



**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: \_\_\_\_\_

<b>YOUR COMPANY SAFETY RECORD</b>							
<b>Start</b>	<b>EMR</b>	<b>Employee Hours Worked</b>	<b>Number of Lost Work Day Cases</b>	<b>Number of Lost Work Days</b>	<b>Total Number of Recordable Cases</b>	<b>Lost time Frequency Rate</b>	<b>OSHA Recordable Incident Rate</b>
2016							
2017							
2018							
<b>Lost Time Frequency Rate</b>					<b>OSHA Recordable Incident Rate</b>		
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. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ ( )

