

**I. BUSINESS INFORMATION**

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

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_ City State Zip

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Mobile \_\_\_\_\_

Website \_\_\_\_\_ E mail \_\_\_\_\_

- Organization
- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Disabled Veteran Owned Business (DBE) |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Minority Owned Business (MBE)         |
| <input type="checkbox"/> Individual  | <input type="checkbox"/> Woman Owned Business (WBE)            |
|                                      | <input type="checkbox"/> 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**

- |   |   |                                      |   |
|---|---|--------------------------------------|---|
| <input type="checkbox"/> General Conditions | <input type="checkbox"/> Metals                   | <input type="checkbox"/> Finishes    | <input type="checkbox"/> Special Construction |
| <input type="checkbox"/> Sitework           | <input type="checkbox"/> Wood & Plastics          | <input type="checkbox"/> Specialties | <input type="checkbox"/> Conveying Systems    |
| <input type="checkbox"/> Concrete           | <input type="checkbox"/> Thermal & Moisture Prot. | <input type="checkbox"/> Equipment   | <input type="checkbox"/> Mechanical           |
| <input type="checkbox"/> Masonry            | <input type="checkbox"/> Doors & Windows          | <input type="checkbox"/> Furnishings | <input type="checkbox"/> Electrical           |

Architect  Engineer  Subcontractor  Supplier Only  Supply & Install  Other \_\_\_\_\_

Description of Work \_\_\_\_\_

**III. CLAIMS/DEBTS OR 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

Are there any past due account payables or outstanding debts currently owed by your organization or its officers? 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 \_\_\_\_\_

**V. PROJECT SPECIFIC**  
**Information required specific to this project-**

Project Name \_\_\_\_\_ Location \_\_\_\_\_ Contract Amount \$ \_\_\_\_\_

Suppliers/Subcontractors or other services included in your contract to be used for this project:  
(The list below shall also be provided on your sworn statements required with each payment application.)

1. Company Name \_\_\_\_\_ Contact Name & Title \_\_\_\_\_

Mailing Address \_\_\_\_\_  
City State Zip

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Mobile \_\_\_\_\_

Website \_\_\_\_\_ E mail \_\_\_\_\_

Material/Equip. Item(s) \_\_\_\_\_ Estimated Value/Contract Amount \$ \_\_\_\_\_

(Check all that apply)

Architect  Engineer  Subcontractor  Supplier Only  Supply & Install  Other \_\_\_\_\_

2. Company Name \_\_\_\_\_ Contact Name & Title \_\_\_\_\_

Mailing Address \_\_\_\_\_  
City State Zip

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Mobile \_\_\_\_\_

Website \_\_\_\_\_ E mail \_\_\_\_\_

Material/Equip. Item(s) \_\_\_\_\_ Estimated Value/Contract Amount \$ \_\_\_\_\_

(Check all that apply)

Architect  Engineer  Subcontractor  Supplier Only  Supply & Install  Other \_\_\_\_\_

3. Company Name \_\_\_\_\_ Contact Name & Title \_\_\_\_\_

Mailing Address \_\_\_\_\_  
City State Zip

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Mobile \_\_\_\_\_

Website \_\_\_\_\_ E mail \_\_\_\_\_

Material/Equip. Item(s) \_\_\_\_\_ Estimated Value/Contract Amount \$ \_\_\_\_\_

(Check all that apply)

Architect  Engineer  Subcontractor  Supplier Only  Supply & Install  Other \_\_\_\_\_

4. Company Name \_\_\_\_\_ Contact Name & Title \_\_\_\_\_

Mailing Address \_\_\_\_\_  
City State Zip

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Mobile \_\_\_\_\_

Website \_\_\_\_\_ E mail \_\_\_\_\_

Material/Equip. Item(s) \_\_\_\_\_ Estimated Value/Contract Amount \$ \_\_\_\_\_

(Check all that apply)

Architect  Engineer  Subcontractor  Supplier Only  Supply & Install  Other \_\_\_\_\_

(Attach any additional suppliers or subcontractors if not enough spaces provided on this form)

**The undersigned certifies that the information provided herein is true and sufficiently complete so as to not be misleading.**

Completed by: \_\_\_\_\_  
(Print or Type Name and Title)

\_\_\_\_\_  
(Signature)

Date Completed: \_\_\_\_\_