



## 00400 PROPOSER QUALIFICATION FORM

PROJECT: \_\_\_\_\_

DATE: \_\_\_\_\_

PROPOSED WORK CATEGORY: \_\_\_\_\_

FIRM NAME: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Contact for Inquires: \_\_\_\_\_

### BONDING:

Surety Company: \_\_\_\_\_

Agent Company: \_\_\_\_\_

Agent Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Total Bonding Capacity (Aggregate) \$ \_\_\_\_\_

Total Bonding Capacity (Available for this project) \$ \_\_\_\_\_

Single Project Bonding Limit: \$ \_\_\_\_\_

### INSURANCE:

Insurance Company: \_\_\_\_\_

Agent Company: \_\_\_\_\_

Agent Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Workman's compensation Modifier for the past three (3) years: \_\_\_\_\_

### SAFETY:

Have you had any OSHA fines within the last 3 years?

Yes (  )      No (  )

Have you had jobsite fatalities within the last 5 years?

Yes (  )      No (  )

If you have answered "Yes" to either of the above two questions, you MUST submit on a separate sheet the details describing the circumstances surrounding each incident.

### PROFILE:

Type of work performed: \_\_\_\_\_

Years in business under present name: \_\_\_\_\_

Years performing work specialty: \_\_\_\_\_

Value of work now under contract: \$ \_\_\_\_\_



Value of work in place last year: \$ \_\_\_\_\_

Average annual value of work completed (last 3 years): \$ \_\_\_\_\_

Trades typically self-performed: \_\_\_\_\_

Percent of work performed by own forces: \_\_\_\_\_

Union Affiliations: Local (\_\_\_) National (\_\_\_)

Contract expiration dates: \_\_\_\_\_

Do you accept Site Labor Agreements? Yes (\_\_\_) No (\_\_\_)

Total number of permanent staff employed includes the following:

Management:	_____	Superintendent:	_____
Engineer/Architect:	_____	Foreman:	_____
Draftsmen:	_____	Skilled Craftsman:	_____
Estimator:	_____	Unskilled Labor:	_____
Project Manager:	_____	Other:	_____
Project Engineer:	_____		

Is firm in compliant with Equal Employment Opportunity requirements?

Yes (\_\_\_) No (\_\_\_)

In-house engineers or fabrication capability: \_\_\_\_\_

Fabrication floor area: \_\_\_\_\_ Square Feet

Approximate value of equipment owned by firm: \$ \_\_\_\_\_

Is firm a minority business enterprise? \_\_\_\_\_

If so, what classification: \_\_\_\_\_

LIST THREE (3) GENERAL CONTRACTORS, WITH CONTACT PHONE NUMBER AND ADDRESS, FOR WHOM FIRM HAS WORKED WITHIN THE PAST THREE (3) YEARS

Reference #1

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

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Reference #2

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

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Reference #3

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

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

LIST FOUR (4) SIMILAR PROJECTS COMPLETED IN THE LAST FIVE (5) YEARS:

Project No. 1



Project Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Architect Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Contracting Agency: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contract Amount: \$ \_\_\_\_\_ Date Completed: \_\_\_\_\_

Project No. 2

Project Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Architect Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Contracting Agency: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contract Amount: \$ \_\_\_\_\_ Date Completed: \_\_\_\_\_

Project No. 3

Project Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Architect Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Contracting Agency: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contract Amount: \$ \_\_\_\_\_ Date Completed: \_\_\_\_\_

Project No. 4

Project Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Architect Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Contracting Agency: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contract Amount: \$ \_\_\_\_\_ Date Completed: \_\_\_\_\_

LIST THREE (3) SIMILAR PROJECTS, OTHER THAN LISTED ABOVE, PRESENTLY UNDER CONSTRUCTION:

Project No. 1

Project Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Architect Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Contracting Agency: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contract Amount: \$ \_\_\_\_\_ Date Completed: \_\_\_\_\_



Project No. 2

Project Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Architect Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Contracting Agency: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contract Amount: \$ \_\_\_\_\_ Date Completed: \_\_\_\_\_

Project No. 3

Project Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Architect Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Contracting Agency: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contract Amount: \$ \_\_\_\_\_ Date Completed: \_\_\_\_\_

BANK REFERENCE & CREDIT REFERENCES:

Bank Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Contact for Inquires: \_\_\_\_\_

Has/have firm:

Failed to complete a contract?	Yes ( <input type="checkbox"/> )	No ( <input type="checkbox"/> )
Been involved in bankruptcy or reorganization?	Yes ( <input type="checkbox"/> )	No ( <input type="checkbox"/> )
Pending judgment claims or suits against firm?	Yes ( <input type="checkbox"/> )	No ( <input type="checkbox"/> )

(If answer to any of the preceding is yes, submit details on separate sheet.)

TRADE REFERENCES (MAJOR SUPPLIERS)

Reference No. 1

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Contact for Inquires: \_\_\_\_\_ Title: \_\_\_\_\_

Reference No. 2

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Contact for Inquires: \_\_\_\_\_ Title: \_\_\_\_\_

Reference No. 3



Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Contact for Inquires: \_\_\_\_\_ Title: \_\_\_\_\_

**PROJECT PERSONNEL:**

Submit names, project experience, and business references to personnel who will be directly responsible for project delivery:

- a. Corporate responsibility with project names and references.
- b. Field responsibility with project names and references. (May submit alternate names for "a" and "b")

Project Manager: \_\_\_\_\_

Project Superintendent: \_\_\_\_\_

(If contractor is successful proposer, the name of the above personnel may become a part of the contract documents.)

**FINANCIAL STATEMENT:**

Please submit a Financial Statement for this company. (A current Certified Financial Statement is preferable, but in no case will the statement be dated more than six (6) months prior to submission.)

Date of Statement or balance sheets: \_\_\_\_\_

Name of firm preparing statements: \_\_\_\_\_

Contact for Inquires: \_\_\_\_\_ Title: \_\_\_\_\_

**CONTRACTOR LICENSING:**

Contractor Licensing Number: \_\_\_\_\_ State: \_\_\_\_\_

Does this contractor have, or had any time in the past, any objection to working with Stratus Construction, Inc., personnel, systems or contract documents?

Yes (  ) No (  ) If yes, attach explanation.

I HEREBY CERTIFY THAT THE PRECEDING INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature: \_\_\_\_\_  
 (Officer of the Firm)

- Type of Firm
- (  ) Corporation
  - (  ) Partnership
  - (  ) Sole Proprietor

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**END OF SECTION**