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CONTRACTOR'S QUALIFICATION STATEMENT

Please answer all questions and have your statement notarized. If necessary, you may answer questions on separate sheets of paper and attached them to this statement. Any additional information your firm deems useful in the evaluation of your capabilities may also be included. Please return this form via e-mail (kchristensen@lampinc.net) or mail. Should you have any questions, please call.

Date of Response: _____

The Contractor's Qualification Statement expires one year from the Date of Response.

Firm Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

(if different from above)

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Website: _____

Contact: _____ Phone: _____ Mobile: _____

Email Address: _____

Is your company: (Please circle one listed below)

MBE WBE DBE MBE/WBE/DBE Certified by: _____

Is the address of the business listed above a: (Please circle one listed below)

Main Office Regional Office Branch Office

Name of Parent Company: _____

Address of Parent Company: _____

Phone: _____ Fax: _____

Contact Person: _____

Construction Management
General Construction
Design/Build

Please list the trade(s)/bid package(s) your Company is interested in bidding:

Year Company Started: _____

Type of Company: (Please circle one)

Corporation Partnership Proprietorship Sub S. Corp.

State of Incorporation: _____ Date of Incorporation _____

Contractors License Number: _____ State: _____ Expiration: _____
(Attach list if needed)

State Sales Tax Registration Number: _____ (Attach list if needed)

State Unemployment Number: _____ (Attach list if needed)

Federal ID Number: _____

Please list all corporate officers, partners, members, and shareholders of more than 5% of the stock of your company:

<u>Name</u>	<u>Position/Title</u>	<u>PercentOwned</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Under what other name has your company operated? _____

How many people does your company currently employ?

Home Office _____ Field Supervisory _____ Craftsman _____

How many people did your company employ on average for the past 3 years?

Home Office _____ Field Supervisory _____ Craftsman _____

Has your company or any of its principals ever petitioned for bankruptcy, failed in business, defaulted or been terminated on a contract awarded to you? ___Yes ___No

Have any of the Owners, officers, or major stockholders of your company even been indicted or convicted of any felony or other criminal conduct? ___Yes ___No

Has your company ever been banned or otherwise precluded from pursuing public work or have ever been found to be non-responsive by a public agency? ___Yes ___No

Has your company ever had a claim made against it for improper, delayed, or non-compliant work or failure to meet warranty obligations? ___Yes ___No

Is your company or any of its owners, officers, or major shareholders currently involved in any arbitration or litigation? ___Yes ___No

Does your company have any outstanding judgments or claims against it? ___Yes ___No

If yes to any of the above question please explain: _____

Please list any litigation brought against your company in the past five (5) years asserting that you failed to make payments to anyone.

List the geographical areas in which you work: _____

List Unions that you have agreements with:

Local Number	Union Name	Agreement Expiration
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List the areas of work that you normally perform with your own forces: _____

What percentage of the Company's work is normally subcontracted? _____%

What is the largest contract your company has completed?

Amount \$ _____ Year _____ Project Name and Scope: _____

What is the largest contract you are currently working on this year?

Amount \$ _____ Project Name and Scope: _____

What is your expected annual volume this year? \$ _____ # Of Projects _____

What is your average volume of work performed over the past 5 years?

Year: _____ Volume: _____ Year: _____ Volume: _____

Year: _____ Volume: _____ Year: _____ Volume: _____

Year: _____ Volume: _____

List the projects you believe your firm is currently a low bidder, will be awarded, or are strongly being considered for and the contract amount:

Project	Contract Amount	Project Duration
_____	_____	_____
_____	_____	_____

Attach a list of no less than five (5) projects, completed within the last three years. Include name of the project, address, owner, architect, general contractor/cm, contract amount, and scope of work. Include contact people and phone numbers.

