



## SUBCONTRACTOR PREQUALIFICATION FORM

Thank you for your interest in potentially working with Gargiula Construction Inc. We have been creating luxurious custom homes in Southwest Florida since 1990, and are proud of the fact that they are as beautiful to look at as they are comfortable to live in. You'll find the Gargiula team to be experts in everything from planning and design to craftsmanship and customer care well beyond the sale of a home. We expect our contractors and vendors to have a stellar record of experience, knowledge and respect, and a philosophy of doing what's right for us and our customers every day.

Please complete the attached forms and required attachments, and deliver to our office via U.S. mail or other delivery method so that we have original documents as a single package.

Please note that supplying us with the attached requested information and forms does not guarantee you will be invited to bid on any given project. We will review your qualifications carefully as stated in the completed package and notify you if your company is approved based on our criteria and whether your trade/scope of work fits with our company's goals.

Thank you again for contacting us.

Mike Gargiula, President  
Gargiula Construction Inc.

### ***Required Attachments:***

Form W-9 Request for Taxpayer Identification Number and Certification

Resolution of Corporation Authority to Execute Waivers of Lien Affidavits

Certificate of Liability Insurance

License Number and Name of License Holder

Gargiula Construction Inc.  
12611 Panasoffkee Drive  
North Fort Myers, FL 33903  
(239) 997-8030 | [www.GargiulaConstruction.com](http://www.GargiulaConstruction.com)

  
**GARGIULA**  
CONSTRUCTION INC.

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Company Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

License Holder Name: \_\_\_\_\_

License Number: \_\_\_\_\_

Number of Years in Business: \_\_\_\_\_

Area of Operation: \_\_\_\_\_

Contracting Specialties: \_\_\_\_\_

\_\_\_\_\_

Three Builder References With Phone Numbers and Addresses:

\_\_\_\_\_

\_\_\_\_\_

Three Supplier References With Phone Numbers and Addresses:

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that all of the information contained in this entire package is true and complete to the best of my knowledge:

\_\_\_\_\_

Firm Name: \_\_\_\_\_

Corporation  Partnership  LLC

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## SUBCONTRACTOR/BIDDER PRE-QUALIFICATIONS

Date: \_\_\_\_\_

To: \_\_\_\_\_

### ***RE: Information Package and Certification of Insurances***

In order to establish your company as a potential vendor, we must have the attached information packet completed and returned along with an original:

- Certificate of Insurance for Workers' Compensation
- General Liability Insurance
- Auto Insurance

Please forward this information by U.S. mail or fax to Gargiula Construction at your earliest convenience. Payments that may become due to you cannot be released until we are in receipt of all forms. Please contact us if you have any questions. ***Thank you.***

Sincerely,  
Gargiula Construction Inc.



## SUBCONTRACTOR / SUPPLIER INFORMATION PACKET

Legal Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Corporation  Partnership  LLC  Individual

If a Corporation:

Date of Incorporation: \_\_\_\_\_

State in Which Incorporated: \_\_\_\_\_

Federal Employer Tax I.D.: \_\_\_\_\_

Name and Title of Principal Officers: \_\_\_\_\_

Address / Phone \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Name and Title of Principal Officers: \_\_\_\_\_

Address / Phone \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Name and Title of Principal Officers: \_\_\_\_\_

Address / Phone \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Name and Title of Principal Officers: \_\_\_\_\_

Address / Phone \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_



## SUBCONTRACTOR / SUPPLIER INFORMATION PACKET

If a Partnership:

Date of Organization: \_\_\_\_\_

Nature of Organization: \_\_\_\_\_

General  Limited  Association Social Security Number: \_\_\_\_\_

Name of Partners: \_\_\_\_\_

Address / Phone \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Name of Partners: \_\_\_\_\_

Address / Phone \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Name of Partners: \_\_\_\_\_

Address / Phone \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Name of Partners: \_\_\_\_\_

Address / Phone \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_



# RESOLUTION OF CORPORATION

## AUTHORITY TO EXECUTE WAIVERS OF LIEN AFFIDAVITS

It is hereby RESOLVED that on the Corporate Meeting held \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, the Board of Directors elected to authorize the following individuals to act on behalf of the Corporation to execute Waiver of Lien Affidavits with the full authority of the Corporation.

It is further certified that the foregoing power and authority shall continue until written notice of revocation has been delivered to the holder.

NAME OF INDIVIDUAL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

CORPORATE NAME: \_\_\_\_\_

BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_,

by \_\_\_\_\_ who is:

Personally Known to Me \_\_\_\_\_

Or

Produced \_\_\_\_\_ as Identification

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



## INSURANCE REQUIREMENTS

- General Liability
- Workers' Compensation
- Automobile Liability

Document your insurance policies, limits, etc., as per attached SAMPLE Certificate of Liability Insurance form attached. This certificate must:

1. Be an original document
2. List all subsidiaries or DBAs covered by the certificate provided
3. Provide at least 30 days' notice of cancellation
4. State that all operations of contractor or subcontractor performed on behalf of contractor shall be covered by such insurance
5. Show complete insurance carrier names as listed in the A.M. Best Property and Casualty Guide
6. Include an attached primary endorsement stating such coverage as is afforded by this policy is primary and non-contributing

***Insurance must be in force in order to perform any work. Binder numbers are not acceptable for policy numbers.***