Pre-qualification requirements for bidders

1. Business Information

Company Name	
Mailing Address:	
City, State, Zip	
Telephone:	Fax:
Email address:	
Website Address:	

2. Organizational Structure

	○ Partnership	OIndividual	Orc	
State and Date Organ	ized:			
Federal Identification	Number:			

Name and title of officers, owners, and/or partners in organization:

Name	Title	% of Ownership
ļ.		

3. What divisions of work do you perform?

🗌 01 General	06 Wood & Plastics	11 Equipment	16 Electrical
02 Sitework	07 Thermal & Moisture	12 Furnishing	17 Voice/Data
03 Concrete	08 Doors & Windows	13 Special Construction	C Other
04 Masonry	09 Finishes	14 Conveying Systems	Other
05 Metals	10 Specialties	15 Mechanical	Other

Please email form once completed to sisi@bmsconstruct.com

Please print a copy once completed for your files.

4. Length of time in business:

Under Current Name:	Under Other Name
If Other Name listed, what name:	
Average # of employees	
Office	Field
Estimating Contact	
estimator email address	
estimator phone number	
Are you or any officers, stockholders, key memb litigation or disputes, or judgment pending or r	• • •

⊖ No	⊖Yes	lf yes, please explain	
Have you faile	d to completed ay wo	ork awarded to you?	

OYes ONo

If yes, please explain

5. List three (3) trade (credit) references:

Company Name	Contact	Phone Number/Fax Number

5. List three (3) General Contractor references:

6. Is your firm a qua	alifed minority bu	ısiness?				
No	Yes	Certification #				
7. Does your compo	any have a writte	n safety progra	ım?			
Yes	No					
8. Is your firm in co	mpliance with EE	O requirements	s?			
Yes	No					
9. What is your firm	n's bonding capae	city?				
Bonding						
10. Has your firm h	ad any OSHA fine	es within the las	t three (3) yea	rs?		
Yes	No					
11. Will your organ policies with the m		licated?	for the duration Yes	n of any project l No	hired for, the following	insurance
A. Contractual Liabilit Damage to Rented Pr Medical Expense each General Aggregate Pe	emises n Person				\$1,000,000.00 \$50,000.00 \$5,000.00 \$2,000,000.00	
B. Automobile Liabilit Combined Single lii					\$1,000,000.00	
C. Excess/Umbrella Lia Each Occurence	ability				\$1,000,000.00	
D. Worker's Compens Disease- Each Emp Disease - Policy Lir	oloyee	bility Each Accide	nt		State of Fl. Statuto State of Fl. Statuto State of Fl. Statuto	bry
E. Professional Liabilit	y (if required)				\$2,000,000.00	
Insurance Company						
Agent Company						
Agent Contact Name	and #					
	723-6938 Fax Num	ber: (321) 984-80 Systems, Inc. d.		nailing to attentior	n: Lisa Martel	
Or by emailing to: info			king the link on t	op of page 1		

Building Management Systems, Inc. believes in affording equal opportunities to qualifed individuals and firms regardless of race, creed, color, religion, national origin, age, disability or gender. We will conform to applicable laws and regulations.

12. Signature

We hereby acknowledge and accept the pre-qualification requirements for bidders and attest the information provided herein is truthful and accurate by executing this document below. If provided electronically, receipt of electronic transmission shall be considered fully executed. If we are a successful qualified low bidder on a project either bid or negotiated; we will sign the Standard Subcontract Agreement for BMS, Inc. as well as comply with BMS, Inc. policies and safety procedures.

Signature/Title	
Contractor's License Number	

13. List your major completed construction projects (minumum of three) completed in the last five years.

Project Name	Location	Contract Amount	Owner Name Name	GC Name	GC Contact	Bid/Negotiated	Bonded Non-Bonded

14. List your major current construction projects (minumum of three) completed in the last five years.

Project Name	Location	Contract Amount	Owner Name Name	GC Name	GC Contact	Bid/Negotiated	Bonded Non-Bonded