Attach a copy of your latest audited financial statement. (Financials will be held confidential)

If the attached financial statement is not for the identical Company named above, explain relationship and financial responsibility of the Company whose financial statement is provided: _____

Name of your Bank: _____

Address: _____

Phone: _____ Contact Person: _____

Amount of line of credit: _____ Amount Available: _____

How is credit secured? _____

Insurance Company: _____

Address: _____

Contact Person: _____ Phone: _____

Insurer (s) _____ GL \$ _____

_____ Auto \$ _____

_____ WC \$ _____

_____ Umbrella \$ _____

Or, please attach a sample of your Certificate of Insurance if available.

Bonding Company: _____

Address: _____

Contact Person: _____ Phone: _____

Bonding Company's Rating: _____

Bonding Capacity: Per Job \$ _____ Aggregate \$ _____

Date of Last Bond: _____ Bond Amount \$ _____

Bond Rate: _____ Remaining Bonding Capacity \$ _____

Please list the persons or entities that provide indemnification to your Surety: _____

List three of your major suppliers:

A. **Company:** _____

Address: _____

Phone: _____ Fax: _____

Contact: _____

B. **Company:** _____

Address: _____

Phone: _____ Fax: _____

Contact: _____

C. **Company:** _____

Address: _____

Phone: _____ Fax: _____

Contact: _____

List three Contractors/Owners you do business with:

A: **Company:** _____

Address: _____

Phone: _____ Fax: _____

Contact: _____

B. **Company:** _____

Address: _____

Phone: _____ Fax: _____

Contact: _____

C. **Company:** _____

Address: _____

Phone: _____ Fax: _____

Contact: _____

Trade Association Memberships: _____

List any subsidiaries and affiliates of your company:

<u>Company Name</u>	<u>Ownership</u>	<u>Type of Company</u>
_____	_____	_____
_____	_____	_____

List key office personnel and field supervisors:

<u>Name</u>	<u>Position</u>	<u>Years Experience</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list your company's Workers' Compensation Interstate Experience Modification Rate for the most recent three years. **(Attach a copy of your insurance carrier or state fund (on their letterhead) verifying the EMR data.)**

Interstate (Yr./Rate)

_____/_____/_____/_____/_____/_____/_____/_____

Note: TRADE CONTRACTORS must have a current EMR less than or equal to 1.0 to qualify for Lamp Incorporated's bid list. Should your EMR exceed 1.0, the Contractor must demonstrate and document that it has or will initiate programs, policies and attitudes which will result in a safety conscious performance in order to be included on Lamp Incorporated's Approved Contractor List. In this case it is the sole discretion of Lamp Incorporated to approve or disapprove a TRADE CONTRACTOR.

Please include a copy of your OSHA 300/200 logs for the past three years

How many OSHA violation(s) has your Company received in the last three years?

(Yr. = # violations) _____ = _____ _____ = _____ _____ = _____

Any willful OSHA violations? ____ Yes ____ No

Please give a brief description of the violation(s): (use additional paper if necessary)

Any project site deaths in the past 3 years? ____Yes ____No

If yes to either of the above questions, please give a brief description of the circumstances:

Do you have a qualified person responsible for safety within your company?

____Yes ____No If yes, is this a full time position? _____

If this is not a full time position, how many hours per week is dedicated to safety? _____

Does your company have a written safety policy? _____

If yes, when was it first written and has it been updated recently? Please list dates:

Year Created: _____ Revisions: _____

Are weekly toolbox safety meetings conducted? _____

If no, why not? _____

Are records maintained of each weekly toolbox meeting? _____

If no, why not? _____

We have attempted to answer all questions in a full and complete manner to assure that our answers are not in any respect misleading, either by expressing ourselves in a misleading or ambiguous manner or omitting information. We recognize Lamp Incorporated will be relying on the accuracy of the information and our responses in this questionnaire in deciding whether to permit us to bid and in awarding work to our Company.

Dated at _____ this _____ day of _____, 20 _____

Name of Company: _____

Completed by: _____
(Must be an officer of the company)

Title: _____

Signature: _____

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

Subscribed and sworn before me this _____ day of _____, 20 _____

Notary Public: _____

My commission expires: _____