

**Company Name:**

**Mailing Address:**

Street Address:

City:

State:

Zip Code:

**Delivery Address:**

Street Address:

City:

State:

Zip Code:

Contact Person:

Mobile Phone:

Office Phone:

Fax Number:

Email Address:

Years in Business:

Tax ID Number:

Dunn & Bradstreet Number:

Minority Status:

Scopes of Work Self Performed:

States Licensed to perform work in:

License Number(s):

**TYPE OF BUSINESS:**

If a **CORPORATION**, Year company was established:

Number of years under present Ownership:

If a **PARTNERSHIP**, Date of organization:

Type of Partnership:  General  Limited  Association

If a **SUPPLIER**, Year Company was established:

Number of years under present Ownership:

Have you ever done business under any other name?

Yes  No

If yes, list name(s):

**BANK REFERENCES**

Name:  
Street Address:  
City:  
State:  
Zip Code:  
Contact Name:  
Telephone:  
Fax: Email:  
Unsecured Line of Credit Limit:  
Average balance:

Have you ever factored or assigned your accounts receivable Yes  No

If yes, what year(s)?

Annual Sales Last Three Years:

\$ Year (20??)
\$ Year (20??)
\$ Year (20??)

Have you ever failed to complete any work awarded to your firm? Yes  No

If yes, list owner, project, description of work, and the circumstances involved on a separate sheet and attach to this form.

Have you ever filed for bankruptcy Yes  No

**SURETY COMPANY:** (Attach letter from bonding company on bonding company letterhead)

Name of Surety Company:  
Agents Name:  
Telephone:  
Fax:  
Email:  
Bonding Capacity:  
Single Job:  
Aggregate:

**BUSINESS REFERENCES:** (Please provide 3 references)

**Reference # 1:**

Contact:

Address:

State:

Zip Code:

Telephone:

Fax:

**Reference # 2:**

Contact:

Address:

State:

Zip Code:

Telephone:

Fax:

**Reference # 3:**

Contact:

Address:

State:

Zip Code:

Telephone:

Fax:

List all litigation or formal arbitration to which your organization has been a part of for the past five years inclusive of unsettled litigation or arbitration:

**INSURANCE: (See Web Site Requirements for Certificate of Insurance)**

COVERAGE TYPE LIMITS

Workmen's Compensation:

General Liability:

Excess / Umbrella Liability:

Automobile Liability:

**WORK IN PROGRESS:**

<b>Job #1 Name:</b>
Location:
Owner:
Contract Amount:
<b>Job #2 Name:</b>
Location:
Owner:
Contract Amount:
<b>Job #3 Name:</b>
Location:
Owner:
Contract Amount:
<b>Job #4 Name:</b>
Location:
Owner:
Contract Amount:
<b>Job #5 Name:</b>
Location:
Owner:
Contract Amount:
<b>Job #6 Name:</b>
Location:
Owner:
Contract Amount:

## **SAFETY**

List your company's Interstate Experience Rating Modifier (EMR) for the last 3 years:

Year	Rating
20 ??	
20 ??	
20 ??	

List your company's number of injuries/illnesses from your OSHA 300 logs for the 3 most recent years.

Year	Number
20 ??	
20 ??	
20 ??	

Company Safety Contact:

Name:

Phone Number:

### Safety Program Documentation

- Do you have a written Safety Program Manual? Yes  No
- Are all workers given a booklet that contains work rules, responsibilities, and other appropriate information? Yes  No

### Training & Orientation

- Do you conduct safety orientation training for each employee? Yes  No
- Do you conduct site safety orientation for every person new to the jobsite? Yes  No
- Does your safety program require safety training meetings for each supervisor? Yes  No
- Do you hold tool box / tailgate safety meetings focused on your specific work operation exposures? Yes  No
- How often?  Daily  Weekly  Bi-Weekly  Monthly

### Administration & Procedures

- How often do you conduct job site safety inspections?  
 Daily  Weekly  Bi-Weekly  Monthly
- Do you discuss safety at all pre-construction and progress meetings? Yes  No
- Do you perform rigging and lifting checks prior to lifting? Yes  No

### OSHA Inspections

- Have you been inspected by OSHA in the last 3 years? Yes  No
  - Were these inspections in response to complaints? Yes  No
  - Have you been cited as a result of these inspections? Yes  No
- If yes, describe the citations:
