



**Thomas-Grace Construction, Inc.**  
**Subcontractor / Supplier Pre-Bid Qualification Sheet**

**General Contact Information:**

Legal Name of Bidder: \_\_\_\_\_  
Physical Address of Company: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Website: \_\_\_\_\_ Current License Numbers: \_\_\_\_\_  
Principal Name: \_\_\_\_\_ FED ID # or SS#: \_\_\_\_\_

**Corporate Information:** Legal form of entity? ( ) Corporation ( ) Proprietorship ( ) Partnership ( ) Sub S Corp ( ) LLC

Current Experience Modifier Rate (EMR)? \_\_\_\_\_ Date Business started \_\_\_\_\_

What is your average job size? \_\_\_\_\_

Largest single job? Name: \_\_\_\_\_ \$: \_\_\_\_\_

Location: \_\_\_\_\_ Date completed? \_\_\_\_\_

Approximate annual volume? \_\_\_\_\_

Approximate dollar volume currently under contract? \_\_\_\_\_

What type of jobs do you normally do? ( ) Retail ( ) Commercial ( ) Industrial ( ) Residential

What States are you able to work in? \_\_\_\_\_

What type of employees do you employ? ( ) Non-union ( ) Union ( ) Both

Does the company employ direct employees or contract workers? ( ) Direct ( ) Contract ( ) Both

**Financial Information**

Have you ever filed for bankruptcy or receivership proceeding? ( ) Yes ( ) No

Explain, if Yes to either question above: \_\_\_\_\_

Have you provided a Payment & Performance Bond before? ( ) Yes ( ) No

What was the largest project that you have done: \_\_\_\_\_ ( ) Unbonded ( ) Bonded

Have any lawsuits been filed against you in the last three years? ( ) Yes ( ) No

Explain if Yes: \_\_\_\_\_



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Please provide the following reference information:

**Suppliers:**

1. Name: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Account #: \_\_\_\_\_

2. Name: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Account #: \_\_\_\_\_

3. Name: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Account #: \_\_\_\_\_

**Insurance :**

Name: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 General Liability Limits \_\_\_\_\_

Who is your safety contact person? \_\_\_\_\_

**Bonding :**

Bonding Co. Name: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**Financial Institution:**

Bank Name: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Account #: \_\_\_\_\_

Thank you for your cooperation completing this form. If you have any questions, please contact your Thomas-Grace Project Manager or the Corporate Controller, Donna Caywood, at 651-342-1298.