



# Contractor Qualification Form

## General Information for inclusion on the General Bid List

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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

Please send this completed form and all attachments to: [jczech@sletteninc.com](mailto:jczech@sletteninc.com)