

Note: This form should be printed ONLY to help you gather information prior to filling the on-line form for final submission.



CONTRACTOR PREQUALIFICATION STATEMENT

Thank you for your interest in DMC Vanguard Health Systems construction projects. In order to develop a profile of your Company, please complete this form.

Name of "Contractor"			
Street Address			
Street Address			
City			
State			
Zip Code			
Phone Number			
Fax Number			
Name of Contact Person			

Contact person's phone number	Phone Number	Extension	Cell Phone	
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Contact person's email address			
Your Company's website			

Is the address above:	Main Office	Regional Office	Branch Office
	Architect	General Contractor	Specialty Contractor

Is your Company a certified:	
MBE (minority business enterprise)	Y/N
WBE (woman-owned business enterprise)	Y/N
DBE (disadvantaged business enterprise)	Y/N
WCE (Wayne County enterprise)	Y/N
OCE (Oakland County enterprise)	Y/N

You will be required to submit copies of all current certificates when requested. Please list the specialty trade(s) that your Company is interested in bidding.

How many persons does your Company presently employ:	
Total employees	
City of Detroit Residents	
Wayne County Residents	
Oakland County Residents	
% minority employees	
% female employees	

In the last 3 years has your Company or any of its principals petitioned for bankruptcy, failed in business, defaulted or been terminated on a contract awarded to you?

Have any of the owners, officers or major stockholders of your Company ever been indicted or convicted of any felony or other criminal conduct?

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In the last 3 years has your Company or any owners, officers or major stockholders ever been suspended, disbarred or otherwise precluded from pursuing public work or ever been found to be non-responsive by a public agency?

In the last 3 years has your Company had a claim made against it for improper, delayed, defective or non-compliant work or failure to meet warranty obligations?

No

Yes

If yes, please explain

Is your Company or any of its owners, officers or major shareholders currently involved in any arbitration or litigation?

No

Yes

If yes, please explain

Does your Company have any outstanding judgments or claims against it?

No

Yes

If yes, please explain

In the last three (3) years has any litigation been brought against your Company asserting that you failed to make payments to anyone

No

Yes

If yes, please explain

Is your Company a union contractor?

What is the largest contract your Company has completed?

Amount

Year completed

What is your Company's expected annual revenue this year?

What was the annual volume of work performed over the last 3 years?

Year	Revenue	# of Projects
<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"/>

Name of Surety Bonding Company

Key Contact Person

Contact Phone

Bonding Capacity Per Job

Bonding Capacity Aggregate

Bond Rate %

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SAFETY PREQUALIFICATION

Please list your Company's Workers' Compensation Interstate/Intrastate Experience Modification Rate for the most recent three years.

Interstate Year

Interstate Rate

Do you have a qualified person responsible for safety within your Company:

Does your Company have a substance abuse policy:

Insurance Questionnaire

Does your Company have a Commercial General Liability Insurance Policy currently in force?

Does your Company have a Worker's Compensation and Employer's Liability Insurance Policy currently in force?

Does your Company have a Professional Liability Insurance Policy currently in force?

I am an authorized officer of the Company described as the "Contractor" above. I hereby represent on behalf of our company that all answers provided in this Contractor Prequalification Statement is true and correct. We have attempted to answer all questions in a manner to assure that our answers are not in any respect misleading, either by expressing ourselves in a misleading or ambiguous manner or omitting information. We recognize that DMC Vanguard Health Systems will be relying on the accuracy of the information and our responses in this questionnaire in deciding whether to permit us to bid and in awarding work to our Company.

Name of Company

Name of Officer Submitting Information

Title

Dated
