



Return to: *Bowdoin Estimating Department* **Fax:** 781-444-4970

Trade(s): _____

1. Company: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

2. List Company Officers:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Corporation

Partnership

Sole Proprietorship

3. Years in Business: _____

4. Number of Employees: _____ Office: _____ Field: _____ Shop: _____

5. List Geographic Areas Covered: _____

6. List Trades and State(s) in Which Company Holds Licenses:

_____ License Number: _____

_____ License Number: _____

_____ License Number: _____

_____ License Number: _____

7. List Three Trade References: (Contact Name and Phone Number)

1. _____

2. _____

3. _____

8. List Five Major Projects Completed Within the Last Three Years:

Project Name/Location: _____
Owner: _____ General Contractor: _____
Contact Name: _____ Phone: _____
Start Date: _____ Completion Date: _____ Contract Amount: _____

Project Name/Location: _____
Owner: _____ General Contractor: _____
Contact Name: _____ Phone: _____
Start Date: _____ Completion Date: _____ Contract Amount: _____

Project Name/Location: _____
Owner: _____ General Contractor: _____
Contact Name: _____ Phone: _____
Start Date: _____ Completion Date: _____ Contract Amount: _____

Project Name/Location: _____
Owner: _____ General Contractor: _____
Contact Name: _____ Phone: _____
Start Date: _____ Completion Date: _____ Contract Amount: _____

Project Name/Location: _____
Owner: _____ General Contractor: _____
Contact Name: _____ Phone: _____
Start Date: _____ Completion Date: _____ Contract Amount: _____

9. List Three Major Projects Presently Under Construction:

Project Name/Location: _____
Owner: _____ General Contractor: _____
Contact Name: _____ Phone: _____
Start Date: _____ Completion Date: _____ Contract Amount: _____

Project Name/Location: _____
Owner: _____ General Contractor: _____
Contact Name: _____ Phone: _____
Start Date: _____ Completion Date: _____ Contract Amount: _____

Project Name/Location: _____
Owner: _____ General Contractor: _____
Contact Name: _____ Phone: _____
Start Date: _____ Completion Date: _____ Contract Amount: _____

10. List Volume for the Past Three Years:

Year: _____ Year: _____ Year: _____
Private Work: \$ _____ \$ _____ \$ _____
Public Work: \$ _____ \$ _____ \$ _____

11. Current Backlog of Uncompleted Work: \$ _____

12. Have You Ever Failed to Complete a project? Yes (*Explain*) No

13. Are You Signatory to Any Labor Agreement(s)? Yes No
Which Trades? _____

14. Do You Have a Written Safety Program? Yes No

15. Have You Been Cited by OSHA Within the Last Four Years? Yes (*Explain*) No

16. Workers Compensation Modification Rating (EMR for the Last Three Years)

Year/Rating _____ Year/Rating _____ Year/Rating _____

17. Do You Qualify as a SOMWBA Approved Minority Business Enterprise? Yes No
Do You Qualify as a SOMWBA Approved Women Owned Enterprise? Yes No
Do You Qualify as a Small Business Enterprise? Yes No

18. Does Your Company Perform "Prevailing Wage" Work? Yes No

19. Does Your Company Specialize in a Particular Project Type? _____

20. Is Your Company a Member of Any Trade/Business Association(s)? _____

21. Minimum Size Job Your Firm Would Perform: \$ _____

22. Maximum Size Job Your Firm Would Perform: \$ _____

SUBMITTED BY: _____

TITLE: _____ DATE: _____