



TRADE CONTRACTOR QUALIFICATION FORM

Please TYPE in all blanks accurately, provide attachments and mail to:

ELZINGA & VOLKERS, INC.
86 EAST SIXTH STREET
HOLLAND, MICHIGAN 49423
ATTN: Project Administrator

Note: Elzinga & Volkers, Inc. requires pre-qualification of all trade contractors. The complete submittal of this form with financial statement is required. Incomplete information will result in trade contractor not being invited to bid without further notice.

1. **GENERAL** DATE: _____

1.1 Legal Business Name: _____

Address: _____

Phone: () _____ Website: _____

Fax: () _____ Email / Contact: _____

1.2 Type of work usually performed: _____

1.3 Our company is qualified to furnish (F) and install (I) materials in one or more of the following proposed Division of work WITH OUR OWN FORCES. Place a (F) and/or (I) in the allotted space below:

- | | |
|---|--|
| <input type="checkbox"/> Earthwork / Site Utilities / Grading
<input type="checkbox"/> Landscaping
<input type="checkbox"/> Irrigation
<input type="checkbox"/> Asphalt Paving / Signage
<input type="checkbox"/> Fencing
<input type="checkbox"/> Concrete
<input type="checkbox"/> Masonry
<input type="checkbox"/> Structural /Miscellaneous Steel
<input type="checkbox"/> Rough Carpentry / Lumber
<input type="checkbox"/> Finish Carpentry / Millwork / Cabinetry
<input type="checkbox"/> Roofing / Sheet Metal
<input type="checkbox"/> Architectural Metal
<input type="checkbox"/> Caulking / Sealant / Waterproofing
<input type="checkbox"/> Doors / Frames / Finish Hardware | <input type="checkbox"/> Overhead Doors
<input type="checkbox"/> Glass & Glazing
<input type="checkbox"/> Metal Studs / Drywall / Acoustical
<input type="checkbox"/> Painting / Wallcovering
<input type="checkbox"/> Flooring
<input type="checkbox"/> Specialties
<input type="checkbox"/> Equipment
<input type="checkbox"/> HVAC
<input type="checkbox"/> Plumbing
<input type="checkbox"/> Fire Protection
<input type="checkbox"/> Refrigeration
<input type="checkbox"/> Electrical
<input type="checkbox"/> _____ (other)
<input type="checkbox"/> _____ (other) |
|---|--|

1.4 President or CEO: _____ Years in business under present name: _____
 Total office staff: _____ Work in place last year: \$ _____
 Total field staff: _____ Total bonding capacity (Aggregate) \$ _____
 Bonding Capacity (Single Project) \$ _____
 % self-performed work: _____ Value of work currently bonded: \$ _____
 Avg. Annual sales last three years: _____ Bonding Company: _____
 Is firm in compliance with EEO*? Yes No Insurance Agent/Phone Number: _____
 Is firm certified as MBE*? _____ WBE* _____
 Work force is? Union _____ Merit Shop _____

The attached sample "Accord" Insurance Certificate Form designates the required insurance coverage's. Each contractor and their subcontractor(s) must be able to provide this certificate if awarded a contract.

1.5 **Has firm:** Failed to complete a contract? ____ Been involved in bankruptcy reorganization? ____ Had pending judgments, claims or suits against firm? ____ (If yes to any of the preceding statements submit details on a separate sheet.)

1.6 **Has Owner or any Officer of the firm,** (in relation to a business within the past five years): Failed to complete a contract? ____ Been involved in bankruptcy reorganization? ____ Had pending judgments, claims or suits against firm? ____ (If yes to any of these preceding statements submit details on separate sheet.)

1.7 List four most significant projects completed in the last five years:

<u>Project & Location</u>	<u>Owner</u>	<u>Contract Amount</u>	<u>Date Completed</u>	<u>Reference Contact</u>	<u>Phone</u>

1.8 List three most significant projects currently under construction:

<u>Project & Location</u>	<u>Owner</u>	<u>Contract Amount</u>	<u>Date Completed</u>	<u>Reference Contact</u>	<u>Phone</u>

1.9 Is firm qualified to do business in the state where Project is located? Yes No
 a. Is firm registered to collect Sales Tax in the state where the project is located? Yes No
 b. Is firm registered to collect Use Tax in the state where the Project is located? Yes No

* EEO – Equal Employment Opportunity
 MBE – Minority Business Enterprise
 WBE – Women Business Enterprise

3.7 Are jobsite safety inspections conducted at each jobsite? Yes No

a. If yes, who conducts the inspection?

Name & Title _____

b. How often are the safety inspections conducted? Weekly Monthly Annually

3.8 How is an accident and/or illness case recorded? _____

3.9 Will Elzinga & Volkers' Job Site Superintendent be given a copy of all accident reports on subject projects within 24 hours of occurrence?

a. Yes No

3.10 Does your company have a New Employee Orientation Safety Program?

a. Yes No

4. SIGNATURE

4.1 I hereby certify that to the best of my knowledge the above information is true and correct, and, I hereby agree to furnish the required Certificate of Insurance as represented by example shown below. Furthermore, permission is granted to Elzinga & Volkers, Inc. to contact any references for Insurance, Banking, or Bonding Agent contained herein.

By: _____

Title: _____