/fabrication drawings and installation of your work)?:
Any BIM projects similar to this project? Yes No
If Yes, please provide a brief overview of the project and how BIM was utilized by your company on the project.:

RIM CAPABILITIES



SECTION 6 FINANCIAL INFORMATION

FORM W-9 FOR APPLICANT			
Applicant's TIN #:			
Please submit a signed copy of your Company's form W-9 Taxpayer Identification Number and Certification.			
FINANCIAL STATEMENT (Attach Financial Statement to this Questionaire)			
Please provide a financial statement for confidential review by Ajax Management. Include reasonably current data on the			
Company's general financial condition. An audited or consolidated financial statements is preferred.			
I HEREBY CERTIFY THAT THE PRECEDING INFORMATION IS TRUE AND COMPLETE			
TO THE BEST OF MY KNOWLEDGE:			
SIGNATURE: (By an Authorized Person or Company Officer)			
COMPANY:			
PRINT NAME AND TITLE: DATE:			
TYPE OF FIRM: Corporation Partnership LLC Other:			



CHECKLIST

APPLICANT:

Review Bidder Qualifications Questionnaire contents carefully before sending to Ajax. Make sure it is complete, and that it contains all required information as listed below. Hold until all information is received. No partial submittals please. Mark an "X" in check box next to all enclosed items:

Applicant General Information. Attach pages 3 - 4 and include:
Attach copy of Minority Business Certification(s), page 3 - (if applicable)
Attach explanations for YES answers in Company Profile, page 4
Attach any other explanatory or supplementary information as required for this section
Section 1 & 1A "History of Completed Projects". Attach pages 5 - 9 and include:
Complete these pages, or provide a separate list of projects completed within the past three (3) years. Indicate dollar value of each subcontract, and reference names and contact info. Include Ajax projects.
Section 2, "Bonding Reference". Attach page 10 and include:
Completed, signed and dated by Bonding Agent
Section 3, "Insurance Reference". Attach pages 11 - 12 and include:
Completed, signed, and dated by Insurance Agent
Attach insurance certificates with effective / expiration dates and limits for General Liability, Workers' Compensation, and Automobile Liability coverage
Attach copy of your company's OSHA Form 300A (not OSHA-300) for previous year
Section 4, "Contractor Licensing & Personnel". Attach page 13 and include:
Attach a copy of License for Qualified Business Organization (if applicable)
Attach a copy of License(s) for Primary Qualifying Agent (if applicable)
Attach a resume of summary of experience for personnel within your organization
Section 5, "Building Information Modeling Experience & Capabilities". Attach page 14 and include: Attach any other explanatory or supplementary information as required for this section
Section 6, "Financial Information". Attach page 15 and include:
Completed, signed, and dated by an authorized person or an Officer of the Company
Attach Form W-9 "Request for Taxpayer Identification Number and Certification"
Attach current Financial Statement. An audited or consolidated financial statement is preferred.

NOTE: Include this checklist with your submittal