Please complete this form with as much detail as possible to assist us evaluating your company’s qualifications.

Legal Name of Company:

DBA (if applicable):

Physical Address:

City/State/Zip:

Mailing Address:

City/State/Zip:

Business Phone:

Authorized Signer(s):

Type of Work Performed:

How long has your Company been in business?  Years With the same License Number? Years

If less than 5 years, please indicate former License Number and Classification:

Number of Employees:  What, if any, are your Contract Limitations? $

Is your Company incorporated?  Incorporated in what year?  In what state?

Minority Certifications:

**Names of Officers:**

|  |  |
| --- | --- |
| ***Name*** | ***Title*** |
|       |       |
|       |       |
|       |       |
|       |       |

REFERENCES

**List four (4) General Contractor references with their contact information.**

*Please attached copies of any letters of recommendation.*

Company:

Address:

City/State/Zip:

Contact Name:

Phone Number:

Email Address:

Company:

Address:

City/State/Zip:

Contact Name:

Phone Number:

Email Address:

Company:

Address:

City/State/Zip:

Contact Name:

Phone Number:

Email Address:

Company:

Address:

City/State/Zip:

Contact Name:

Phone Number:

Email Address:

**Provide your largest three (3) suppliers and their contact information.**

|  |  |  |
| --- | --- | --- |
| ***Supplier*** | ***Contact*** | ***Phone*** |
|  |  |  |
|  |  |  |
|  |  |  |

In the past 5 years has the company or any affiliated company been a party to a bankruptcy or reorganization proceeding?

FINANCIAL INFORMATION

Federal Tax ID:  Dunn & Bradstreet Number:

Amount of Work Currently Under Contract:

Provide the following information:

|  |  |  |  |
| --- | --- | --- | --- |
| ***Earned Revenue*** | ***2020*** | ***2019*** | ***2018*** |
| $ | $ | $ |

What was your Largest Single Contract Amount performed?

|  |  |  |  |
| --- | --- | --- | --- |
|  | ***Amount*** | ***Project*** | ***General Contractor/Owner*** |
| ***2018*** | $ |  |  |
| ***2019*** | $ |  |  |
| ***2020*** | $ |  |  |

BONDING INFORMATION

Surety Company:  Broker:

Contact Person: Phone:

*\* Provide a letter from your surety stating your bonding capacity and available limit.*

BANKING INFORMATION

Name of your Bank:

Address:

City/State/Zip:

Contact Name: Phone Number:

Line of Credit: $Unused Portion: $Expiration:

*\* Additional banking information may be requested at a later date including, but not limited to, financial statements.*

SAFETY

List your Experience Modification Rate: 2020  2019  2018

Has your company received any citations and/or fines from OSHA in the past 5 years?

*\*Please provide separate narrative of any OSHA citations and/or fines and specifically if they were classified as serious, willful, repeat, etc.*

Does your company maintain a written Safety Program?

Do your employees have OSHA Lead Action Level Training?

Do your employees have OSHA Asbestos Awareness Training?

Please indicate your employees training in the following:

*Mark the appropriate category*

|  |  |  |  |
| --- | --- | --- | --- |
|  | ***OSHA 30*** | ***OSHA 10*** | ***CPR/First Aid*** |
| ***Management*** |  |  |  |
| ***Project Management*** |  |  |  |
| ***Superintendent*** |  |  |  |
| ***Foreman*** |  |  |  |
| ***Labor*** |  |  |  |
| ***Other:*** |  |  |  |

Does your company enforce any Drug and Alcohol policy?

Who in your company is responsible for company’s safety program?

Contact Name: Phone: