

Pre-qualification requirements for bidders

Please print a copy once completed for your files.

1. Business Information

Company Name

Mailing Address:

City, State, Zip

Telephone: Fax:

Email address:

Website Address:

2. Organizational Structure

Corporation Partnership Individual LLC

State and Date Organized:

Federal Identification Number:

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

Name	Title	% of Ownership
------	-------	----------------

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

3. What divisions of work do you perform?

- | | | | |
|--------------------------------------|--|--|---|
| <input type="checkbox"/> 01 General | <input type="checkbox"/> 06 Wood & Plastics | <input type="checkbox"/> 11 Equipment | <input type="checkbox"/> 16 Electrical |
| <input type="checkbox"/> 02 Sitework | <input type="checkbox"/> 07 Thermal & Moisture | <input type="checkbox"/> 12 Furnishing | <input type="checkbox"/> 17 Voice/Data |
| <input type="checkbox"/> 03 Concrete | <input type="checkbox"/> 08 Doors & Windows | <input type="checkbox"/> 13 Special Construction | <input type="checkbox"/> Other <input type="text"/> |
| <input type="checkbox"/> 04 Masonry | <input type="checkbox"/> 09 Finishes | <input type="checkbox"/> 14 Conveying Systems | <input type="checkbox"/> Other |
| <input type="checkbox"/> 05 Metals | <input type="checkbox"/> 10 Specialties | <input type="checkbox"/> 15 Mechanical | <input type="checkbox"/> Other |

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 members, or any related companies involved in any litigation or disputes, or judgment pending or rendered?

No

Yes

If yes, please explain

Have you failed to completed ay work awarded to you?

No

Yes

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 qualified minority business?

No Yes

Certification #

7. Does your company have a written safety program?

Yes No

8. Is your firm in compliance with EEO requirements?

Yes No

9. What is your firm's bonding capacity?

Bonding

10. Has your firm had any OSHA fines within the last three (3) years?

Yes No

11. Will your organization take out and maintain, for the duration of any project hired for, the following insurance policies with the minimum limits indicated?

Yes No

A. Contractual Liability	\$1,000,000.00
Damage to Rented Premises	\$50,000.00
Medical Expense each Person	\$5,000.00
General Aggregate Per Project	\$2,000,000.00
B. Automobile Liability Coverage's Combined Single limit each Accident	\$1,000,000.00
C. Excess/Umbrella Liability Each Occurrence	\$1,000,000.00
D. Worker's Compensation & General Liability Each Accident	State of Fl. Statutory
Disease- Each Employee	State of Fl. Statutory
Disease - Policy Limit	State of Fl. Statutory
E. Professional Liability (if required)	\$2,000,000.00

Insurance Company

Agent Company

Agent Contact Name and #

Return completed application and required documentation by faxing or mailing to attention: Lisa Martel

Phone Number: (321) 723-6938 Fax Number: (321) 984-8034

Mailing Address: Building Management Systems, Inc.

1675 S. John Rodes Blvd.

Melbourne, Florida 32904

Or by emailing to: info@bmsconstruct.com simply by clicking the link on top of page 1

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

