

CONTRACTOR'S GENERAL INFORMATION FORM

OFFICIAL COMPANY NAME:

- Corporation
- Partnership
- Individual

MWBE: Yes No **SBE:** Yes No

DISCIPLINE (TYPE) of CONTRACTING WORK:

BONDING CAPACITY:

SAFETY – CURRENT EMR RATING:

Contact Person's Name:

Contact Person's Telephone Number:

Contact Person's Email Address:

Letter Of Intent: Contact Name, Telephone No., Email Address (If different from above)

BUSINESS ADDRESS:

Local Address: (State location of the office(s) where the project services will be performed).

Submit your company's Table of Organization for the local office, who will be performing the work, and the Company's Upper Management Team if applicable.

If a corporation:

When incorporated and which state?

License to do work in Colorado?

President and/or two other (Colorado office) authorized Officers?

If a partnership:

Date of organization?

State whether partnership is general, limited or other association.

1) Has your company been denied approval status for this discipline, and if so what substantial improvement has been made to allow a reevaluation?

2) How many years has your organization been in business as a construction company under your present business name?

3) How many years has the construction company been in continuous operation doing this type of work?

4) List all claims or litigation on projects over the past 5 years and with what entity.

1. How many projects over the last 5 years has the construction company performed on Capital Projects (all projects including DW projects if applicable)?

2. Have you ever failed to complete any work awarded to you? Yes No
If yes, please explain:

3. What percentage of the work does your firm perform with own employees?

4. What type of work do you normally subcontract?

5. Have you ever been refused surety, bond, or liability insurance? Yes No

If so, explain:

6. Company bonding capacity information:

- Attach letter from Bond Company (no older than 6 months) stating company single/aggregate construction project bonding capacity.
- Provide proof of Bonding Company's A.M. Best Rating (A- or better), per Article 5 - Bonds and Insurance, Subparagraph 5.3.6. of the General Conditions.

7. Company insurance information:

- Provide proof of Insurance Company's A.M. Best Rating (A-, Class VII or better), per Article 5 - Bonds and Insurance, Subparagraph 5.1. of the General Conditions.
- Attach Certificate of Insurance which states insurance limits for:

General Liability (Aggregate)
Automobile Liability
Worker's Compensation
Builder's Risk – All Projects
Professional Liability

8. For which governmental agencies have you performed work?

9. Do you maintain a permanent safety program within your company? Yes No

If not state why.

10. List the major relevant equipment you own for the discipline:

11. Describe the Company's Demonstrated Abilities - such as project controls (schedules and budgets), software and expertise, quality assurance/quality control structure or procedures, project management summary approach and other capabilities.

12. List Awards received: