



## BIDDER QUALIFICATIONS QUESTIONNAIRE

The Providence Corp is prequalifying bidders for the below referenced project. In order to initiate the pre-qualification process, all interested bidders shall complete and submit this “Bidder Qualifications Questionnaire” in accordance with the “Instructions to Applicant” included herein.

### TABLE OF CONTENTS

Project Information and Contact .....	Page 1
Instructions to Applicant .....	Page 2
Applicant’s General Information.....	Page 3-6
Exhibit 1 - Project Experience and References .....	Page 7
Exhibit 2 - Bonding Reference.....	Page 8
Exhibit 3 - Insurance Reference .....	Page 9-10
Checklist.....	Page 11

### PROJECT REQUESTING BIDS

PROJECT: \_\_\_\_\_

LOCATION: \_\_\_\_\_

**Bidder Qualifications Questionnaire and all supporting documentation shall be completed and returned to the providence corp's project contact listed below via email within five (5) days of receipt.**

TO: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

### APPLICANT INFORMATION

Please provide contact information for the person who assembled and submitted this questionnaire.

The providence Corp evaluator may need to contact you with questions or to obtain clarification.

COMPANY NAME: \_\_\_\_\_

PERSON COMPLETING FORM: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE #: \_\_\_\_\_ DATE SENT: \_\_\_\_\_ # OF PAGES: \_\_\_\_\_

Visit our website at [www.theprovidencecorp.com](http://www.theprovidencecorp.com) for more information. The “Projects” webpage includes project information on other bidding opportunities.

**(Bidder prequalification is required on a project-specific basis)**



## BIDDER QUALIFICATIONS QUESTIONNAIRE

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### INSTRUCTIONS TO APPLICANT

**Please fill out this form “electronically”, and retain an electronic copy for future reference.  
This will save time when prequalifying for future projects.**

#### **COMPLETE APPLICANT INFORMATION FORMS:**

- ✓ **Fill out Bidder Qualifications Questionnaire** Form (pages 3 - 6) completely.
  - Have page 6 signed and dated by an authorized person or company officer.
  - A “See Attached” response is not acceptable.
  - **Answer questions** related to your background, certification, personnel, and BIM capabilities.

#### **COMPLETE EXHIBIT 1 (PROJECT EXPERIENCE AND REFERENCES):**

- ✓ **Fill out Exhibit 1, Project Experience and References** Form, (page 7) completely.
  - List 2 current projects along with references.
  - Verify contact information for all of your references.
  - List most current projects you are/have worked on.
  - Attach a separate list of major projects completed within the past 3 years as instructed.

#### **BONDING AND INSURANCE REFERENCES:**

- ✓ **Top half of Exhibit Forms** need to be completed by Applicant, then:
  - Forward a copy of Exhibit 2 (page 8) to your Bonding Agent.
  - Forward a copy of Exhibit 3 (page 9 & 10) to your Insurance Agent.
- ✓ **Your Bonding & Insurance Agents** shall then complete the *bottom half* of each Exhibit form as follows:
  - Provide requested information, sign, date, and return to Applicant.
  - Applicant shall follow up with Bonding and Insurance Agents as needed to expedite requests.
  - Do not submit incomplete or unsigned Exhibit forms to Ajax.

#### **SUBMISSION:**

- ✓ **Submit the fully assembled package** (pages 1 through 11) to The Providence Corp for review.
  - Include Bidder Qualifications Questionnaire form completed, signed and dated, including any supporting or supplementary data/information required for explanations from “Yes” answers on page 3, History of Completed Projects, Licenses and Key Personnel Resumes.
  - Include Exhibit 2 and Exhibit 3 forms completed, signed and dated by respective Agents.
  - Include Form W-9 for Applicant.
  - Include Financial Statement for *confidential review*.
  - Include Checklist noting all items submitted.
  - **No partial submittals, please.**

#### **REVIEW AND NOTIFICATION:**

- The Providence Corp will begin our review upon receipt of all information, and notify you as to the results.
- If you have questions, contact the The Providence Corp contact person listed on page 1.



## BIDDER QUALIFICATIONS QUESTIONNAIRE

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### APPLICANT GENERAL INFORMATION

**Information must be provided on this form. A “see attached” response is NOT acceptable.  
The Questionnaire’s contents are confidential and used solely to determine the applicants qualifications.  
Please fill out this form “on-screen”, and retain an electronic copy for future reference.**

PROJECT: \_\_\_\_\_

LOCATION: \_\_\_\_\_

### APPLICANT CONTACT INFORMATION

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PERSON #1 (Exec/PM): \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTACT PERSON #2 (During Bid Time): \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

### COMPANY’S WORK SPECIALTY

Which subcontractor trade(s) and/or specialty items(s) are you interested in bidding?

