

## VENDOR INFORMATION

Company Name \_\_\_\_\_ Date Updated \_\_\_\_\_

Primary Scope of Work \_\_\_\_\_ Primary Contact \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

Primary Email Address \_\_\_\_\_

Billing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

List jurisdictions and trade categories in which your organization is legally qualified to do business and list license numbers.

State(s) \_\_\_\_\_ State License Number(s) \_\_\_\_\_

City of Huntsville License Number \_\_\_\_\_ Other Cities/Numbers \_\_\_\_\_

### *General Information:*

How many years has your organization been in business? \_\_\_\_\_

Check all that apply to your organization:

Minority Owned    Small Business    Native American Owned    Woman Owned    Hub Zone Contractor

Has your organization ever not completed a project it was awarded?  No    Yes

Has your organization ever been involved in litigation?  No    Yes

Is your organization currently involved in litigation?  No    Yes

Within the last 5 years, has your organization been assessed liquidated damages for failure to complete a project by the contracted date?  No    Yes

Has your organization received a final order for willful and/or repeated violation(s) by the United States Occupational Safety and Health Administration (OSHA) or by the Alabama Department of Labor or any other government agency?  
 No    Yes

Have any Performance or Payment Bond claims ever been paid by any surety on behalf of your organization?  
 No    Yes

If you answered yes to any of the above six questions, please attach an explanation to this document.

Indicate your Experience Modification Rate (EMR) for the past three years.

20\_\_\_\_ = \_\_\_\_\_

20\_\_\_\_ = \_\_\_\_\_

20\_\_\_\_ = \_\_\_\_\_

Does your firm have a written safety program?  No    Yes

Does your firm have a written drug/alcohol policy?  No    Yes

If yes, is a copy available upon request?  No    Yes

*Trade References*

(List at least 3 – Include Contact Name, Address, and Phone Number)

*Bank References*

(Include Contact Name, Address, and Phone Number)

What is your bonding rate, capacity, and who is your Surety? \_\_\_\_\_  
\_\_\_\_\_

Name of Organization \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_