

Company information, capabilities and federal contracting profile

Thank you for your interest in working with Glen/Mar.

Please complete this form and return it with the requested attachments. Fields may be completed electronically and saved.

1. COMPANY INFORMATION

Legal Company Name		DBA / Trade Name		
Street Address				
City		State	ZIP	Website
Main Phone	Year Established	State of Origin	Federal EIN	
Business Structure				
Sole Proprietor	Partnership	Corporation	LLC	Other
UEI (if applicable)		CAGE Code (if applicable)		

2. PRIMARY CONTACTS

Primary Contact Name	Estimating / Bid Contact Name	Accounting Contact Name
Title	Title	Title
Email	Email	Email
Phone	Phone	Phone

Trade capabilities, licensing and business qualifications

3. TRADE CAPABILITIES & SERVICE AREA

Primary Trades / CSI Divisions

Geographic Service Area		Brief Capabilities / Typical Scope	
Federal Construction Experience	Years Federal Experience	Agencies / Clients (optional)	
Yes	No		
Federal / Socioeconomic Certifications (check all that apply)			
Small Business	8(a)	HUBZone	SDVOSB
VOSB	WOSB	Other	
Other Certification / Designation			

4. CONTRACTOR LICENSING

State	License Number	Classification / Expiration
State	License Number	Classification / Expiration

5. BONDING, INSURANCE & BUSINESS CAPACITY

Bonding Capability	Single Limit (\$)	Aggregate (\$)	Current Backlog (\$)
Yes	No		
Surety / Bond Company		Broker / Agent + Phone / Email	
Insurance Coverages			
General Liability	Auto	Workers Comp	
Environmental	Professional	Excess / Umbrella	
Insurance Company	Broker / Agent + Phone / Email		
Typical Contract - Low (\$)	Typical Contract - High (\$)	Backlog As of Date	

Project experience, safety profile, attachments and certification

6. RELEVANT PROJECT EXPERIENCE

Provide two or three projects representative of the work you would perform for Glen/Mar.

PROJECT 1

Project Name / Location	Contract Value (\$)	Completion Date	Reference Contact / Phone
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PROJECT 2

Project Name / Location	Contract Value (\$)	Completion Date	Reference Contact / Phone
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PROJECT 3

Project Name / Location	Contract Value (\$)	Completion Date	Reference Contact / Phone
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7. SAFETY

Provide the most recent three years of safety information available.

Year 1	EMR	Year 2	EMR	Year 3	EMR
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Current TRIR (if tracked)	Current DART (if tracked)
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In the past three years, has your company experienced a work-related fatality or received a serious or willful OSHA citation?

Yes No

If yes, briefly explain or attach additional information

8. REQUIRED / REQUESTED ATTACHMENTS

Sample Certificate of Insurance	Current W-9
Safety information / explanation, if applicable	Other supporting qualifications

9. CERTIFICATION & SUBMISSION

I certify that the information provided in this qualification form is accurate to the best of my knowledge and may be used by Glen/Mar Construction, Inc. in evaluating our company as a prospective trade partner.

Authorized Representative - Printed Name	Title	Date
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Electronic Signature / Typed Name

SUBMIT COMPLETED FORM AND ATTACHMENTS TO:
estimating@glenmarconstruction.com