

# BIDDER PREQUALIFICATION FORM

**Subcontractors:** Please complete the following information. This information will assist Granger in selecting subcontractors who are eligible to participate in Granger projects.

## I. GENERAL INFORMATION AND CORPORATE HISTORY

A. Firm Name and Address:

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

B. Years in business under present name: \_\_\_\_\_

C. Primary areas of work you will be bidding:

\_\_\_\_\_

D. Contact names and phone numbers in your firm for inquiries (Please list direct dial, mobile and fax numbers if available):

	<u>Name</u>	<u>Office #</u>	<u>Mobile #</u>	<u>Fax #</u>
Project Executive:	_____	_____	_____	_____
Project Manager:	_____	_____	_____	_____
Project Superintendent:	_____	_____	_____	_____
Project Accountant:	_____	_____	_____	_____

E. Total number of staff employed by firm: 1) Office: \_\_\_\_\_ 2) Field: \_\_\_\_\_

F. Is your firm in compliance with EEO requirements? Yes  No

G. Do you have a State of Michigan Dept. of Civil Rights Certificate of Awardability? Yes  No

H. Is your firm a minority business enterprise or owned by any other recognized, disenfranchised group (e.g. women, handicapped, etc.)? Yes  No   
If so, please describe your ownership and what outside agency has certified the business ownership of your firm.

\_\_\_\_\_  
\_\_\_\_\_

I. Has your firm ever worked for Granger before? Yes  No   
If so, what job and what year was it completed?

\_\_\_\_\_  
\_\_\_\_\_

J. List three supplier references for work completed in the last two years:

<u>Firm/Products Supplied</u>	<u>Contact Person</u>	<u>Telephone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**II. FINANCIAL CRITERIA**

- A. Attach complete independently audited or reviewed financial statement, for the last two fiscal years:
- B. Attach a Work in Progress Schedule.
- C. List Annual sales for last three years:

<u>Year/Amount</u>	<u>Year/Amount</u>	<u>Year/Amount</u>

D. Are payroll taxes and fringe benefits paid to date? Yes  No   
 If not, please explain: \_\_\_\_\_

E. Bank Reference. How long has your firm used this bank as its primary bank? \_\_\_\_\_ Years

<u>Name/Address</u>	<u>Contract Person</u>	<u>Telephone No.</u>

F. What is your current line of credit? \_\_\_\_\_ How much is currently outstanding? \_\_\_\_\_

**III. INSURANCE**

- A. Name, Address and Telephone Number of General Liability and Workers Compensation/Employer Liability Insurance Carrier:  
\_\_\_\_\_
- B. Name, Address and Telephone Number of General Liability and Workers Compensation/Employer Liability Insurance Agent:  
\_\_\_\_\_

**IV. BONDING**

- A. Name, Address and Telephone Number of Bonding Company:  
\_\_\_\_\_
- B. How long have you had a relationship with your Bonding Company?  
\_\_\_\_\_
- C. Name, Address and Telephone Number of Bonding Agent:  
\_\_\_\_\_
- D. Total bonding capacity:  
\_\_\_\_\_
- E. Single project bonding limit:  
\_\_\_\_\_
- F. Value of work currently bonded:  
\_\_\_\_\_

**V. SAFETY**

A. Workers Compensation experience modifier in the last three years:

<u>Year</u>	<u>EMR</u>	<u>Year</u>	<u>EMR</u>	<u>Year</u>	<u>EMR</u>

**VI. WORK EXPERIENCE AND TECHNICAL ABILITY**

A. In the last three years, list the three most significant projects completed of a similar type, size or complexity to the project you are pursuing.

Project Name/ Address	CM/GC	CM/GC's Contact	Architect	Architect's Contact
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

B. List owner references for the above three largest projects:

Owner	Project Name	Contract Amount	Completi on Date	Contact Person	Phone Number
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

C. Who will be your Supervision to be used on the project (attach resume):

\_\_\_\_\_

D. List all signatory union affiliations and/or typical trades to be used if not union:

\_\_\_\_\_

E. Percent of work to be performed by your own forces (ie. Not subcontracted):

\_\_\_\_\_

F. Contracts:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Has firm ever been terminated by a client?                             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Has firm failed to complete a contract?                                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Has firm been involved in bankruptcy or reorganization?                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Has your firm ever been involved in claims, litigation or arbitration? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

\* If you answered yes to any of the above questions, please submit details on a separate sheet.

ATTEST: \_\_\_\_\_

THE BIDDER UNDERSTANDS THAT GRANGER WILL USE BOTH SUBJECTIVE AND OBJECTIVE CRITERIA TO EVALUATE YOUR FIRM'S QUALIFICATIONS FOR THIS PROJECT. I UNDERSTAND THAT GRANGER MAY NOT ACCEPT OUR BID PROPOSAL IF WE DO NOT MEET GRANGER'S WRITTEN BIDDER PREQUALIFICATION CRITERIA AND THAT BY SIGNATURE BELOW, I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS CORRECT. I UNDERSTAND THAT INACCURATE DATA MAY BE GROUNDS TO REJECT OUR BID PROPOSAL.

**\* To be signed by an officer of the company or an individual authorized by an officer of the company.**

SIGNATURE: \_\_\_\_\_  
 TYPED OR PRINTED NAME: \_\_\_\_\_  
 TITLE: \_\_\_\_\_  
 DATE: \_\_\_\_\_

END OF SECTION