



New Vendor Prequalification Form

Scope of Work _____

In order to be pre-qualified, this form must be completed with the following information attached:

- Copy of your current Certificate of Insurance, see attached example meeting minimum insurance requirements
- Copy current W9 form
- Payments will be sent via mail, anyone wanting overnight payment need to send us your label

Legal Name of Firm _____ List any DBA's _____

Address _____

Phone # _____ Contact _____

Email: _____ Fed Tax ID# _____

Type of Company ___ Corporation ___ Partnership ___ Sole Proprietor ___ Other

Classifications ___ (WBE) ___ DBE ___ Veteran ___ Small Business ___ Native American

Certification Agency _____ Certification # _____

Certification Agency _____ Certification # _____

Certification Agency _____ Certification # _____

Years in Business _____ Ownership of Firm & Percentages _____

Average work in Place (last 3 years) \$ _____ Work under Contract \$ _____

Current No Employees _____ In the office _____ in the field _____

Accounting Contact _____ Phone _____ Email _____

BONDING/INSURANCE & SAFETY INFORMATION

Is the company able provide payment and performance bonds ___Yes ___ No

Bonding Company _____ Phone # _____

Bonding Agency _____ Contact Name _____



Value of work Presently Bonded \$ _____ Total Bonding Capacity \$ _____

Insurance Agency Name _____ Address _____

Insurance Contact Name _____ Phone # _____

DOES YOUR FIRM :

Have a written safety program and/or policy in place ____ Yes ____ No

Do you have current MSDS forms/logs when work begins ____ Yes ____ No

LIST FINANCIAL INFORMATION FOR LAST 3 FISCAL YEARS

Year	Annual Sales	Largest Single Contract Value
_____	_____	_____
_____	_____	_____
_____	_____	_____

COMPLETED PROJECTS: List last 3 projects completed

No of Project	Owner	Contact Name/Phone	Amt	Completed
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CURRENT PROJECTS List top 3 project currently under construction

No of Project	Owner	Contact Name/Phone	Amt	Completed
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



LIST ALL COMPANY CERTIFICATIONS

LICENSES:

Issuing Authority _____ License Number _____ Expiration _____

Other Licenses _____

OWNER/GENERAL CONTRACTOR REFERENCES: (1 Current/ 2 Past projects)

Company	Contact	Title	Phone #	Email
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

OTHER INFORMATION

Has your company had any litigations, claims, or leins filed against it _____ Yes _____ No

If yes please explain _____

Has your company ever failed to complete a contract _____ Yes _____ No

If yes please explain _____

Has your company ever gone through a bankruptcy or reorganization _____ Yes _____ No

Has your company ever committed an OSHA violation _____ Yes _____ No

If yes please explain _____

I hereby certify that the information herein is true and complete to the best of my knowledge

Completed by: _____ Title _____ Date _____