

I. BUSINESS INFORMATION

Date: _____

Company Name _____

Contact Name _____ Title _____

Mailing Address _____
City State Zip

Phone _____ Fax _____ Mobile _____

Website _____ E mail _____

- Organization Corporation Disabled Veteran Owned Business (DBE)
 Partnership Minority Owned Business (MBE)
 Individual Woman Owned Business (WBE)
 Other _____

Number of Years in Business under Present Name _____ Date Established & State _____

Officers, Owners, and/or Partners in Organization
Name/Title Name/Title

List Parent Company or Former Company Name and Address

Michigan regions you work: Northern Southern Western Eastern Upper Peninsula

Work force is? Union Non-Union Total Number of Office Staff _____ Total Number of Field Staff _____

Does your company comply with the Drug Free Work Act? YES or NO

Does your company have a written safety policy? YES or NO

Typical Project Size \$ _____ Largest Project Completed \$ _____ Smallest Project Completed \$ _____

Bank Reference (company, contact and phone) _____

Insurance Agency (company, contact and phone) _____

Total Bonding capacity \$ _____ Bonding capacity per job \$ _____ Value of work currently bonded \$ _____

II. TRADE CATEGORY

- General Conditions Metals Finishes Special Construction
 Sitework Wood & Plastics Specialties Conveying Systems
 Concrete Thermal & Moisture Prot. Equipment Mechanical
 Masonry Doors & Windows Furnishings Electrical

Architect Engineer Subcontractor Supplier Only Supply & Install Other _____

Description of Work _____

III. CLAIMS AND SUITS (If the answer to any of the following questions is yes, please submit details on a separate page)

Has your organization ever failed to complete any work awarded to it in the last seven years? YES or NO

Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers in the last seven years? YES or NO

Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the last seven years?

YES or NO

IV. EXPERIENCE

Three (3) Most Significant Projects in progress-

1. Project Name _____ Location _____ Contract Amount \$ _____

Owner _____ Architect _____

General Contractor (GC) _____ GC Contact Name & Title _____

GC Phone _____ GC Fax _____ GC Email _____

(Check all that apply)

Bonded Bid Negotiated Healthcare Commercial Retail Educational Industrial Other _____

2. Project Name _____ Location _____ Contract Amount \$ _____

Owner _____ Architect _____

General Contractor (GC) _____ GC Contact Name & Title _____

GC Phone _____ GC Fax _____ GC Email _____

(Check all that apply)

Bonded Bid Negotiated Healthcare Commercial Retail Educational Industrial Other _____

3. Project Name _____ Location _____ Contract Amount \$ _____

Owner _____ Architect _____

General Contractor (GC) _____ GC Contact Name & Title _____

GC Phone _____ GC Fax _____ GC Email _____

(Check all that apply)

Bonded Bid Negotiated Healthcare Commercial Retail Educational Industrial Other _____

Three (3) Most Significant Projects Completed in the past five years-

1. Project Name _____ Location _____ Contract Amount \$ _____

Owner _____ Architect _____

General Contractor (GC) _____ GC Contact Name & Title _____

GC Phone _____ GC Fax _____ GC Email _____

(Check all that apply)

Bonded Bid Negotiated Healthcare Commercial Retail Educational Industrial Other _____

2. Project Name _____ Location _____ Contract Amount \$ _____

Owner _____ Architect _____

General Contractor (GC) _____ GC Contact Name & Title _____

GC Phone _____ GC Fax _____ GC Email _____

(Check all that apply)

Bonded Bid Negotiated Healthcare Commercial Retail Educational Industrial Other _____

3. Project Name _____ Location _____ Contract Amount \$ _____

Owner _____ Architect _____

General Contractor (GC) _____ GC Contact Name & Title _____

GC Phone _____ GC Fax _____ GC Email _____

(Check all that apply)

Bonded Bid Negotiated Healthcare Commercial Retail Educational Industrial Other _____