

This form and any supporting documentation can be returned by:

**Fax: (804) 285-4288 or e-mail: estimator@kjellstromandlee.com or
mail: Kjellstrom and Lee, Inc.
Attn: Estimating
1607 Ownby Lane
Richmond, VA 23220**

Company Information:

Company Name: _____

Mailing Address:

_____ City: _____ State: _____ Zip: _____

Physical Address (click here if same as mailing address _____):

_____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Website: _____

Contact Name: _____ Title: _____

Contact Phone: _____ Mobile: _____ Email: _____

Company's preferred contact method for Bid Notices and Updates (Select One): Fax: _____ Email: _____

Bid-specific email or fax #: _____

Please list any additional contacts on a separate page

Business Information:

1.) What is your trade or product? _____

2.) How many years has your organization been in business as a Contractor? _____

3.) How many years has your organization been in business under its current business name? _____

4.) List any business names your organization has traded under for the past 10 years:

5.) Type of Business organization: (check all that apply)

Corporation (list state of incorporation): (_____)

Partnership

Sole Proprietorship

Limited Liability Corporation

Limited Liability Partnership

Joint Venture

Other: _____

6.) Federal ID #: _____

7.) Do you have a bonding Program: Yes ___ No ___

8.) If "Yes", Bonding Agent: _____

Single Project Bonding Limit: _____

Please list annual dollar volume of workload for each of the last five (5) years, (1 being most recent).

| YEAR | Annual Dollar Value |
|------|---------------------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |

9.) Dollar value of current backlog: _____

Small / Women / Minority (SWaM):

1.) Check all certifications that apply to your firm:

- Small
- Woman Owned
- Disadvantaged
- Minority
- Other: _____

2.) Please provide the following information regarding your SWaM Certification:

Organization: _____

SWaM Classification: _____ Certification No: _____

Year Certified: _____ Expiration Date: _____

Licensing Information:

1.) Virginia State Contractors License: _____ Class: _____ Number: _____

2.) Specialty Licenses: _____

3.) Designated Employee Registered with Board of Contractors: _____

4.) Initial Certification Date: _____ Expiration Date: _____

Scope/Divisions of Work and Relevant Experience:

- 1.) List divisions and /or scopes of work you would like your firm considered for bid requests:

| Division | Description |
|----------|-------------|
| | |
| | |
| | |
| | |
| | |
| | |

- 2.) Attach additional sheets detailing past work experience as necessary to define your company and services you provide. At a minimum provide major projects from the last 3 years and current work load.
Include: Project Name, Location, Scope Performed, \$ Value of Contract, Date Started, Date Completed, GC/CM Name, and Point of Contact. Also indicate if the project was a LEED certified and to what level, and if coordination utilized Building Information Modeling (BIM), software used, and whether trade modeling & coordination was performed in house.

Personnel:

- 1.) Number of office employees: _____
2.) Number of field / trades employees: _____
3.) Comments:

Claims and Suits:

- 1.) Has your organization ever failed to complete an awarded project? Yes___ No___
• If yes please provide explanation.
- 2.) Does your organization have any pending or outstanding judgments, claims, arbitration proceedings, or suits against it or its officers? Yes___ No___
• If yes please provide detailed information.

Safety:

- 1.) List your firm's Worker's Compensation Experience Modification Rates (EMR) for the past five years (1 being most recent):

| | 1 | 2 | 3 | 4 | 5 |
|-------------|----------|----------|----------|----------|----------|
| EMR: | | | | | |

- 2.) Do you have a written safety policy? Yes___ No___

- 3.) Do you have a designated full time safety officer? Yes___ No___

If "Yes" please provide Name and Qualifications:

- 4.) How often do you hold Safety Meetings for your employees?_____

a. Where are meetings held?_____

References:

- 1.) Attach additional pages as necessary listing references for Architects / Owners / GC's for similar projects.
2.) Attach any additional information that will better define you company or its ability to provide services.

Signature:

As an authorized representative of the company, I certify that all information provided herein is complete, accurate, and current

Legal Name of Organization:_____

Signed By:_____ Date:_____

Printed Name:_____ Title:_____