

Company Information

Company Name:

Street Address:

Suite#:

City, State, Zip:

Office Phone:

Fax:

Website Address:

Administrative Contact Person:

Title:

Email:

Cell Phone:

Executive/Principal Contact Person:

Title:

Email:

Cell Phone:

Safety/Emergency Contact Person:

Title:

Email:

Cell Phone:

Federal Tax ID No.:

DUNS # (if applicable):

Contractor's License Number (if applicable):

Sole Proprietor LLC Partnership C-Corporation S-Corporation LLP

Other:

DBA(s):

Number of Employees:

Number of Years in Business:

Desired Project Range:

\$0 - \$100k \$100 - \$250 \$250 - \$500k \$500k - \$1M \$1M - \$5M \$5M - \$20M+

Company Licenses (if applicable):

Union Name and Local Number (if applicable):

Business Certifications (provide certification number if applicable); Check Box For N/A :

HUB Certified

Small Business Enterprise (SBE)

Small Disadvantaged Business (SDB)

Woman Business Enterprise (WBE)

Veteran-Owned Small Business (VOSB)

Service-Disabled Veteran-Owned

Minority Business Enterprise (MBE)

Small Business (SDVOSB)

8(a) Small Business Certified

Other:

CSI Scopes Performed (check all those that apply):

- | | |
|------------------------------|------------------------------|
| 02 Selective Demolition | 09 Acoustical Ceilings |
| 03 Cast-in-Place Concrete | 09 Resilient Flooring & Base |
| 04 Masonry | 09 Painting |
| 05 Structural Steel Material | 10 Specialties |
| 05 Structural Steel Erection | 10 Canopy |
| 06 Rough Carpentry | 21 Fire Protection |
| 06 Millwork | 22 Plumbing |
| 07 Waterproofing/ Caulking | 23 HVAC |
| 07 Thermal Insulation | 26 Electrical |
| 07 Metal Panels | 31 Earthwork |
| 07 Mod Bit Roofing | 32 Chain Link Fence |
| 08 Doors/Frames/Hardware | 32 Landscaping |
| 08 Storefront | 33 Site Utilities |
| 09 Drywall | Other: |

Bonding/Bank/Insurance

Bonding Company:

Bonding Agent:

Project Bond Limit \$

Aggregate Bond Limit\$

Bond Rate%

Bank:

Bank Contact:

Bank Contact Email:

Insurance Requirements and Sample (see attachments).

HSEQ (Health, Safety, Environment and Quality)

- Has your company been cited by OSHA/State for a safety violation within the last five (5) years? If yes, please provide attached explanation.
Yes No
- Does your company have a safety program that meets or exceeds OSHA guidelines?
Yes No
- Does your company have a full-time safety manager? Yes No
- Does your company have a drug testing policy/program? Yes No
- Please list your firm's Experience Modification Rate for the most recent three years:
2019: 2018: 2017:

Experience

Identify contract and building types your firm has worked on:

K12/Secondary	Public/Federal	Sports/Athletic	Industrial	Design Assist/JV
Higher Education	Design/Build	Mixed Use	Animal/Agriculture	Healthcare
Cultural/Museum	Military Sector	Office Buildings	Renovation	Interiors
Other:				

List below at least three (3) completed projects with the following:

Project Name:

Point of Contact:

Phone:

Year work was completed:

Contract Value:

Scope of Work performed:

Prime Sub Tier Sub-Sub Tier

Project Name:

Point of Contact:

Phone:

Year work was completed:

Contract Value:

Scope of Work performed:

Prime Sub Tier Sub-Sub Tier

Project Name:

Point of Contact:

Phone:

Year work was completed:

Contract Value:

Scope of Work performed:

Prime Sub Tier Sub-Sub Tier



Credit References

Supplier/Vendor Name	Contact Name	Phone	Email

Please attach additional information about your company.

Completed by:

Name

Title

Date