



EMEGC Inc.  
 3615 Lake Ave, Tampa, FL 33610  
 Phone: 813-241-9000 Fax: 813-241-9001

**PRE-QUALIFICATION QUESTIONNAIRE: - for General Construction**

Please do not retype this questionnaire; answer in the spaces available and, if necessary, add additional pages.

1. Date: \_\_\_\_\_
2. Company Name: \_\_\_\_\_  
 (referred to throughout this questionnaire as the "Company.")
3. Person to Contact: \_\_\_\_\_  
 a) Contact Person is at Location: # \_\_\_\_\_ below.  
 b) Telephone Number: \_\_\_\_\_ FAX Number: \_\_\_\_\_
4. Address of permanent office locations (indicate which is the principal office):  
 Location #1, \_\_\_\_\_  
 Location #2, \_\_\_\_\_  
 Location #3, \_\_\_\_\_  
 Location #4, \_\_\_\_\_  
  
 Contractor's License # \_\_\_\_\_ Federal Tax ID # or SS# \_\_\_\_\_
5. Names and Titles of Key Personnel: \_\_\_\_\_  
 \_\_\_\_\_
6. Type of Ownership:  
 a) Check One:  
 Individual or Sole Proprietorship  
 Professional Corporation/Association\*  
 Corporation \*  
 Partnership  
 Joint Venture (explain) \_\_\_\_\_  
 Other (explain) \_\_\_\_\_  
 \* Indicate date and State of Incorporation \_\_\_\_\_  
 b) Check One:  
 Male Owned (51% or more)  
 Female Owned (51% or more)  
 c) Check One  
 Non-Minority Firm  
 Caucasian Owned, not of Hispanic origin  
 Minority Firm  
 Black Owned, not of Hispanic origin  
 Asian or Pacific Islander Owned  
 Native American Owned  
 Hispanic Owned, including Central & South American

*To be completed only by Minority and Women Business Enterprise Subcontractors*  
 certify I am this firm's Chief Executive Officer and that this firm is a MBE or WBE as  
 defined in Title 13 CFR chapter 124 of the Code of Federal Regulations.

DATE

\_\_\_\_\_



7. Professional Construction Group, LLC requires that all companies with whom it contracts have \$1 million of Commercial General Liability Insurance and \$1 million of Commercial Automobile Liability Insurance. Does the Company presently have this much, or more, insurance?  
 a) \$1 million (or more) of Commercial General Liability Insurance:  Yes  No  
 b) \$1 million (or more) of Commercial Automobile Liability Insurance:  Yes  No

8. Bonding Capacity \_\_\_\_\_ Surety \_\_\_\_\_

9. How many years has the Company been in business? \_\_\_\_\_ years.

10. Is the Company affiliated with any other companies; does it own an interest in other companies; do any other companies own an interest in it? Explain. Include percentages of ownership.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

11. If the company is a subsidiary of another company, what is the parent company's name, approximate annual gross, and in what types of businesses does it engage?  
 a) Name: \_\_\_\_\_ Annual Gross: \$ \_\_\_\_\_  
 Types of Businesses: \_\_\_\_\_

b) Approximate annual gross of the Company during the previous three years:

Date From:	Date To:	Total:
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

12. Describe the specific types of work or services that make up significant percentages of the Company's annual gross. Check as many as apply. Add more, if applicable. Indicate the percentage of the Company's annual gross that each provides.
- |                          |       |         |
|--------------------------|-------|---------|
| <input type="checkbox"/> | _____ | _____ % |
| <input type="checkbox"/> | _____ | _____ % |
| <input type="checkbox"/> | _____ | _____ % |
| <input type="checkbox"/> | _____ | _____ % |
| <input type="checkbox"/> | _____ | _____ % |
| <input type="checkbox"/> | _____ | _____ % |
| <input type="checkbox"/> | _____ | _____ % |
| <input type="checkbox"/> | _____ | _____ % |
| <input type="checkbox"/> | _____ | _____ % |

13. How many full time, permanent employees does the Company have at each location?  
 Number of full-time staff at location:

Job Title	#1	#2	#3	#4
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

14. What has the Company's staff turn over rate been during the past three years?  
 Location #1: \_\_\_\_\_ people left staff, \_\_\_\_\_ people joined staff.  
 Location #2: \_\_\_\_\_ people left staff, \_\_\_\_\_ people joined staff.  
 Location #3: \_\_\_\_\_ people left staff, \_\_\_\_\_ people joined staff.  
 Location #4: \_\_\_\_\_ people left staff, \_\_\_\_\_ people joined staff.



15. On-Call contracts with other clients. Include client name, contact person and telephone number. Include a brief description of project types. Indicate contract starting date and ending date. Include only client relationships with formalized on-call contracts.

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16. Describe any significant in-house computer hardware and software and their possible application to Professional Construction Group, LLC's projects. Note that Professional Construction Group, LLC requires all as-built drawings for construction projects to be documented on AUTOCAD. Indicate if the Company has in-house AutoCad capability, and if not, indicate the subcontractor(s) that the Company proposes to use to meet this requirement.

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17. How is the Company's staff now organized? \_\_\_\_\_

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18. How would the Company prefer to organize, manage and carry out projects for Professional Construction Group, LLC?

- a) Who would be the key personnel and who would be Professional Construction Group, LLC's prime contact person?
- b) What are their roles in the Company?
- c) What work would be carried out by the Company's own, full-time employees, and what work would be carried out by consultants, subcontractors or others?
- d) How would the Company provide services simultaneously at multiple locations, maintaining cost and schedule control and continuity?
- e) Describe how budgeting, estimating and scheduling would be performed for Professional Construction Group, LLC's projects. By whom? How organized? Computerized?

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19. Major clients and projects in previous 24 months. Include client name, contact person and telephone number. Include a brief description of project, location, scope of work and cost.

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