\_\_\_\_\_

\_\_\_\_\_

### COMPANY PROFILE

Years performing work specialty:		Years in business under present name:	
Avg. annual value of work completed in past 3 years:	Value of work in place in previous year:	Value of work now under contract:	
Is your Company rated with Dunn and Bradstreet?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	D & B Rating:
Is your Company a certified MWDBE Enterprise?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Classification:
<i>If “Yes”, enclose a copy of your certification(s).</i>			
Is your Company a “Drug-Free Workplace”?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
In the past 3 years has your Company had any OSHA fines?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>If “Yes”, Provide explanation.</i>
In the past 5 years have you had any jobsite fatalities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>If “Yes”, Provide explanation.</i>
In the past 5 years have you filed for bankruptcy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>If “Yes”, Provide explanation.</i>
In the past 5 years have you failed to complete a contract?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>If “Yes”, Provide explanation.</i>
Any pending claims or judgments against your Company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>If “Yes”, Provide explanation.</i>
Do you have any past or present objections to working with Providence personnel, systems, or contract documents?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>If “Yes”, Provide explanation.</i>



## BIDDER QUALIFICATIONS QUESTIONNAIRE

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### APPLICANT GENERAL INFORMATION

*(Continued)*

#### CONTRACTOR LICENSING

Provide license information for Primary Qualifying Agent(s) as issued by the State Licensing Board applicable to the project:

FIRST NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

LICENSING BOARD: \_\_\_\_\_

LICENSE TYPE: \_\_\_\_\_ LICENSE NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ *(Attach copy of license to this Application)*

FIRST NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

LICENSING BOARD: \_\_\_\_\_

LICENSE TYPE: \_\_\_\_\_ LICENSE NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ *(Attach copy of license to this Application)*

#### COMPANY'S PERSONNEL AND MANPOWER

List names of key personnel proposed for assignment to this project. Attach a resume or summary of experience for each person.

PROJECT EXECUTIVE: \_\_\_\_\_

PROJECT MANAGER: \_\_\_\_\_

PROJECT SUPERINTENDENT: \_\_\_\_\_

Indicate total number of full-time employees currently on your company's direct payroll: \_\_\_\_\_

Managers/Supervisors: \_\_\_\_\_ Skilled Craftsmen: \_\_\_\_\_ Unskilled Labor: \_\_\_\_\_

List other sources of skilled/unskilled labor: \_\_\_\_\_

What percentage of work do you typically perform with your company's own forces?: \_\_\_\_\_

Will you subcontract any portions of the work on this project? Yes  No

If Yes, which activity(s): \_\_\_\_\_

\_\_\_\_\_  
If Yes, approx. % of labor: \_\_\_\_\_



## BIDDER QUALIFICATIONS QUESTIONNAIRE

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### BUILDING INFORMATION MODELING (BIM) EXPERIENCE & CAPABILITIES

#### BIM CAPABILITIES

Provide a brief description of your company's BIM capabilities.: \_\_\_\_\_

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Is BIM modeling standard procedure within your company for design, coordination, shop/fabrication drawings, installations, etc?  Yes  No

If Yes, please provide a brief explanation.: \_\_\_\_\_

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Are the BIM efforts of your company performed:  In-house  Outsourced to a third party

List the primary BIM software programs and version that are used by your company.: \_\_\_\_\_

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Is your company sufficiently equipped with the necessary hardware, software and technologies to be an active participant (i.e. ability to perform live updates to your BIM models) when attending BIM coordination meetings that are conducted at the project site or other locations where mobility is required?  Yes  No

#### BIM STAFF

Number of BIM Manager(s): \_\_\_\_\_ Number of BIM Modelers/Technicians: \_\_\_\_\_

Do your BIM Manager and BIM Technicians have sufficient and relevant experience with projects that are similar in size and complexity to this project?  Yes  No

#### BIM EXPERIENCE

How many active BIM projects does your company currently have underway (where BIM is being utilized by your company for the design, coordination, shop/fabrication drawings and installation of your work?): \_\_\_\_\_

How many BIM projects has your company completed within the past five (5) years (where BIM was utilized by your company for the design, coordination, shop/fabrication drawings and installation of your work?): \_\_\_\_\_

Any BIM projects similar to this project?  Yes  No

If Yes, please provide a brief overview of the project and how BIM was utilized by your company on the project.: \_\_\_\_\_

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# BIDDER QUALIFICATIONS QUESTIONNAIRE

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## FINANCIAL INFORMATION

### FORM W-9 FOR APPLICANT

Applicant's TIN #: \_\_\_\_\_

Please submit a signed copy of your Company's form W-9 Taxpayer Identification Number and Certification.

