



Are you submitting this form for consideration on a specific project?

If yes, which project? _____

Company Information *(for multiple locations, add to "additional info" at the end of this form)*

Company Name: _____

Address: _____

We must have a physical address for overnight deliveries

City, State, Zip: _____

Telephone: (____) ____ - ____ **Fax:** (____) ____ - ____

Website: _____

Contact Information

Owner/President:

(First, Last) Name: _____

Title: _____

Email: _____

Cell: (____) ____ - ____

Estimating *(Person who receives the invitation to bid):*

(First, Last) Name: _____

Title: _____

Email: _____

Cell: (____) ____ - ____

Correspondence Methods

Invitation to Bid: Fax Email

Documents: Electronic Hard Copy



Work Type

	CSI Code (choose from list of trades)	Trade Description
Primary	_____	_____
Secondary	_____	_____
	_____	_____
	_____	_____

Labor Agreements

- Union
- Open Shop
- Supplier

State Vendor Certification

if yes, include a copy of certification

- Disadvantaged
- Small Business
- Minority
- Veterans
- Women
- None

Work Expertise

Project Type: *(Residential Urban, Residential Suburban, Commercial, Institutional, Restaurant, Health/Science/Biotech, Retail)*

	Type	% of Annual Volume
Primary	_____	_____
Secondary	_____	_____
	_____	_____
	_____	_____

Project Size

Indicate the size of projects your company performs: (Check only one)

- < \$50K
- < \$100K
- \$100K - \$500K
- \$500K - \$1M
- \$1M - \$2M
- \$2M - \$5M
- \$5M - \$10M
- > \$10M



Work History

Number of Years in Business: _____

Number of Employees

Shop: _____ Field: _____ Office: _____

Annual Sales Volume

2009: \$ _____ 2008: \$ _____ 2007: \$ _____

Has your company ever worked with Sea-Dar Construction? Yes No

Project: _____

Project: _____

Project: _____

Project: _____

Project: _____

Has your company every been cited by OSHA? Yes No

Single project bonding capacity? \$ _____ None

Experience Modifier Rate for:

2009: _____ 2008: _____

Would you agree to:

1. Sign a Universal Contract Yes No

2. Meet our standard insurance requirements Yes No

3. Actively participate in our Job Safety Program Yes No



Current Projects Summarize two (2) current projects

Project Name: _____

GC or Client: _____

Contact Name: _____

Scope of Work: _____

Contract Amount: \$ _____ Completion Date: _____

Telephone #: (____) ____ - ____ Fax #: (____) ____ - ____

Project Name: _____

GC or Client: _____

Contact Name: _____

Scope of Work: _____

Contract Amount: \$ _____ Completion Date: _____

Telephone #: (____) ____ - ____ Fax #: (____) ____ - ____

Recently Completed Projects Summarize two (2) completed projects

Project Name: _____

GC or Client: _____

Contact Name: _____

Scope of Work: _____

Contract Amount: \$ _____ Completion Date: _____

Telephone #: (____) ____ - ____ Fax #: (____) ____ - ____

Project Name: _____

GC or Client: _____

Contact Name: _____

Scope of Work: _____

Contract Amount: \$ _____ Completion Date: _____

Telephone #: (____) ____ - ____ Fax #: (____) ____ - ____



Please list ONE (1) Vendor/Supplier for your company

Company Name: _____

Address: _____

Contact Name: _____

Telephone #: (____) ____ - ____ Fax #: (____) ____ - ____

Please list ONE (1) GC / Client Reference

Company Name: _____

Address: _____

Contact Name: _____

Telephone #: (____) ____ - ____ Fax #: (____) ____ - ____

Additional Information *(alternate company address, etc.)*