



BIDDER PRE-QUALIFICATION FORM

DATE: _____

COMPANY NAME: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

PHONE: () _____ FAX: () _____

POINT(S) OF CONTACT (FOR INQUIRIES): _____

EMAIL ADDRESS FOR POINT OF CONTACT: _____

INDICATE APPLICABLE COMPANY DBE STATUS: EMAIL A COPY OF CURRENT CERTIFICATION(S) FOR EACH CLASSIFICATION

GEOGRAPHIC AREA OF BUSINESS INTEREST: _____

CONTRACTING INTERESTS (SPECIFIC DIVISIONS): _____

NUMBER OF YEARS IN BUSINESS UNDER PRESENT NAME: _____

NUMBER OF YEARS PERFORMING WORK SPECIALTY: _____

WORK NOW UNDER CONTRACT: \$ _____

WORK IN PLACE LAST YEAR: \$ _____

AVERAGE ANNUAL SALES (LAST 3 YEARS) _____

NAME OF SURETY: _____

VALUE OF WORK PRESENTLY BONDED: \$ _____

SINGLE PROJECT BONDING LIMIT: \$ _____ TOTAL BONDING CAPACITY: \$ _____

BOND RATE (%): _____

BONDING AGENT NAME: _____

BONDING AGENT PHONE NUMBER: _____

BONDING AGENT EMAIL ADDRESS: _____

BANK REFERENCES, CONTACTS, PHONE NUMBERS AND ADDRESSES:

APPROVED CREDIT LINE: \$ _____

AVAILABLE LINE OF CREDIT: \$ _____



INSURANCE AGENT NAME: _____

INSURANCE AGENT CONTACT PHONE: _____ EMAIL: _____

WORKERS COMPENSATION MODIFIER: _____

YOUR COMPANY SAFETY RECORD							
Start	EMR	Employee Hours Worked	Number of Lost Work Day Cases	Number of Lost Work Days	Total Number of Recordable Cases	Lost time Frequency Rate	OSHA Recordable Incident Rate
2015							
2016							
2017							
Lost Time Frequency Rate					OSHA Recordable Incident Rate		
Number of Lost Time Cases X 200,000					Number of OSHA Recordable Cases X 200,000		
Total Man-hours Worked per Year					Total Man-hours Worked per Year		

*THE INFORMATION ABOVE SHOULD BE FOUND ON YOUR OSHA 300 LOG

3 YEAR AVERAGE INCIDENT RATE: _____

PERCENTAGE OF WORK PERFORMED BY YOUR OWN FORCES (%): _____

TOTAL NUMBER OF PERMANENT STAFF EMPLOYED BY YOUR COMPANY: _____

THIS INCLUDES THE FOLLOWING:

ESTIMATORS: _____

PROJECT MANAGERS: _____ CRAFTSMAN: _____

IS COMPANY IN COMPLIANCE WITH EQUAL EMPLOYMENT OPPORTUNITY (EEO) REQUIREMENTS?

YES () NO ()

CONTRACTOR LICENSING NUMBER: _____ LICENSING STATE: _____

IS YOUR FIRM REGISTERED WITH THE TENNESSEE DEPARTMENT OF REVENUE, SALES AND USE TAX DIVISION? YES OR NO

IF YES, PROVIDE A COPY OF THE REGISTRATION CERTIFICATE VIA EMAIL OR FAX TO:

JEFF TINSLEY – JTINSLEY@BALP.COM

FAX: 615-373-9224

LIST THREE (3) TRADE REFERENCES, WITH CONTACT NAME, ADDRESS AND PHONE NUMBER.

1. _____

_____ ()
2. _____

_____ ()
3. _____

_____ ()

LIST THE THREE (3) MOST SIGNIFICANT PROJECTS YOUR COMPANY HAS COMPLETED IN THE LAST FIVE (5) YEARS. INCLUDING PRIME, PROJECT NAME AND LOCATION, CONTACT/PHONE, CONTRACT AMOUNT, AND COMPLETION DATE. (IF AVAILABLE, LIST PROJECTS SIMILAR IN SIZE & COMPLEXITY TO THIS ONE).

1. _____

_____ ()
2. _____

_____ ()
3. _____

_____ ()

LIST THE THREE (3) MOST SIGNIFICANT PROJECTS PRESENTLY UNDER CONSTRUCTION. INCLUDING PRIME, PROJECT NAME AND LOCATION, CONTACT/PHONE, CONTRACT AMOUNT, AND COMPLETION DATE. (IF AVAILABLE, LIST PROJECTS SIMILAR IN SIZE & COMPLEXITY).

1. _____

_____ ()
2. _____

_____ ()
3. _____

_____ ()

SUBMIT NAMES, PROJECT EXPERIENCE AND BUSINESS REFERENCES OF PERSONNEL WHO WILL BE DIRECTLY RESPONSIBLE FOR PROJECT DELIVERY

PROVIDE A LIST OF ALL LITIGATION YOUR FIRM HAS BEEN INVOLVED IN THE LAST FIVE YEARS

YES () NO () IF YES, EXPLAIN: _____

***FINANCIAL STATEMENTS MAY BE REQUIRED AS PART OF THE REVIEW PROCESS AND WILL BE KEPT STRICTLY CONFIDENTIAL.**

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____
Officer of the company

NAME: _____

TITLE: _____

TYPE OF COMPANY:

CORPORATION () SOLE PROPRIETOR () PARTNERSHIP ()