



Vendor Qualification Form

GENERAL INFORMATION & CORPORATE HISTORY

Company Name

DBA Name (if applicable)

Street Address

City

State

Zip Code

Contact Name (First, Last)

Phone Number

Mobile Number

Title

Email Address

Email Address for Bid Invites

Status of Company (check one box)

Corporation

Individual

Partnership

Other

Federal Tax ID # (if incorporated)

Social Security # (if not incorporated)

OR

Years in Business Under Present Name

Work Value Average for Past Five (5) Years

List names of company officers, principals, partners or owners.

Certifications

DBE

MBE

SBE

WBE

TG

ED

VO

WOSB

SDVOSB

HUBZone

Union

Other (Please List)

Brief description of services and/or products company provides.

Please list the specification section(s) (e.g. 2600000) you provide:

Check if you are a material supplier only

Largest Single Project

Project Name	Work Value	Year
Project Owner	Phone Number	
Project Architect	Phone Number	
Project General Contractor	Phone Number	

Five Year Average of Employees

Office	Field
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Largest Single Year of Employees

Office	Field	Year
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Is your firm in compliance with EEO requirements?

Yes No

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

Firm/Products Supplied	Contact Person	Phone Number	Year
Firm/Products Supplied	Contact Person	Phone Number	Year
Firm/Products Supplied	Contact Person	Phone Number	Year

FINANCIAL CRITERIA

List Bank Reference

Bank Name

Bank Street Address

City	State	Zip Code
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Numbers of Years with this Bank	Total Line of Credit Amount	Available Amount
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Contact Name	Phone Number	Fax
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Payroll Taxes & Fringe Benefits Paid to Date

Yes No

List State & Unemployment Insurance Number

State	Unemployment Insurance #
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List State & Sales and Use Tax Number

State	Sales and Use Tax #
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INSURANCE

List name and address of general liability insurance carrier. Attach current Certificate of Insurance that shows limits.

Carrier Name

Street Address

City State Zip Code

Agent Name Phone Number Fax

List name and address of workers compensation insurance carrier. Attach current Certificate of Insurance that shows limits.

Carrier Name

Street Address

City State Zip Code

Agent Name Phone Number Fax

List name and address of employer liability insurance carrier. Attach current Certificate of Insurance that shows limits.

Carrier Name

Street Address

City State Zip Code

Agent Name Phone Number Fax

List name and address of bonding company.

Bonding Company

Address

City State Zip Code

Agent Name Phone Number Fax

Total Bonding Capacity Value of Work Currently Bonded

Bond Rate as a Percent of Subcontract Value

%

SAFETY

Workers compensation Experience Modifier Rate (EMR) for last three (3) years.

Year	EMR	Comments
Year	EMR	Comments
Year	EMR	Comments

Does your firm have a company-wide safety program?

Yes No

WORK EXPERIENCE TECHNICAL ABILITY

List the three (3) most significant projects completed in the last three (3) years.

Project Name

Project Address

Project City

Project State

Project Zip Code

Architect

Owner Contact

Amount

Year Completed

Project Name

Project Address

Project City

Project State

Project Zip Code

Architect

Owner Contact

Amount

Year Completed

Project Name

Project Address

Project City

Project State

Project Zip Code

Architect

Owner Contact

Amount

Year Completed

List owner references for your three (3) largest projects.

Project Name	Contact Person	Phone Number
Project Name	Contact Person	Phone Number
Project Name	Contact Person	Phone Number

Who will be your supervisor on the project?

Supervisor's Name

Please include supervisor's resume with form submission.

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

Signatory union affiliations or typical trades

Percent of work to be performed by your own forces (not subcontract)

%

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, arbitration or had any judgments against it?	Yes	No

If you answered "Yes" to any of the above, please explain.

Below are the minimum insurance requirements in our standard subcontract agreement. By bidding projects with Terra Construction, you hereby comply with these requirements. These requirements are subject to change and may be different in the specifications for every project. If higher limits are required by the project owner, those limits must be complied with and costs included in your initial bid.

Worker's Compensation

- Employer's Liability
- Each Accident - \$1,000,000
- Disease (Policy Limit) - \$1,000,000
- Disease (Each Employee) - \$1,000,000

Commercial General Liability

- General Aggregate (Per Project Aggregate) - \$2,000,000
- Personal Injury and Advertising Aggregate - \$1,000,000
- Each Occurrence - \$1,000,000

Automotive Liability

- CSL//Bodily Injury and Property Damage - \$1,000,000

Umbrella/Excess Liability

- Each Occurrence - \$1,000,000
- Aggregate - \$1,000,000

Your Signature

Date