

At completion of this form please email to Dazarene Randall, Dazarene.Randall@NSMSJV.com

BUSINESS OVERVIEW

1. Company and Location Information

- a. Firm: _____
 - b. Address: _____
 - c. City: _____
 - d. State: _____
 - e. Zip: _____
 - f. Phone: _____
 - g. Main Preconstruction Contact Person:
 - i. Name: _____
 - ii. Title: _____
 - iii. Office Phone: _____ Extension: _____
 - iv. Cell: _____
 - v. Email: _____
2. Organized as: _____
3. State in which incorporated & registered: _____
4. Trades of Work Performed
- a. Self-Performed Scopes: _____
 - b. Subcontracted Scopes: _____
5. Dollar Range Interested in Bidding:
- a. Low: \$ _____
 - b. High: \$ _____
6. Is your firm operating under any other name? _____
- a. If so, please list name and contact info: _____
7. Are you part of a consolidated group? _____
- a. If so, please list name and contact info: _____
8. Any change on Ownership? _____
9. Explanation: _____
10. Has any contractors' license held by your company ever been suspended, denied or revoked? _
- a. Explanation: _____
11. Has your company ever been disbarred or precluded from public works? _____
- a. Explanation: _____
12. Has your firm or any affiliated firm or any of its owners, officers, or principals ever petitioned for bankruptcy? _____
- a. Explanation: _____
13. Has your firm or any other organization with which your owners, officers or principals were involved during the past 5 years, ever failed to complete any work awarded or been terminated for cause? _____
- a. Explanation: _____
14. Are there any judgments, claims, arbitration proceedings, or suits pending outstanding against your firm or its owners, officers or principals? _____
- a. Explanation: _____
15. Has your firm filed any lawsuits or requested arbitration or mediation with regard to construction contracts within the last three years? _____
- a. Explanation: _____

16. Do you employ independent contractors and issue IRS Form 1099–MISC for their work? ____

BUSINESS CLASSIFICATION

1. Federal Tax ID Number (FEIN Number): _____
2. E-Verify Company Identification Number (5 or 6 digit number, no letters):
 - a. Number: _____
 - b. Date of Registration: _____
3. Is your company a registered MBE/FBE Contractor? _____
 - a. If so, is your firm certified with the City of Atlanta’s EBO program? _____
 - b. If so, list certification type and number: _____
 - c. Please attach certificate

BONDING

1. Can your company provide a payment and performance bond? _____
2. Bonding Agent
 - a. Company Name: _____
 - b. Contact: _____
 - c. Phone Number: _____
 - d. Bond Rate: _____
3. Bonding Company
 - a. Company Name: _____
 - b. Contact: _____
 - c. Phone Number: _____
4. Bonding Limits and Capacity
 - a. Single Project Bond Limit: \$ _____
 - b. Subcontractor Aggregate Bond Limit: \$ _____
 - c. Current Available Bonding Capacity: \$ _____
5. Other Bonding Information
 - a. Years with Current Surety: _____
 - b. Has your firm or any affiliated firm ever has your work completed or supported by a surety in the last 5 years? _____
 - i. Explanation: _____

BUSINESS/PROJECT REFERENCES

1. General Contractor References

Company Name	Contact	Phone Number	Fax Number	Email

2. Current Projects Under Contract

Project	% of Contract Complete	Completion Date	Contractor	Total Contract Value

3. Total Value of Projects under contract (including those not listed above): \$ _____

4. Percent of negotiated/bid contracts: _____

5. Annual Billing

a. 2015 Billing: \$ _____

b. 2014 Billing: \$ _____

c. 2013 Billing: \$ _____

6. List 3 largest projects completed in past 3 years

a. Project: _____

b. General Contractor (Contact and Phone): _____

c. Contract Amount: \$ _____

d. Project: _____

e. General Contractor (Contact and Phone): _____

f. Contract Amount: \$ _____

g. Project: _____

h. General Contractor (Contact and Phone): _____

i. Contract Amount: \$ _____

7. List 3 projects of similar scope that involve working in occupied and active space, put airport experience here if applicable.

a. Project: _____

b. Describe Scope _____

c. General Contractor (Contact and Phone): _____

d. Contract Amount: \$ _____

e. Project: _____

f. Describe Scope _____

g. General Contractor (Contact and Phone): _____

h. Contract Amount: \$ _____

i. Project: _____

j. Describe Scope _____

- k. General Contractor (Contact and Phone): _____
 l. Contract Amount: \$ _____
8. Provide information which would indicate the size and capacity of your organization, including the number or permanent employees engaged in (do not count the same employee twice):
- Estimating: _____
 - Field Supervision: _____
 - Tradespeople: _____
 - Clerical/Accounting: _____
 - Management: _____

SAFETY AND HEALTH

- Safety Contact
 - Contact Name: _____
 - Phone Number: _____
- Experience Mod (last 3 years)
 - Year: _____ Mod: _____
 - Year: _____ Mod: _____
 - Year: _____ Mod: _____
- OSHA Recordable Incident Rates (last 3 years)
 - Year: _____ Rate: _____
 - Year: _____ Rate: _____
 - Year: _____ Rate: _____
- Citations and Injuries
 - Have you incurred any work-related fatalities within the past three years? _____
 - If yes, list the most recent fatalities: _____
 - Has your company received an OSHA citation within the past three years for items other than those listed above? _____
 - Number of Citations: _____
 - Name of project: _____
 - Type of Citation: _____
 - Severity of Sanction: _____
 - Has your company received any environmental citations or notice of violation within the last three years?
 - Issuing Agency: _____
 - Citation Description: _____
 - Current Status: _____

I attest that all information contained above is true and accurate.

Applicant Name _____ Applicant Signature _____

Date: _____

Please note that NSMS reserves the right to request audited financial statements