

Date _____

A) Company Name _____
Address _____ City, State, Zip _____
Phone No. _____ Fax No. _____
Company Website Address _____
Bidding Contacts
Name _____ Email Address _____
Name _____ Email Address _____

B) Type of Business
 Vendor (Supplier of Materials) Subcontractor

C) Type of Work
Please list types of work that your organization self-performs, listing as many as apply

State 5 year average annual sales of work performed

\$ _____

State backlog (current dollar amount of contracted work, not completed)

\$ _____

Craft Affiliations Union Merit/Non-Union

If union, list unions signatory to

D) Business Organization

Sole Owner Partnership Corporation

Name(s) of Owner _____

In what year was your organization founded _____

In what year was your organization founded under its present business name _____

Under what other or former names has your organization operated

FEIN _____

E) Financial Information

Is your company bondable Yes No

Name of bonding agent company _____

Bonding company contact name _____

Bonding company contact phone number _____

Bonding rate (percentage) _____

Bonding capacity – single project amount _____

Bonding capacity – aggregate amount _____

Bank Reference (name and phone no.) _____

Trade Reference (name and phone no.) _____

F) Safety/Insurance

Does your company have a formal safety program Yes No

List EMR (experience modification rate) for past 3 years

2009 _____ 2008 _____ 2007 _____

List the following from OSHA Summary Form 300A (please provide Form 300A)

Year	Hours	Deaths (G)	Lost Time (H)	Restricted (I)	Other (J)	Total Incidents (G+H+I+J)	TRIR
2009							
2008							
2007							

State the dollar amount of insurance coverage carried by your firm

General Liability _____

Umbrella _____

Automotive _____

G) Project References – List 3 largest contracts completed by your firm

Project	Name of Company	Contact Name	Phone	Contract Amt

H) Diversity

Certified MBE/WBE/DBE Business Enterprise? Yes No

(MBE) Minority Owned (WBE) Women Owned (DBE) Disadvantaged Business Enterprise

Agency(s) of Certification – Provide copy of Certification

Percentage Minority Ownership _____

Minority Owned:

Veteran Owned:

Other:

(AA) African American

(DVB) Disable Veteran Business Enterprise

(SDB) Small Disadvantaged Business

(APA) Asian/Pacific American

(DVE) Disadvantaged Veteran Enterprise

(DO) Disable Owned

(IA) Indian-Sub Continent American

(SDV) Service Disabled Veteran

(HUZ) Historically Underutilized Business Zone aka HUBZone

(LHM) Latin/Hispanic/Mexican American

(VBE) Veteran Business Enterprise

(SBE) Small Business

(NA) Native American

(VVB) Vietnam Veteran

(VSB) Very Small Business

(8A) 8 (a) Business Development Program

I) Market Segments (approximate percentage of work performed in each segment)

Roadwork _____%	HydroPower _____%	Commercial _____%
Rail _____%	Renewables _____%	Industrial _____%
Airport _____%	Nuclear _____%	Residential _____%
Solid Waste/Landfill _____%	Wind Farm _____%	

Does your firm perform work under design/build delivery system? Yes No

Percentage of work performed

Public _____% Private _____%

J) Geographic Area (List states and geographic areas where your firm has performed work)

Please return completed form and attachments to

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