

INSTRUCTIONS FOR COMPLETION

***CONTRACTOR'S
APPLICATION FOR QUALIFICATION***

PLEASE LEGIBLY PRINT OR TYPE ALL INFORMATION

A RESPONSE MUST BE GIVEN FOR ALL ITEMS

1. All Sections must be addressed and completed. If a Section is not applicable to your operation, indicate NA in the space provided. Please include a brief explanation as to why the noted Section is not applicable.
2. All responses to the Application Form must be received in the following sequential order to be considered:
 - **Contractor's Qualification Form**
 - **Attachment A** for inclusion of any relevant, supplemental information that is to be used to further explain or clarify a specific Section within your response. This information must be labeled as Attachment A with specific reference to which Section the information is referring to in the Qualification Form. Attachment A is not to be used for information not requested.
 - **Completed W-9 Form**
 - **Your Company Brochure (if desired)**

Emphasis will be placed upon completeness and clarity of content with respect to each response.

Any responses not meeting these requirements will not be considered for review.

Return all completed materials to:

BLOOM GENERAL CONTRACTING, INC.
Attn: Qualification Department
25601 West 8 Mile Road
Redford, MI 48240

Contractor's Qualification Statement

The Undersigned certifies under oath that the information provided herein is true and sufficiently complete so as not to be misleading:

Submitted By: Corporation
Company Name: Partnership
Address: Individual
Company Website: Joint Venture
Phone: Fax: LLC
Tax ID or SS No: DUNS:
Subsidiary / Division of:
Type of Work (or Material):

1. ORGANIZATION (Attach copy of completed W-9)

- 1.1 How many years has your organization been in business?
- 1.2 How many years has your organization been in business under its present business name?
 - 1.2.1 Under what other or former names has your organization operated?
- 1.3 If your organization is a corporation, answer the following:
 - 1.3.1 Date of incorporation:
 - 1.3.2 State of incorporation:
 - 1.3.3 President's name:
 - 1.3.4 Vice-president's name(s):
 - 1.3.5 Secretary's name:
 - 1.3.6 Treasurer's name:

- 1.4 If your organization is a partnership, answer the following:
 - 1.4.1 Date of organization:
 - 1.4.2 Type of partnership:
 - 1.4.3 Name(s) of general partner(s):
- 1.5 If your organization is individually owned, answer the following:
 - 1.5.1 Date of organization:
 - 1.5.2 Name of owner:
- 1.6 If the form of your organization is other than those listed above, describe it and name the principals:

2. CLASSIFICATION

Type of Business: (**check only ONE**)

- | | |
|-------------------------------------|-------------------------------------|
| Small Business | Labor Surplus Area – Large Business |
| Large Business | Non-Profit Organization |
| Labor Surplus Area – Small Business | Foreign-Based |

Ownership: (at least 51%)

- Women-Owned (WBE)
- Handicapped / ADA (DBE)
- Minority/Disadvantaged (MBE)

Ownership Certification:

- MMBDC (Michigan Minority Business Development Council)
- NAWBO (National Association of Women Business Owners)
- MWBC (Michigan Women’s Business Council)
- Certificate of Awardability (Department of Civil Rights)
- Other:

3. LICENSING

- 3.1 List jurisdictions (states) and trade categories in which your organization is legally qualified to do business, and indicate registration or license numbers, and expiration dates, if applicable.

- 3.2 List jurisdictions (states) in which your organization’s partnership or trade name is filed.

3.3 List any additional certifications, professional affiliations and licensing.

4. EXPERIENCE

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

4.2 Claims and Suits. (If the answer to any of the questions below is yes, please attach details.)

4.2.1 Has your organization ever failed to complete any work awarded to it?

4.2.2 Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization its officers?

4.2.3 Has your organization filed any law suites or requested arbitration with regard to construction contracts within the last five years?

4.2.4 Within the last five years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract? (If the answer is yes, please attach details.)

4.3 On a separate sheet, list major construction projects your organization has in progress or has completed in the last five years.

4.4 On a separate sheet, list the construction experience and present commitments of the key individuals of your organization.

5. REFERENCES

5.1 Trade References (Name, Address, Phone & Fax):

1.

2.

3.

5.2 Client References (Name, Address, Phone & Fax):

- 1.
- 2.
- 3.

5.3 Bank Reference (Name, Address, Phone):

- 1.

5.4 Surety:

- 5.4.1 Name of bonding company:
Surety Rating:
Single (per job) bond capacity:
Aggregate bond capacity:

- 5.4.2 Name and address of agent:

5.5 Insurance:

5.5.1 Coverage:

- | | | |
|----|------------------------------|----------|
| a. | Workers' Compensation Limit: | Expires: |
| b. | General Liability Limit: | Expires: |
| c. | Automobile: | Expires: |

- 5.5.2 Name and address of agent:

- 5.5.3 I acknowledge that if awarded a contract, current certificates of insurance must be provided before commencement of work (not applicable to material suppliers only).

Initial:

6. CLAIMS & SUITS:

6.1 If the answer to any of the questions below is yes, attach explanation.

- | | | | |
|----|---|-----|----|
| a. | Has your organization ever defaulted on a contract: | Yes | No |
| b. | Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers? | Yes | No |

- c. Has your organization filed any lawsuits or claims with regard to construction contracts within the last five years? Yes No

7. SAFETY:

- 7.1 Submit a copy of your complete written safety program.
- 7.2 For the past three years, please attach copies of all alleged violations, associated penalties and documentation of corrective action taken for your worksites as a result of inspections conducted by OSHA, other applicable occupational health and safety agencies, and any environmental agencies (eg. EPA).
- 7.3 Provide a list of safety and/or health training courses to which you have subscribed, the number of employees who have received training in each course, and the name of the company that conducted the training.

8. SIGNATURE

Dated this day of in the year ,

Name of Organization: _____

By: _____

Title: _____

_____, being duly sworn, deposes and says that the information provided herein is true and sufficiently complete so as not to be misleading.

Subscribed and sworn before me this day of in the year

Notary Public: _____

Commission Expires: _____

