

**BIDDER
PRE-QUALIFICATION FORM**



1572 Schofield Street – Macon, GA 31201
P.O. Box 4441 –Macon, GA 31208
Phone (478) 743-1578
Fax (478) 746-0437
www.ChrisRSheridan.com

Date: _____

GENERAL INFORMATION

Type of Work: _____
Company Name: _____
Mailing Address: _____
Street Address: _____
Phone: _____ Fax: _____ Website: _____
Contact Name/Title: _____
Email Address: _____

ORGANIZATION

Number of Years in Business: _____ Type of Business: _____ Federal ID No.: _____
General Liability Insurance in place? YES NO
Name of Insurance Company or Agent: _____
Worker's Compensation Insurance in place? YES NO
Name of Insurance Company or Agent: _____
Name of Bonding Company, Agent & Rate: _____
Contact Person and Phone: _____
Bonding Capacity: \$ _____ Work Currently Bonded: \$ _____
Is Your Firm a Minority Business? YES NO TYPE: _____

FINANCIAL

Please List Your Annual Dollar Volume for the Past 3 Years:
Last Year: _____ 1st Prior Year _____ 2nd Prior Year _____

What is Your Backlog?
As of Today: \$ _____ As of 12 Months Ago: \$ _____

Has Company Ever: _____ Failed to Complete a Contract
_____ Been Involved in Bankruptcy or Reorganization
_____ Had Pending Judgment Claims or Suits Against It
_____ Been Assessed Liquidated Damages on any Project
(If yes to any of the preceding, submit details on a separate sheet.)

WORK EXPERIENCE/REFERENCES

Provide Examples of Specific Project Experience Relevant to the Type of Project to be Constructed.

Project Name: _____
Project Location: _____
Name of Contractor: _____
Contact Person and Phone Number: _____
Description of Services: _____

Project Name: _____
Project Location: _____
Name of Contractor: _____
Contact Person and Phone Number: _____
Description of Services: _____

Project Name: _____
Project Location: _____
Name of Contractor: _____
Contact Person and Phone Number: _____
Description of Services: _____

Project Name: _____
Project Location: _____
Name of Contractor: _____
Contact Person and Phone Number: _____
Description of Services: _____

List 3 Supplier References (Company, Contact, Phone):

- 1. _____
- 2. _____
- 3. _____

SAFETY

In the Previous 3 Years Has the Firm Been Cited for Any Serious (as Defined by OSHA) Violation? YES NO
(If yes submit details on a separate sheet.)