

VENDOR QUALIFICATION FORM

Date: _____

Project Name: _____

Project Location (City & State): _____

1. Company Name and Address:

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Office Number: _____ Fax Number: _____

Cell Number: _____ Email: _____

Primary Contact Person: _____

State Sales Tax Registration Number: _____

State Tax ID Number: _____

Federal Tax ID Number: _____

2. Is your firm signatory to local labor agreements? Yes: No:

If yes, list: _____

3. Is your firm in compliance with EEO requirements? Yes: No:

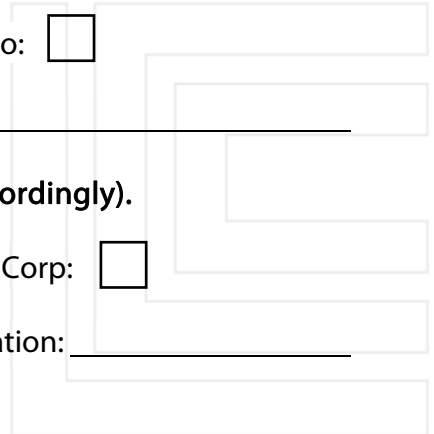
4. Does your company use 3rd party installers? Yes: No:

If yes, what trades? _____

5. Structure of company (please check one and answer questions accordingly).

LLC: PARTNERSHIP: C Corp: S Corp:

Date of organization: _____ State of Organization: _____



6. Name and address of Principals (specify if general or limited partnership).

CORPORATION: _____ Date of Incorporation: _____ State of incorporation: _____

President's name: _____

Vice-president's name: _____

7. How many years has your company been in business? _____ Years

8. How many years has your company been in business under its present business name? _____ Years

9. Has your company operated under any other names? Yes No

Name _____ Years

Name _____ Years

10. Have you ever defaulted on a contract awarded to you? Yes No

If yes, provide details:

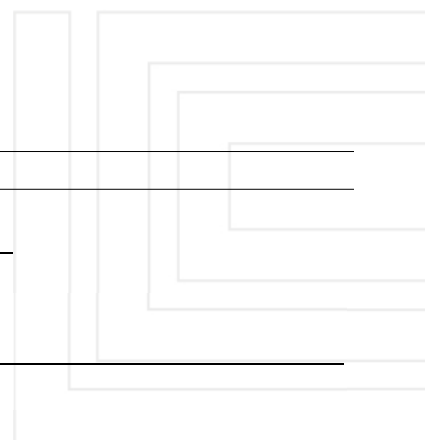
11. Have you had any disputes/litigation with any other Contractor/ Owners in the past 10years?

Yes No

If yes, provide details (Contractor/Owner name):

12. What is your current contract backlog value? \$ _____

13. What is your average backlog for the past three fiscal periods? \$ _____



14. YTD and last two years of revenue: Year _____ Amount \$ _____
 Year _____ Amount \$ _____
 Year _____ Amount \$ _____

15. What is your average contract size for the last three years? \$ _____

16. What is your largest contract performed in the last three years? \$ _____

Were you required to provide a bond for this contract? Yes No

17. Insurance Company Information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Agent Name: _____

18. Finance/Banking:

a. Bank Name: _____

Contact: _____ Phone (direct): _____

Address: _____

City: _____ State: _____ Zip Code: _____

b. Please provide a letter from your bank indicating your current bank balances and lines of credit are adequate to finance the contract size being considered.

c. Your organization's most recent period end compiled financial statements and most recent balance sheet and income statement may be requested. (Please note: Company financial statements are kept **strictly confidential**. Access and review of your financial statements will be limited to Loeffler Construction and Consulting's President and Financial Manager). Summary financial statements prepared by an independent accounting firm may be acceptable in lieu of detailed financial statements. Additional requests for financial information may follow our analysis.

Without the items noted above, we reserve the right to disqualify your firm.

19. Bonding Company Information:

Name (Surety issuing bond) _____

What is your bond rate? _____

What is your cost of a performance and payment bond for this project? _____

Bonding Capacity - Single Job: _____ Aggregate: _____

Value of work currently bonded: _____

Agent: _____ Phone (Direct): _____

Address: _____

City: _____ State: _____ Zip Code: _____

20. Safety and Loss Control Data:

List your firm's experience rate (EMR) for the past three years as well as the current year.

Year	EMR rate	State of:
_____	_____	_____
_____	_____	_____
_____	_____	_____

21. Has your company had any OSHA citations in the past five years? Yes No

Citation: _____ Date: _____

Citation: _____ Date: _____

Citation: _____ Date: _____

22. List subcontractors or Material Suppliers will you use on this project?

Vendor 1 Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Contact: _____

Vendor 2 Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Contact: _____

23. **Self-Perform:** Describe the scopes of work that you intend to self-perform on this project.

24. **Is your company certified?**

Agency certified by:

Minority Business Enterprise: Yes No

Small Business Enterprise: Yes No

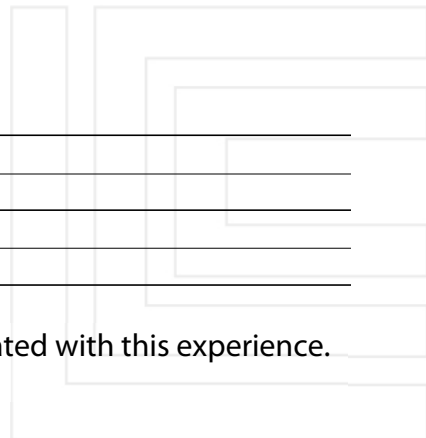
Woman Business Enterprise: Yes No

Service Disabled Veteran: Yes No

25. **Past Project Experience:** List projects that are similar in scope to this project completed within the last five years.

26. **Customer Experience:** List any projects completed for this client.

27. **Reference Letters:** Provide reference letters from the clients associated with this experience. Please attach to this prequalification.



28. **Schedule:** Time is of the essence. Do you represent that you have the quality and quantity of crafts people to maintain the schedule presented by Loeffler Construction & Consulting?

Yes:

No:

29. **Payment Terms:** Progress billing payments to your company will be processed on a "pay if paid and pay when paid basis with retention held. Do you represent that you have adequate financial resources to finance your portion of the project until payment can be processed? (Normally 30-45 days)

Yes:

No:

Please have this form signed by an authorized officer of the company:

Thank you for completing this form.

Signature: _____

Printed Name: _____

Title: _____

Date: _____

