

Date: _____

CONTACT INFORMATION

Company Name: _____

Parent Company Name (If Applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Contact Name: _____

Contact Phone 1: _____ Contact Phone 2: _____

Email: _____ Company Website: _____

COMPANY BACKGROUND / SOCIOECONOMIC STATUS

No. of Employees: _____ Years in Business: _____ Dunn & Bradstreet Number: _____

Do you use temporary employees, direct hire, or both? Temporary Direct Hire Both

Nature of product supplied / services performed: _____

Geographic areas willing to work:

Entire Northeast Entire Southeast Entire United States
Entire Northwest Entire Midwest Other / Additional States: _____

Social Economic Status (check all that apply):

Large Business Service-Disables / Verteran-Owned Business
Small Business HUB Zone Small Business
Small Disadvantaged Business Woman-Owned Business
LGBTQ-Owned Business
Minority-Owned Business Other: _____

Origin: Black Native American Alaskan Asian Eastern Indian Latino

Certification Method:

Self 3rd Party If 3rd Party, Certfier's Name: _____

3rd Party Certification Numbers: _____

Please provide a current list of company equipment with the submission of this form.

Please provide copies of all licenses with submission of this form.

ASSESSMENT CRITERIA - PRIMARY EVALUATION QUESTIONS

Check YES or NO in response to the following questions:
(If the answer to any of the below questions is Yes, please attach details.)

	Yes	No
1. During the past five year period, has your company been convicted of or had a civil judgment rendered against it for any of the following offenses: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or Local) contract or subcontract; violation of Federal or State antitrust statutes relating to the submission of bids; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, violating Federal or State criminal tax laws, or receiving stolen property?		
2. During the past five-year period, has your company been debarred or is currently under consideration for debarment by any Federal or State governmental entity?		
3. During the past five-year period, has your company declared bankruptcy or filed for protection from creditors under State or Federal proceedings?		
4. During the past five-year period, has your company defaulted on a contract?		
5. *During the past five-year period, has your company had any job-related fatalities?		
6. During the past five-year period, has your company been notified of any delinquent Federal or State taxes in an amount that exceeds \$3,000 for which the liability remains unsatisfied?		
7. During the past five-year period, has your company been assessed liquidated damages?		
8. During the past five-year period, has your company had any type of bond called?		
9. During the past five-year period, has your company defaulted on a loan with its financial institution?		
10. During the past five-year period, has your company's credit history included any instances of delinquent payments?		
11. *Is your company's current Worker Compensation Experience Modification Rating greater than 1.0? Please provide EMR letter with verification from your insurance company.		
12. *Is your company's current OSHA Total Recordable Case Rate greater than 3.8? Please provide documentation of company safety statistics from your OSHA 300 log for the past 3 years.		
13. *During the past five-year period, has your company received an OSHA citation (active or pending)?		
14. *During the past five-year period, has your company received any type of environmental citation (Federal, State, or Local)?		
15. Does your company have a written Health & Safety Program, Manual, and/or Handbook? Provide a copy with this form.		
16. Does your company have a documented Substance Abuse Program? Provide a copy with this form.		
17. Does your company have a written Quality Control Program? Provide a copy with this form.		

*** If the question denoted with the * is answered "YES", additional information may be required by the Safety/Risk Department before Subcontractor can be approved.**

Please provide a current COI with the submission of this form.



VENDOR CAPTURE FORM

INSURANCE INFORMATION

Can you comply with our minimum requirements listed below? Please check "Yes" or "No" for each. Please note, our minimum standards may increase to conform with prime contract requirements.

General Liability Each Occurance \$1,000,000:	Yes	No
General Liability Aggregate \$2,000,000:	Yes	No
Auto Liability \$1,000,000:	Yes	No
Worker Comp Statutory? (If "no" List Amount):	Yes	No

General Liability Carrier: _____	G/L Amount: _____
Auto Carrier: _____	Auto Amount: _____
Work Comp Carrier: _____	Current Amount: _____
Excess Liability Carrier: _____	Excess Liability Amount: _____

AUTHORIZATION FOR SIGNATURE

The following individuals are authorized to sign contracts and change order documents binding our business:

Name:	Title:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(If your business is a Corporation, please attach a copy of the certified Corporate Resolution granting the individual the right to sign on behalf of your Corporation)

Authorized Signature

Title

Date