



Completed Forms to be emailed to:

[jcouchane@blinderman.com](mailto:jcouchane@blinderman.com)

## Blinderman Construction Qualifications Form – Part A

SergeantBlinderman requests that all vendors and subcontractors who are interested in bidding undergo a pre-qualifications review. Please provide the necessary information below. The contents of the qualification form will be considered confidential and used solely to evaluate your firm's qualifications to perform on contract opportunities and will not be disclosed to others.

### **GENERAL INFORMATION:**

1. Email Address:

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2. Company Contact (Main Contact for Qualifications):

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3. Company Name:

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4. Company Address:

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5. Office Phone Number:

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6. Business Type (Indicate Yes or No accordingly):

a. Subcontractor: \_\_\_\_\_

b. Vendor/Supplier: \_\_\_\_\_

c. Consultant: \_\_\_\_\_

d. Other (Specify): \_\_\_\_\_



**7. Labor Type (Indicate Yes or No accordingly):**

- a. Union: \_\_\_\_\_
- b. Non-Union \_\_\_\_\_
- c. Prevailing Wages \_\_\_\_\_

**8. Please describe the scope of services and/or work your company self-performs:**

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**OWNERSHIP/BUSINESS STRUCTURE**

**9. Corporation Type (Place an "X" next to the appropriate type):**

- a. LLC: \_\_\_\_\_
- b. C-Corp: \_\_\_\_\_
- c. S-Corp: \_\_\_\_\_
- d. Other: \_\_\_\_\_

**10. State of Incorporation:**

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**11. Year of Incorporation:**

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**12. Has your company ever done business under a different name? (Place an "X" next to the appropriate response):**

- a. Yes: \_\_\_\_\_
- b. No: \_\_\_\_\_



13. If the response to Question #12 is yes, please provide the other business name(s):

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14. Is your company owned or controlled by a parent corporation (Place an "X" next to the appropriate response):

a. Yes: \_\_\_\_\_

b. No: \_\_\_\_\_

15. If the response to Question #14 is yes, please explain:

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### **OWNERS/OFFICERS OF YOUR COMPANY**

16. Please provide the name, title, email, and phone number of the owners/officers of your company:

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### **PROFESSIONAL LICENSES:**

17. Trade Contractor License Number/Classification/State/Issuing Agency:

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18. Business License Number/Classification/State/Issuing Agency:

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19. Other License Number/Classification/State/Issuing Agency:

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**TRADE UNIONS:**

20. List Trade Union Agreements (Trade/Agreement Type/Expiration Year):

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**INSURANCE:**

21. Is your firm self-insured for worker's compensation claims (Place an "X" next to the appropriate response):

- a. Yes: \_\_\_\_\_
- b. No: \_\_\_\_\_

22. General Liability Aggregate:

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23. General Liability Single Occurrence:

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24. Workers Compensation:

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25. Automobile:

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**INSURANCE REFERENCES:**

26. Insurance Agent Company Name:

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27. Insurance Agent Contact Name:

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28. Insurance Agent Phone Number:

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29. Insurance Agent Email:

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**FINANCIALS:**

30. Federal Tax ID Number:

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31. Revenue and Average Contract Size for 2022:

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32. Revenue and Average Contract Size for 2021:

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33. Revenue and Average Contract Size for 2020:

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**WORK EXPERIENCE:**

34. List at least three [3] major projects your company currently has under contract (Project Name/Client/Contract Value/Completion Date):

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35. What are the three [3] largest contracts your company has completed in the last three [3] years (Project Name/Client/Contract Value/Completion Date):

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**LEGAL:**

36. Has a complaint ever been filed with a licensing agency against your firm (Place an "X" next to the appropriate response):

- a. Yes: \_\_\_\_\_
- b. No: \_\_\_\_\_

37. If the response to Question #36 is yes, please explain:

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38. Are there any remaining issues or conflicts of interest that would have material effect on your company, it's owners, or officers in their operation, financial structure, or ability to perform work for Blinderman Construction (Place an "X" next to the appropriate response):

- c. Yes: \_\_\_\_\_
- d. No: \_\_\_\_\_

39. If the response to Question # 38 is yes, please explain:

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**OTHER:**

1. If desired, please provide any additional information in the space below that may be pertinent or helpful for this Qualifications Form Review:

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**SIGNATURE:**

2. Full Name:

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3. Title:

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4. Today's Date:

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