SHERIDAN CONSTRUCTION

Main Office:
1572 Schofield Street
Macon, GA 31201
Phone (478) 743-1578

Bidder Pre-Qualification Form

DATE

Filled Out: _____ Received (*office staff*): _____

GENERAL INFORMATION

Type of Work: _____
Company Name: _____
Mailing Address: _____
Street Address: _____
Phone: _____ Fax: _____ Website: _____
Contact Name/Title: _____
Email Address: _____

ORGANIZATION

Number of years in business: _____ Type of business: _____ Federal ID No.: _____
General Liability Insurance in place? _____
Name of insurance company or agent: _____
Worker's Compensation Insurance in place? _____
Name of bonding company, agent and rate: _____
Contact Person and Phone: _____
Bonding Capacity: _____ Work currently bonded: _____
Is your firm a minority business? YES _____ NO _____ Type: _____

FINANCIAL

Please list your annual dollar volume for the past 3 years

Last Year	1st Prior Year	2nd Prior Year
_____	_____	_____

What is your backlog?
As of today: _____ As of 12 months ago: _____

Has company ever:

- Failed to complete a contract: _____
- Been involved in bankruptcy or reorganization: _____
- Has pending judgement claims or suits against it: _____
- Been assessed liquidated damages on any project: _____

If yes to any of the preceding, submit details on a separate sheet.

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WORK EXPERIENCE/REFERENCES

Provide examples of specific project experience relevant to the type of project to be constructed.

Project Name: _____

Project Location: _____

Name of Contractor: _____

Contact Person and Phone Number: _____

Description of Services: _____

_____

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Project Location: _____

Name of Contractor: _____

Contact Person and Phone Number: _____

Description of Services: _____

_____

Project Name: _____

Project Location: _____

Name of Contractor: _____

Contact Person and Phone Number: _____

Description of Services: _____

_____

List 3 Suppliers References (company, contact, phone number):

1. _____
2. _____
3. _____

SAFETY

In the previous 3 years has the firm been cited for any serious (as defined by OSHA) violations?

YES _____ NO _____

If yes, submit details on a separate sheet.

SCOPE OF WORK

List area of trade you perform: _____

_____

_____

_____