** 2-3-21**

**Clemens Construction Co., Inc.**

**Supplier Qualification Inquiry**

**Supplier Legal Name:** Click or tap here to enter text.

**Trade/Specialty:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**City/State/Zip:** Click or tap here to enter text.

**Office Phone:** Click or tap here to enter text.

**Contacts: name** Click or tap here to enter text. **email**Click or tap here to enter text.

 **name** Click or tap here to enter text. **email**Click or tap here to enter text.

**Owner/Officer:** Click or tap here to enter text.

**Estimating Contact:** Click or tap here to enter text.

**Accounting Contact:** Click or tap here to enter text.

**1 Organization**

* 1. How many years has your organization been in business as a contractor?

Click or tap here to enter text.

* 1. How many years has your organization been in business under its present business name?

Click or tap here to enter text.

1.2.1 Under what other or former names has your organization operated?

 Click or tap here to enter text.

1.3 If your organization is a corporation, answer the following:

 1.3.1 Date of incorporation: Click or tap here to enter text.

 1.3.2 State of incorporation: Click or tap here to enter text.

 1.3.3 Officer’s names and titles Click or tap here to enter text.

1.4 If your organization is a partnership, answer the following:

 1.4.1 Date of organization: Click or tap here to enter text.

 1.4.2 Type of partnership: Click or tap here to enter text.

 1.4.3 Name(s) of general partner(s): Click or tap here to enter text.

1.5 If your organization is individually owned, answer the following:

 1.5.1 Date of organization: Click or tap here to enter text.

 1.5.2 Name of owner: Click or tap here to enter text.

1.6 Number of Employees: Click or tap here to enter text.

1.7 Business Tax ID No: Click or tap here to enter text.

1.8 Provide a Current W-9 Form

1.9 Has your company operated under any other Names in the last 5 years?

 Click or tap here to enter text.

**2 Minority Business Status**

2.1 Is your organization certified as a Minority Business Enterprise (MBE), Women Business Enterprise (WBE), or Disabled Owned Business Enterprise (DSBE) (Yes/No)? Yes[ ]  No[ ]

 If so, please attach appropriate certificate.

**3 Experience**

 3.1 Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers? Click or tap here to enter text.

 3.2 Has your organization filed any law suits or requested arbitration with regard to construction contracts within the last five years? Yes[ ]  No [ ]

 If yes, explain:

 Click or tap here to enter text.

 3.3 State worth of work in progress and under contract: $ Click or tap here to enter text.

 3.4 State company annual Volume of work performed during the past five years:

 Year 5 (most recent): Click or tap here to enter text.

 Year 4: Click or tap here to enter text.

 Year 3: Click or tap here to enter text.

 Year 2: Click or tap here to enter text.

 Year 1: Click or tap here to enter text.

**4 References**

4.1 Business references (please list three- name, company, email):

 Name Company email

 1)Click or tap here to enter text.

 2) Click or tap here to enter text.

 3) Click or tap here to enter text.

**Financial**

**5 Insurance**

 5.1 Name and address of primary insurance agent or broker: Click or tap here to enter text.

5.2 Please attach a Certificate of Insurance showing coverages, at a minimum for Workers Compensation, commercial general liability, comprehensive auto liability, excess liability protection (Note: See Clemens Sample COI Limits)

**6 Bonding**

 6.1 If performing Contracts over $1mil, do you have the ability to provide Payment and Performance Bonds? Yes [ ] No [x]

 If yes, what is your bonding capacity (single and aggregate). Click or tap here to enter text.

 6.2 Name of Surety: Click or tap here to enter text.

* 1. Approx. Bonding Premium Rate: %Click or tap here to enter text.

**7 Other: Is there anything Clemens can do to help your company?**

7.1Identify mentor(s) in your trade/specialty?

 Click or tap here to enter text.

 7.2 Identify other firms to team or Joint Venture with?

 Click or tap here to enter text.

 7.3 Improve access to capital?

 Click or tap here to enter text.

 Other: Click or tap here to enter text.

**I certify that to the best of my knowledge the information given in response to each question is full, complete and accurate.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_