Landscape Contractor Qualification Form

This qualification form is intended to ascertain the experience level, professionalism and expertise of landscape contractors. **COMPANY NAME:** 1. How long has your firm been in business? years 2. Please list the names, level of education, certifications and years of experience for the team members assigned to this project. **Position Education & Certifications Held** Years Name Experience President Project Manager Superindendent Foreman 3. Insurance YES NO **a.** Do you Carry Workers Compensation **b**. How much Automobile Liability do you carry? **c.** How much General Liability do you carry? **d.** How much is your Umbrella Insurance coverage? **4.** What is your Bonding Rate? **5.** What is your D&B Rating? **6.** What is the dollar value of the work your firm completed in the past year? 7. Has your company or any of its principles filed for bankruptcy? YES NO **8.** Has your company been involved in a law suits in the past 5 years? YES NO **9.** How many onsite employees will you dedicate to this project?

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10.	List the 5	5 largest or most	prestigious	projects vou	completed	in the past	vear.

Project Name	Contract Amount	Reference Name	Reference Phone

11. List the 5 largest or most prestigious projects you currently have under contract

Project Name	Contract Amount	Start Date	End Date

12. Please list your primary vendors and subcontractors (provide references)

	Vendor/ Sub Name	Reference Name	Reference Phone
Trees and Palms			
Shrubs			
Irrigation			
Sod			
Hardscape			
Other			

- 13. Please provide written endorsement from three (3) separate Florida Registered Landscape Architects.
- **14.** Please provide written testimonials from three (3) clients