

Contractor Pre-Qualification Statement

Submitted To

Company: Innovative Project Solutions Inc.

Address: 50 California Street 15th Floor
San Francisco, CA 94111

Submitted By

Company Name: _____

Address: _____

Company Type:

- Corporation
- Partnership
- Individual
- Joint Venture
- Other

Type of Work:

- General Contractor
- Automation/Control
- Architectural
- Mechanical
- Electrical
- Plumbing
- Site Work/Civil/Structural
- Landscape
- Specialty Others (Please Specify)

Organization:

1. How many years has your Organization been in business as a Contractor?
2. How many years has your organization been in business under its present business name?
3. Under what other names or former names has your organization operated?

Company information:

1. EIN# (Tax ID or SSN): _____
2. Contact: _____
3. Telephone: _____
4. Date of establishment: _____
5. State where established: _____
6. President 's name: _____
7. Vice-president's name: _____
8. Secretary' s name: _____
9. Name of general partner(s) if Partnership _____
10. Owner name if different from President: _____

Licensing:

1. List jurisdictions and trade categories in which your organization is legally qualified to do business, and indicate registration or license numbers, if (applicable).

Experience:

1. List the categories of work that your organization normally performs with its town forces.

Claims and Suits. (If the Answer to Any Of The Questions Below Is Yes. Please Attach Details.)

1. Has your organization ever failed its complete any work awarded to it?
2. Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers'?
3. Has your organization tiled any law suits or requested arbitration with regard to construction contracts within the last five years'?

References

Trade References:

1. Project Name & Contact info: _____
2. Project Name & Contact info: _____
3. Project Name & Contact info: _____

Surety: (Please attach a copy)

Name of bonding company:

Insurance – (Please Attach a copy)

Name of insurance company:

Signature

I, _____, hereby certify to the best of my knowledge that the information provided herein is true and sufficiently complete so as not to be misleading.

(Signature)

(Name and Title)

(Date)