1. GENERAL INFORMATION

Company Name: _____ _____ Year Established: _____

Address: _____ _____ City: _____

State: _____ Zip: _____ Phone: _____

Fax: _____ Company Email: _____ _____

Federal Tax ID #: _____ D & B #: _____ License #: _____

☐ General Contractor ☐ Subcontractor ☐ Professional Services ☐ Supplier

Indicate the number of staffing for the following levels:

1) Executive: _____ 2) Field Personnel: _____ 3) Project Managers: _____

4) Estimating: _____ 5) Administrative: _____

2. CONTACT INFORMATION

Primary Contact: _____ Title: _____

Email: _____ Phone: _____

Estimating Contact: _____ Title: _____

Email: _____ Phone: _____

Accounting Contact: _____ Title: _____

Email: _____ Phone: _____

3. CERTIFICATION DESIGNATION (Please Forward A Copy Of Certification)

☐ Small Business Enterprise ☐ Women-Owned Business Enterprise ☐ Minority Business Enterprise

☐ Small Disabled Veteran Business Enterprise or Veteran Business Enterprise ☐ Other_____

4. SAFTEY

Does your firm have any pending judgements, claims, or suits? ☐ Yes ☐ No

If Yes, please explain:_____ _____ _____

_____ _____ _____

Has your firm been cited by OSHA in the last five years? ☐ Yes ☐ No

If Yes, please explain:_____ _____ _____

_____ _____ _____

5. CORE COMPETENCY

Main Construction Division:

- ☐ Demo/Cleaning
- ☐ Drywall/Carpentry
- ☐ Window Treatments
- ☐ Concrete/Masonry
- ☐ Ceramic Tile/Stone
- ☐ Sprinklers

- ☐ Structural Steel
- ☐ Metal/Glass
- ☐ Plumbing
- ☐ Carpentry
- ☐ Paint/Wall covering
- ☐ HVAC

- ☐ HVAC Material/Equipment
- ☐ Architectural/Eng. Svc.
- ☐ Electrical
- ☐ Controls
- ☐ T.A.B.
- ☐ Other: _____

Building Type Experience:

- ☐ High-Rise Office
- ☐ Public Schools
- ☐ Retail Shopping Outlets
- ☐ Mid-Rise Office

- ☐ Industrial Building
- ☐ High-Tech/Laboratories
- ☐ Hospitals
- ☐ Transportation

- ☐ Hospitality/Hotels
- ☐ Infrastructure and Heavy
- ☐ Public Agencies
- ☐ Other: _____

Percentage (%) of work you normally subcontract:_____

List trades you perform with your own workforce:_____ _____

_____ _____ _____

6. CAPACITY

Preferred Contract Size:

Total Annual Capacity $ _____ Minimum $ _____Maximum $ _____

Gross Receipts for the last three (3) years:

2017: $ _____ 2018: $ _____2019: $ _____

Current Insurance Limits: (Please forward a copy of insurance certification)

Insurance Company:_____ _____Insurance Agent: _____

General Liability: $ _____ Excess Liability: $ _____

Current Bonding Limits: ☐ No ☐ Yes

Surety Name: _____ _____

Single Bond Limit: $ _____ Aggregate Bond Limit:$_____

CONTRACT REFERENCES: *Please list your last 3 projects*

Year	Project Name/Location	Project Owner/Agency	Type of Work	Contract Amount	Contact Name & Phone #

Prepared By _____ _____Date_____

Title _____

_____ _____ _____

For internal

Tameer Staff:

Reviewed By _____ _____Date_____

Title _____

Notes: _____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____