

BIDDER PRE-QUALIFICATION FORM

SECTION 1 – CONTACT INFORMATION:

Company Name: _____

Physical Address: _____

Phone Number: _____ Fax Number: _____

Website Address: _____

Contact Name: _____ Email: _____

Mailing Address: _____

SECTION 2 – GENERAL INFORMATION:

Form of Organization: ☐ Corporation ☐ Partnership ☐ LLC
☐ JV ☐ LLP ☐ Sole Proprietorship

Trade Specialty(s): _____

FEIN or SSN: _____ Years in Business: _____ State Founded: _____

Former Name(s) (if applicable): _____

Total Number of Permanent Employees: _____

Does the State of Georgia require a License for your trade? ☐ Yes ☐ No

Are you authorized to do business in Georgia by the Secretary of State? ☐ Yes ☐ No

Are you in compliance with State and Federal Immigration Requirements? ☐ Yes ☐ No

SECTION 3 – BUSINESS PLAN REPRESENTATIONS:

The company listed above hereby represents and certifies that it is a: (check all applicable)

boxes)

- ☐ Large Business
- ☐ Non-Profit Business
- ☐ Foreign Business (non-U.S.)
- ☐ Small Business (*if Small Business, check all that apply below*)
- ☐ Woman-Owned Small Business (*SBA Certified and verified in SAM*)
- ☐ Veteran-Owned Small Business (*SBA Certified and verified in SAM*)
- ☐ Service-Disabled Veteran-Owned Small Business (*SBA Certified and verified in SAM*)
- ☐ HUBZone Small Business (*SBA Certified and verified in SAM*)
- ☐ Disadvantaged Small Business (*SBA Certified and verified in SAM*)
- ☐ Disadvantaged Small Business 8(a) Contractor (*SBA Certified and verified in SAM*)
- ☐ Qualified Non-Profit Agency (QNA)
- ☐ DBE
- ☐ MBE
- ☐ WBE

If you have checked any box under Small Business, you MUST provide Copper Construction Company, Inc. (CCCI) with a printout from the SBA/SAM Certification Website. If you do not have internet access, or if your company does not have an SBA Profile via this Website, you MUST provide CCCI with a copy of your certification documentation. If you do not have such certification, you cannot classify your company as any business listed under Small Business.

SECTION 4 – BONDING INFORMATION

Value of Work currently under contract (\$): _____

Total Work in place last year (\$): _____

Value of Work currently bonded (\$): _____

Total Bonding Capacity (\$): _____

Bonding Agent Name: _____

Phone Number: _____ Email: _____

SECTION 5 – INSURANCE INFORMATION: *(You may choose to attach a current COI showing WC and General Liability)*

Insurance Provider: _____

Insurance Agent: _____ Phone No.: _____

Experience Modification Rating (EMR): _____ *(Can be obtained from the insurance company)*

SECTION 6 – TRADE REFERENCES:

Please provide two (2) trade references. These may include anyone you have worked with or for in the past including General Contractors, Architects, or Design Professionals. Information should include:

1. Name: _____

Contact Person: _____ Phone No.: _____

Name of Project(s): _____

2. Name: _____

Contact Person: _____ Phone No.: _____

Name of Project(s): _____

I hereby certify that the information provided above is true and complete to the best of my knowledge.

(Signature)

Printed Name and Title

Please return this from via email to tsmith@copperga.com.