

Contractor Qualification Form

Company Information

<p>COMPANY NAME: <input type="text"/></p> <p>ADDRESS: <input type="text"/></p> <p>CITY: <input type="text"/> ST: <input type="text"/> <input type="text"/> ZIP: <input type="text"/></p> <p>PHONE: <input type="text"/></p>	<p>CONTACT NAME: <input type="text"/> <input type="text"/></p> <p>TITLE: <input type="text"/></p> <p>PHONE: <input type="text"/></p> <p>EMAIL: <input type="text"/></p>
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Business Information

<p><input type="radio"/> Sub-Contractor</p> <p><input type="radio"/> Manufacturer</p> <p><input type="radio"/> Supplier</p> <p><input type="radio"/> Consultant</p>	<p><input type="radio"/> Sole Proprietor</p> <p><input type="radio"/> Partnership</p> <p><input type="radio"/> Corporation</p> <p><input type="radio"/> LLC / LLP</p>	<p>YEARS IN BUSINESS: <input type="text"/></p> <p>FEDERAL TAX ID: <input type="text"/></p>
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Parent or Subsidiary Information

<p>PARENT COMPANY NAME: <input type="text"/></p> <p>ADDRESS: <input type="text"/></p> <p>CITY: <input type="text"/> ST: <input type="text"/> <input type="text"/> ZIP: <input type="text"/></p> <p>PHONE: <input type="text"/></p>	<p>SUBSIDIARY COMPANY NAME: <input type="text"/></p> <p>ADDRESS: <input type="text"/></p> <p>CITY: <input type="text"/> ST: <input type="text"/> <input type="text"/> ZIP: <input type="text"/></p> <p>PHONE: <input type="text"/></p>
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Have any of the above companies ever done business with Action Retail Construction Services? Yes No

Has your company ever failed to complete work or been terminated for cause? Yes No

Any judgements, claims, arbitrations, suits or liens currently against your company? Yes No

Does your company have any bankruptcies or reorganizations? Yes No

Affiliations and Associations

Labor Affiliation: Union Merit Shop

NATIONAL AGREEMENTS:

CERTIFICATIONS:

MBE WBE DBE SBE VOSB

Certifying Agency:

CITY:

STATE:

FEDERAL:

Safety Information

Does your company have a written Safety Program?
Yes No

Does your company have a Safety Director?
Yes No

Are all employees trained in safety requirements?
Yes No

Has your Workers Comp Insurance ever been dropped?
 Yes No

Have you had any OSHA fines in the past 3 years?
Yes No

Insurance Information

Do you carry, or can obtain the following coverages?

Worker's Comp Statutory Max at Project Site?
 Yes No

Employee Liability \$500,000 Minimum?
 Yes No

General Liability \$1,000,000 Minimum?
 Yes No

INSURANCE COMPANY:

AGENT NAME:

ADDRESS:

CITY:

ST: ZIP:

PHONE:

Bonding Information

BONDNG COMPANY

TOTAL CAPACITY \$

CURRENT CAPACITY \$

CONTACT NAME

PHONE

List the scopes of work your company typically performs.

1.	<input type="text"/>	SELF %	<input type="text"/>	SUB %	<input type="text"/>
2.	<input type="text"/>	SELF %	<input type="text"/>	SUB %	<input type="text"/>
3.	<input type="text"/>	SELF %	<input type="text"/>	SUB %	<input type="text"/>

What is your ideal project size? MINIMUM \$ MAXIMUM \$

Revenue / Volume

Year	Annual Revenue	Max. Contract Completed
2011	<input type="text"/>	<input type="text"/>
2010	<input type="text"/>	<input type="text"/>
2009	<input type="text"/>	<input type="text"/>

CURRENT YEAR COMPANY WORKLOAD \$

Bank / Credit References

FINANCIAL INSTITUTION #1:

CONTACT:

PHONE:

FINANCIAL INSTITUTION #2:

CONTACT:

PHONE:

Trade References

REFERENCE #1:

CONTACT:

PHONE:

REFERENCE #2:

CONTACT:

PHONE:

REFERENCE #3:

CONTACT:

PHONE:

REFERENCE #4:

CONTACT:

PHONE:

- + Division 1 - General Requirements
- + Division 2 - Site Construction
- + Division 3 - Concrete
- + Division 4 - Masonry
- + Division 5 - Metals
- + Division 6 - Wood and Plastics
- + Division 7 - Thermal and Moisture Protection
- + Division 8 - Doors and Windows
- Division 9 - Finishes
 - 09050 - Basic Finish Materials and Method
 - + 09100 - Metal Support Assemblies
 - + 09200 - Plaster and Gypsum Board
 - + 09300 - Tile
 - + 09400 - Terrazzo
 - + 09500 - Ceiling
 - + 09600 - Flooring
 - + 09700 - Wall Finishes
 - + 09800 - Acoustical Treatment
 - + 09900 - Paints and Coating
- + Division 10 - Specialties
- + Division 11 - Equipment
- + Division 12 - Furnishings
- + Division 13 - Special Construction
- + Division 14 - Conveying Systems
- + Division 15 - Mechanical
- + Division 16 - Electrical