

## **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:	
Fax:		State Lic.:_	
Former Compan	y Name (If Applical	ole):	
2. Company Informa	tion		
Union: N			iness:
Number of Office	Number of Office Staff:Number of 1		Field Staff:
•	•	ness Small Business	
	er Failed to Complete		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?			
Are there any pending judgments against your firm?			Yes No
		· · · · · ·	y of the above questions)
Banking Informa Contact Name: _	t Contact:ation:	)#:	
Bonding Informat	tion: Contact Name:		
-			
	Phone:		
	Fax:		
			ng Capacity:
Average Project			
Largest Project in	the past three years:	· · · · · · · · · · · · · · · · · · ·	Year:
Annual Volume	the past three years	:	

	ety Information Experience Modification Ra the past three years:	ting for
	•	
	Rating Agency's Name:	
	Contact Name: Pho	
	Does your firm have a written safety program?	Yes No
	Do you have an orientation program for new hires	s? Yes No
	Does your firm have a drug testing program?	Yes No
	In the past three years, have you been cited by OS Please Explain:	
	ality Information Does our firm have a written Quality Program? Does your firm have a dedicated staff person ch specs/divisions does the company perform	1 2
Form m	nust be signed by an officer of the firm or an indi	ividual so authorized by an officer of
	re:	pe of Firm (Please Circle)
Signatu		
Signatur Name:		orporation Sole Proprietorship

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

4. Insurance Information