



Contractor & Vendor Qualification Statement

PROJECT

Name: _____

Date: _____

Please fill out and return to Brinkmann Constructors via fax to 636-537-9880 and mail original to our corporate office.

A. COMPANY INFORMATION

1. Company Name:

2. Address:

3. Contact Name: _____ Phone: _____ Fax: _____ E-Mail: _____

4. Other Office Locations:

5. Supplier or Contractor: (circle one)

6. Trade or Type of Work (list all applicable divisions and sections):

7. How many years has your organization been in business under its present business name? _____

8. Are you AFL-CIO affiliated? Yes / No (circle one)

B. COMPANY EXPERIENCE AND HISTORY

1. List the categories of work that your organization normally performs with its own forces.

2. Does your company possess Design/Build capabilities? **Yes / No (circle one)**
3. Has your organization ever failed to complete any work awarded to it? **Yes / No (circle one). If yes, attach explanation.**
4. Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your company? **Yes / No (circle one). If yes, please attach explanation.**
5. Has your company filed any lawsuits or requested arbitration with regard to construction contracts within the last five years? **Yes / No (circle one). If yes, attach explanation.**
6. List projects your company has in progress (name of project, general contractor, architect, owner, contract amount, percent complete and scheduled completion date). ***Attach a separate sheet.**
7. List the major projects your company has completed in the past three years (name of project, general contractor, owner, contract amount, date of completion and percentage of the cost of the work performed with your own forces). **Attach a separate sheet.**
8. What has been your annual volume over the past three years?
9. List the quantity of key individuals of your organization. *Note: Not applicable if supplier only.

Owners: _____	Foreman: _____
Officers: _____	Field Labor: _____
Manager: _____	Administrative: _____
Engineers: _____	Other: _____
Superintendents: _____	

C. SAFETY HISTORY

1. Experience Modification Rating: Indicate your (EMR) for the current year and the two previous years.

Current Year: _____
 Previous Year: _____
 2nd Previous Year: _____

2. Summarize the data shown on your OSHA Form 300 OR 300 A for all jobs accident history.

	<u>This Year</u>	<u>Last Year</u>
Number of Recordable (Medical) incidents:	_____	_____
Number of Light Duty Cases:	_____	_____
Number of Lost Time Incidents:	_____	_____
Number of Days Lost:	_____	_____

3. Have you been cited by Federal or State OSHA for serious violations in the last three years?

Yes / No (circle one) If yes, provide explanation. _____

4. Do you have a written safety program? Yes / No (circle one)

D. REFERENCES & FINANCIAL INFORMATION:

1. List at least three references (general contractor, owner, supplier or subcontractor). **Attach a separate sheet.**
2. List bank references:
3. List name, address, phone, and contact of your bonding company/agent:
4. What is your bonding capacity?

E. CONFIRMATION OF INFORMATION

All of the above information is true and has been completed so as to not be misleading in any way.

_____/_____/_____
Signature Title Date

***Note: Provide attached sheets for items B.3.-B.7., and D.1.**