

Other: _____

Business Information

Date Completed: _____

| | | | |
|--|--------------------------------------|--|--|
| Legal Company Name: (and DBA) | _____ | | |
| Address: (No PO Boxes) | _____ _____ _____ | | |
| Executive Contact: | _____ | | |
| Safety Director: | _____ | | |
| Estimating Contact: | _____ | | |
| Phone: | _____ | Fax: | _____ |
| Email: | _____ | Website: | _____ |
| Other Branch Offices: | _____ | | |
| Design/Build Experience: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| If Yes, Engineering Staff is: | <input type="checkbox"/> Internal | <input type="checkbox"/> External | |
| Years in Business Under Present Name: | _____ | Years | |
| Previous Business Name or Employment, if less than five (5) years: | _____ | | |
| Status: | <input type="checkbox"/> Union | <input type="checkbox"/> Open Shop | <input type="checkbox"/> Prevailing Wage |
| Tax Identification No.: (TIN) | _____ | | |
| List of all applicable State Contractor's License Numbers: | _____ | | |
| List all unions that you are signatory to: | _____ | | |
| Company Type: | <input type="checkbox"/> Corporation | <input type="checkbox"/> Joint Venture | <input type="checkbox"/> DBA |
| | <input type="checkbox"/> Partnership | <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Individual |
| | | <input type="checkbox"/> LLC | |

Work Performed / Region

| | | | |
|--|--|--|---|
| List the CSI/Trade sections that your organization is licensed to perform: | | | |
| _____ _____ _____ | | | |
| Check the markets your company has experience in: | | | |
| <input type="checkbox"/> Aerospace | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Industrial | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Casino | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Institutional | <input type="checkbox"/> Tenant Improvement |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Residential | <input type="checkbox"/> Other: _____ |

Business Certification

Does your business hold any of these certifications: Yes No
(If yes, please complete the remainder of this section and attach documentation)

| | | |
|---|---|---|
| <input type="checkbox"/> Minority Owned | <input type="checkbox"/> Woman Owned | <input type="checkbox"/> Small Business |
| <input type="checkbox"/> Disadvantaged Business | <input type="checkbox"/> HubZone | <input type="checkbox"/> Veteran Owned |
| <input type="checkbox"/> Helmets to Hard Hats | <input type="checkbox"/> Other-1 <input type="text"/> | <input type="checkbox"/> Other-2 <input type="text"/> |

Financial

Name of Bank: _____
Address: _____
Contact Person: _____ Phone: _____
Amount of Line of Credit: \$ _____

ALL CONTRACTS OVER \$100,000 WILL REQUIRE AUDITED FINANCIAL STATEMENTS

Average Contract Size over the last five (5) years: \$ _____
Average annual revenue over the last five (5) years: \$ _____

Insurance

Does your company meet City Constructors' minimum standard insurance requirements?
 Yes No (refer to attached minimum insurance requirements)
Please attach samples of your current Certificates of Insurance and Endorsements for review.

Bonding

Is your company bondable? Yes No
(If N/A or not bondable, please provide explanation)

Bonding Capacity in aggregate: \$ _____ Bonding capacity per project: \$ _____
(Current \$\$ Value required, DO NOT state unlimited)

Bonding Rate Percent: _____ % Total value of current Bonds: \$ _____

Bonding Company (Surety, not Agent): _____
(List complete Surety Name as it appears on the Dept. of Treasury's Listing of Approved Sureties (Department Circular 570))

Bonding Company A.M. Best Rating: _____

Bond Agency Contact Name: _____ Phone: _____

Past Performance

| | |
|--|---|
| Has your organization ever failed to complete any awarded work in the last seven (7) years? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, Attach explanation)</i> |
| Are there any judgments, claims, arbitration proceedings and/or suits pending against your organization or its officers in the last seven (7) years? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, Attach explanation)</i> |
| Has your organization filed any lawsuits, arbitration, mediation or liens with regard to construction contracts within the last seven (7) years? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, Attach explanation)</i> |

Safety

| |
|---|
| How many OSHA violations has this business incurred over the past three (3) years? _____ |
| What is this business' Worker's Comp EMR history for the past three (3) years and the current year? <i>(Please contact your Worker's Comp Agent to verify your Comp EMR)</i> |
| Current Year _____ 1 Year Ago _____ 2 Years Ago _____ 3 Years Ago _____ |
| What is this business' OSHA recordable incident rate for the past three (3) years and the current year? <i>(Number of recordables X 200,000 / man-hours worked)</i> |
| Current Year _____ 1 Year Ago _____ 2 Years Ago _____ 3 Years Ago _____ |
| How many fatalities has this business incurred over the past three (3) years? _____ |
| Does this business have a written safety policy? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(A copy will be required if selected for the project)</i> |
| Does your company comply with the Drug Free Work Act? <input type="checkbox"/> Yes <input type="checkbox"/> No |

References

| | | | |
|---|---------|-------|--------------|
| List Contact information for three (3) owners, general contractors, or construction managers for whom the company has worked in the past two (2) years below: | | | |
| Company | Contact | Phone | Email or Fax |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| List Contact information for your three (3) major suppliers: | | | |
| Company | Contact | Phone | Email or Fax |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Recent Project Experience: (Additional pages may be added if needed)

1. List All Projects Ongoing or Completed In The Past 2 Years: (Include General Contractor, Project Name, Owner, Architect, Contract amount, Percentage or Date Completed. Specify type of project, eg: Design Build/Hard Bid/CM@Risk/GMP)

2. Projects with City Constructors, Inc.: (Include Project Name, Owner, Architect, Contract Amount, Percentage or Date Completed. Specify type of project, eg: Design Build/Hard Bid)

3. Largest Three Projects completed in the last 5 years: (Include General Contractor, Project Name, Owner, Architect, Contract amount, Percentage or Date Completed. Specify type of project, ie: Design Build/Hard Bid/CM@Risk/GMP)

4. Does your company have LEED Experience? Do you have LEED Accredited professionals? If so, how many?

5. Does your company have BIM (Building Information Modeling) Experience? If so, what software do you use?

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

Completed By: _____
(Print or Type) *(Signature)*

Title: _____

Date Completed: _____