

00400 BIDDER QUALIFICATION FORM

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

BID PACKAGE: \_\_\_\_\_ Work Category No: \_\_\_\_\_

FIRM NAME: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

Contact for Inquires: \_\_\_\_\_

BONDING:

Surety Co.: \_\_\_\_\_

Agent Co.: \_\_\_\_\_

Agent Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Total Bonding Capacity (Aggregate) \$ \_\_\_\_\_

Value of Work presently bonded: \$ \_\_\_\_\_

Single Project Bonding Limit: \$ \_\_\_\_\_

INSURANCE:

Insurance Co.: \_\_\_\_\_

Agent Co.: \_\_\_\_\_

Agent Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Workman's compensation Modifier for the past three (3) years: \_\_\_\_\_

SAFETY:

Have you had any OSHA fines within the last 3 years?

Yes (\_\_\_) No (\_\_\_)

Have you had jobsite fatalities within the last 5 years?

Yes (\_\_\_) No (\_\_\_)

If you have answered "Yes" to either of the above two questions, you MUST submit on a separate sheet the details describing the circumstances surrounding each incident.

PROFILE:

Type of work performed: \_\_\_\_\_

Years in business under present name: \_\_\_\_\_

Years performing work specialty: \_\_\_\_\_

Value of work now under contract: \$ \_\_\_\_\_

Value of work in place last year: \$ \_\_\_\_\_

Average annual value of work completed (last 3 years): \$ \_\_\_\_\_

Trades usually self performed: \_\_\_\_\_

% of work performed by own forces: \_\_\_\_\_

Union Affiliations: Local (\_\_\_) National (\_\_\_)

Contract expiration dates: \_\_\_\_\_

Do you accept Site Labor Agreements? Yes (\_\_\_) No (\_\_\_)

Total number of permanent staff employed includes the following:

Management	_____	Superintendents	_____
Engineers/Arch	_____	Foremen	_____
Draftsmen	_____	Skilled Craftsmen	_____
Project Mgrs	_____	Unskilled Labor	_____
Project Engrs	_____	Other	_____
Estimators	_____		

Is firm in compliance with EEO requirements? Yes (\_\_\_) No (\_\_\_)

In-house engineers or fabrication capability: \_\_\_\_\_

Fabrication floor area: \_\_\_\_\_ SF

Approximate value of equipment owned by firm: \$ \_\_\_\_\_

Is firm a minority business enterprise? \_\_\_\_\_

If so, what classification: \_\_\_\_\_

LIST THREE (3) GENERAL CONTRACTORS, WITH CONTACT PHONE NUMBER AND ADDRESS, FOR WHOM FIRM HAS WORKED WITHIN THE PAST TWO (2) YEARS

Reference #1

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Reference #2

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Reference #3

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

LIST FOUR (4) MOST SIGNIFICANT PROJECTS COMPLETED IN THE LAST FIVE (5) YEARS:

Project #1

Project Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Architect Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Contracting Agency: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Contract Amount \$ \_\_\_\_\_ Date Completed \_\_\_\_\_

Project #2

Project Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Architect Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Contracting Agency: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contract Amount \$ \_\_\_\_\_ Date Completed \_\_\_\_\_

Project #3

Project Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Architect Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Contracting Agency: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contract Amount \$ \_\_\_\_\_ Date Completed \_\_\_\_\_

Project #4

Project Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Architect Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Contracting Agency: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contract Amount \$ \_\_\_\_\_ Date Completed \_\_\_\_\_

LIST THREE (3) MOST SIGNIFICANT PROJECTS, OTHER THAN LISTED ABOVE, PRESENTLY UNDER CONSTRUCTION:

Project #1

Project Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Architect Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Contracting Agency: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contract Amount \$ \_\_\_\_\_ Date Completed \_\_\_\_\_

Project #2

Project Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Architect Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Contracting Agency: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contract Amount \$ \_\_\_\_\_ Date Completed \_\_\_\_\_

Project #3

Project Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Architect Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Contracting Agency: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Contract Amount: \$ \_\_\_\_\_ Date Completed: \_\_\_\_\_

BANK REFERENCE & CREDIT REFERENCES:

Bank Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Has firm: Failed to complete a contract? Yes (\_\_\_) No (\_\_\_)  
 Been involved in bankruptcy or reorganization? Yes (\_\_\_) No (\_\_\_)  
 Pending judgement claims or suits against firm? Yes (\_\_\_) No (\_\_\_)  
 (If answer to preceeding is yes, submit details on separate sheet.)

MAJOR SUPPLIERS

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Title: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Title: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Title: \_\_\_\_\_

PROJECT PERSONNEL:

Submit names, project experience and business references to personnel who will be directly responsible for project delivery:

- a. Corporate responsibility with project names and references.
- b. Field responsibility with project names and references. (May submit alternate names for a. and b.)  
 Project Manager: \_\_\_\_\_  
 Project Superintendent: \_\_\_\_\_

If contractor is successful bidder, the name of the above personnel may become a part of the contract documents.

FINANCIAL STATEMENT:

Please submit a Financial Statement for this company. (A current Certified Financial Statement is preferable.) The Financial Statement should contain reasonably current data and reflect the general current financial condition of the firm.

Date of Statement or balance sheets: \_\_\_\_\_

Firm preparing statements: \_\_\_\_\_

CONTRACTOR LICENSING:

Contractor Licensing Number: \_\_\_\_\_ State: \_\_\_\_\_

Does this Contractor now have, or has had any time in the past, any objection to working with RA-LIN & Associates, Inc., personnel, systems or contract documents?

Yes (\_\_\_) No (\_\_\_) If yes, attach explanation.

I HEREBY CERTIFY THAT THE PRECEDING INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature: \_\_\_\_\_  
(Officer of the Firm)

Type of Firm  
( ) Corporation  
( ) Partnership  
( ) Sole Proprietor

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

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

END OF SECTION