

**General Information**

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

Address: \_\_\_\_\_

Street/City/State/Zip: \_\_\_\_\_

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

Parent Company: \_\_\_\_\_ Address: \_\_\_\_\_

Website: \_\_\_\_\_

President: \_\_\_\_\_ Phone/E-mail address: \_\_\_\_\_

List Current Licenses and include any out of state: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Average Annual Volume (3Yrs): \_\_\_\_\_

Annual Sales 2022 \$ \_\_\_\_\_ 2021 \$ \_\_\_\_\_ 2020 \$ \_\_\_\_\_

Federal ID No: \_\_\_\_\_

Dunn & Bradstreet # \_\_\_\_\_ Dunn & Bradstreet Rating: \_\_\_\_\_

Union Affiliations: \_\_\_\_\_ If yes, please list affiliations: \_\_\_\_\_

Are you a small, minority, veteran, or disadvantaged business? \_\_\_\_\_

If yes, what agencies are you certified through \_\_\_\_\_

Counties and States that you are interested in working in:

List work regularly performed by own forces: \_\_\_\_\_

**If yes to any of the questions listed below please attach details.**

Has this firm ever defaulted on a contract (Y or N)? \_\_\_\_\_

Has this firm experienced reorganization within the past year (Y or N)? \_\_\_\_\_

Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers (Y or N)? \_\_\_\_\_

Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the last five years (Y or N)? \_\_\_\_\_

Within the last five years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract (Y or N)? \_\_\_\_\_

Total number of employees: \_\_\_\_\_ Home Office: \_\_\_\_\_ Field Office: \_\_\_\_\_

**Staff Breakdown**

Engineering: \_\_\_\_\_

Project Management: \_\_\_\_\_ Shop: \_\_\_\_\_

Construction Supervision: \_\_\_\_\_ Administration: \_\_\_\_\_

Field Engineers: \_\_\_\_\_ Fabrication Shop: \_\_\_\_\_

Laborers: \_\_\_\_\_ Other: \_\_\_\_\_

**Safety Information**

Name of Safety Director/Officer: \_\_\_\_\_

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

Address: \_\_\_\_\_

Street City State Zip Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Experience Modification Rate (EMR): \_\_\_\_\_

Does the firm have a written safety plan (Y or N)? \_\_\_\_\_

Has the firm been cited for any serious OSHA violations in the past five years (Y or N)? \_\_\_\_\_

OSHA recordable incident rate (current year): \_\_\_\_\_

OSHA lost day incident rate (current year) : \_\_\_\_\_

Does the firm have a drug testing policy (Y or N)? \_\_\_\_\_

**Under a separate cover submit a sample certificate of insurance showing coverage and limits for general liability, automobile liability, and excess umbrella liability and workers compensation. Under separate cover please submit a log and summary of occupational injuries and illnesses as required by the US Department of Labor (previous 12 months).**

## Project Experience

List at least four major projects in the past 3 years; include the following information (attach separate sheet for additional information):

**Name of Project #1:** \_\_\_\_\_

Type of building: \_\_\_\_\_

Contract Amount \$ \_\_\_\_\_ City, State: \_\_\_\_\_

Subcontractor: \_\_\_\_\_ Project Manager: \_\_\_\_\_

Subcontractor Foreman: \_\_\_\_\_

Start Date/End Date: \_\_\_\_\_

Comments: \_\_\_\_\_

**Name of Project #2:** \_\_\_\_\_

Type of building: \_\_\_\_\_

Contract Amount \$ \_\_\_\_\_ City, State: \_\_\_\_\_

Subcontractor: \_\_\_\_\_ Project Manager: \_\_\_\_\_

Subcontractor Foreman: \_\_\_\_\_

Start Date/End Date: \_\_\_\_\_

Comments: \_\_\_\_\_

**Name of Project #3:** \_\_\_\_\_

Type of building: \_\_\_\_\_

Contract Amount \$ \_\_\_\_\_ City, State: \_\_\_\_\_

Subcontractor: \_\_\_\_\_ Project Manager: \_\_\_\_\_

Subcontractor Foreman: \_\_\_\_\_

Start Date/End Date: \_\_\_\_\_

Comments: \_\_\_\_\_

**Name of Project #4:** \_\_\_\_\_

Type of building: \_\_\_\_\_

Contract Amount \$ \_\_\_\_\_ City, State: \_\_\_\_\_

Subcontractor: \_\_\_\_\_ Project Manager: \_\_\_\_\_

Subcontractor Foreman: \_\_\_\_\_

Start Date/End Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

### **Bonding and Banking Information**

**Bonding Company Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

Website: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Aggregate bonding capacity: \$ \_\_\_\_\_ Single project bonding capacity: \$ \_\_\_\_\_

Total number of projects currently bonded: \_\_\_\_\_ Total current bonding: \$ \_\_\_\_\_

**Bank Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

Website: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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