

Vendor Qualification Form

Terra Project Name: _____

Project Location (City & State): _____

GENERAL INFORMATION AND CORPORATE HISTORY

A Firm Name and Address

Contact	Phone	Fax
_____	_____	_____

Email Address _____

B Status of Company: Corporation Individual Partnership Other _____
 (check one box)

List state of "Incorporation" _____

Federal Tax ID #: _____

OR (if not incorporated)

Social Security #: _____

(If your company does not have a Federal ID #, please provide proper ID that is registered with the IRS (i.e. Social Security number from the owner of the company).)

C Years in business under present name: _____

D Primary trade work _____

E Work value average for past five (5) years \$ _____

F Largest single project work value \$ _____ Year _____

Project Name	Phone	_____
Owner	Phone	_____
Architect	Phone	_____
Gen Contractor	Phone	_____

G Five year Average of employees: Office _____ Field _____

H Largest single year of employees Office _____ Field _____ Year _____

I Is your firm in compliance with EEO requirements? Yes No

J List three (3) Supplier references for completed work in the last two (2) years:

Firm/Products Supplied

Contact Person

Telephone

II FINANCIAL CRITERIA

A.1 List Bank Reference – Name, Address, Years at this bank

Total Line of Credit Amount \$ _____ Available? _____

Contact _____ Phone _____ Fax _____

B Payroll Taxes and Fringes Benefits paid to date Yes No

C List State and Unemployment Insurance Number State ___ No. _____

D List State and Sales and Use Tax Number State ___ No. _____

III INSURANCE

A.1 List Carrier of General Liability/Workers Compensation/Employer Liability Insurance

Contact _____ Phone _____ Fax _____

IV BONDING

A List Name and Address of Bonding Company

Contact _____ Phone _____ Fax _____

B Total Bonding Capacity \$ _____

Value of work currently bonded \$ _____

Bond Rate as a % of Subcontract Value _____ %

V SAFETY

A Workers Compensation experience modifier for last three years

Year	EMR	Comments
_____	_____	_____
_____	_____	_____
_____	_____	_____

VI WORK EXPERIENCE TECHNICAL ABILITY

A List the three most significant projects completed in last three years.

Project/Address	Architect	Owner Contact	Amount	Yr Completed
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

B List Owner references for three largest projects

References	Contact Person	Phone Number
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

C List who will be your supervision on the project (attach resume)

D List all signatory union affiliations or typical trades used if not union

E Percent of work to be performed by your own forces (not subcontracted) _____ %

F Contracts

- Has your firm failed to complete a contract? Yes No
- Has your firm been involved in bankruptcy or reorganization? Yes No
- Has your firm been involved in claims litigation or arbitration? Yes No

** To be signed by an officer of the company or an individual authorized by an officer of the company.*

SIGNATURE*: _____

TYPED OR PRINTED NAME _____

TITLE: _____

DATE: _____

Return form to Terra General Contractors