



Contractor Qualification Form

General Information for inclusion on the General Bid List

In order to better serve our clients, we are asking all of our established subcontractors and new subcontractors to address this questionnaire. The information contained on this form will be held confidential, and only be used by Sletten Construction.

1. General Organization Information

Firm Name: _____ President: _____
Key Bidding Contact: _____ E-Mail: _____
Address: _____ Phone: _____
Fax: _____ State Lic.: _____
Contractor Lic.: _____

Former Company Name (If Applicable): _____

2. Company Information

Union: No Yes Years In business: _____
Number of Office Staff: _____ Number of Field Staff: _____
Are you Certified?: Minority Business Small Business Woman business
Agency Certified With? _____

Has the Firm Ever Failed to Complete a Contract? Yes No
Are there any claims against your firm? Yes No
Has your firm ever been involved with Bankruptcy? Yes No
Has your firm ever been involved with re-organization? Yes No
Are there any pending judgments against your firm? Yes No

(Please attach a separate sheet if you answered YES to any of the above questions)

3. Financial Information Federal Tax ID#: _____

Your Firms Acct Contact: _____
Banking Information: _____
Contact Name: _____
Address: _____
Phone: _____
Fax: _____

Bonding Information: Contact Name: _____
 Address: _____

 Phone: _____
 Fax: _____
 Rating: _____ Total Bonding Capacity: _____
 Single Project Bonding Limit: _____

Average Project Size over the past three years: _____
Largest Project in the past three years: _____ Year: _____
Annual Volume the past three years: _____

4. Insurance Information

Please provide a sample insurance certificate showing that coverage and limits for General Liability, Automobile Liability, Excess Umbrella Liability, and Worker's Compensation.

5. Safety Information Experience Modification Rating for the past three years:

Rating Agency's Name: _____

Contact Name: _____ Phone: _____

Does your firm have a written safety program? Yes No

Do you have an orientation program for new hires? Yes No

Does your firm have a drug testing program? Yes No

In the past three years, have you been cited by OSHA? Yes No

Please Explain: _____

(Attach a Separate Sheet if Necessary)

6. Quality Information

Does our firm have a written Quality Program? Yes No

Does your firm have a dedicated staff person to oversee quality? Yes No

7. Which specs/divisions does the company perform work? Please list

Form must be signed by an officer of the firm or an individual so authorized by an officer of the firm.

Signature: _____

Name: _____

Title: _____

Type of Firm (Please Circle)

Corporation Sole Proprietorship

Partnership LLC