### FINANCIAL STATEMENT

Please provide a financial statement for confidential review by The Providence Corp Management. Include reasonably current data on the Company's general financial condition. A summary income statement / balance sheet is preferred.

**I HEREBY CERTIFY THAT THE PRECEDING INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE:**

SIGNATURE: \_\_\_\_\_ *(By an Authorized Person or Company Officer)*

COMPANY: \_\_\_\_\_

PRINT NAME AND TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

TYPE OF FIRM:  Corporation  Partnership  LLC  Other: \_\_\_\_\_



## BIDDER QUALIFICATIONS QUESTIONNAIRE

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### EXHIBIT 1 PROJECT EXPERIENCE AND REFERENCES

#### HISTORY OF COMPLETED PROJECTS

Provide a separate list of major projects completed within the past three (3) years. Indicate dollar value of each subcontract.  
**Include projects of similar type, size, and complexity as this project. Include completed Ajax projects.**

#### CURRENT PROJECTS

1. List two (2) of your Company's most significant projects currently under construction.
2. Select either the Project Manager or General Superintendent of the Contracting Agency as a current reference.
3. Verify the contact information for each reference, making sure that e-mail addresses and telephone numbers are current and correct. *Invalid contact information will delay the prequalification process.*

CURRENT PROJECT #1		CURRENT PROJECT #2	
Contracting Agency:		Contracting Agency:	
Project Name:		Project Name:	
Location:		Location:	
Project % Complete:		Project % Complete:	
Scheduled Completion Date:		Scheduled Completion Date:	
Scope of your Subcontract:		Scope of your Subcontract:	
Value of Your Subcontract:		Value of Your Subcontract:	
Reference's Name:		Reference's Name:	
Reference's Title: (PM or GS)		Reference's Title: (PM or GS)	
Reference's E-mail:		Reference's E-mail:	
Reference's Office Phone:		Reference's Office Phone:	
Reference's Cell Phone:		Reference's Cell Phone:	

#### The Providence Corp Projects

List the name of any current Providence Corp project(s) and/or most recently completed Providence Corp project(s).

PROJECT #1	PROJECT #2



# BIDDER QUALIFICATIONS QUESTIONNAIRE

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## EXHIBIT 2

### BONDING REFERENCE

(Step 1: Subcontractor to complete this top portion and forward to Bonding Agent)

#### SUBCONTRACTOR

Please provide the following information:

TO: *(Bonding Agent)* \_\_\_\_\_

Agent's Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

FROM: *(Subcontractor)* \_\_\_\_\_

Inquiry is authorized by: Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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(Step 2: Bonding Agent to complete this bottom portion and return to Subcontractor.)

#### BONDING AGENT

Please provide the following information:

1. Subcontractor's Surety Company: \_\_\_\_\_

2. Surety's Best Rating: \_\_\_\_\_

3. Treasury Listing Underwriting Limit: \_\_\_\_\_

4. Single Project	Total Bonding	Value of Work
Bonding Limit: _____	Capacity: _____	Now Bonded: _____

5. Comments: \_\_\_\_\_

Signature of Agent: \_\_\_\_\_

Print Name & Title: \_\_\_\_\_

Date: \_\_\_\_\_

#### BONDING AGENT

Please return this completed Exhibit 2 form to the Subcontractor at their above address.

*The contents of this form are confidential and used solely to determine the applicant's qualifications.*

*Your prompt response to this inquiry is greatly appreciated.*



# BIDDER QUALIFICATIONS QUESTIONNAIRE

## EXHIBIT 3 INSURANCE REFERENCE

(Step 1: Subcontractor to complete this top portion and forward to Insurance Agent)

### SUBCONTRACTOR

Please provide the following information:

TO: (Insurance Agent) \_\_\_\_\_

Agent's Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

FROM: (Subcontractor) \_\_\_\_\_

Name: \_\_\_\_\_

Inquiry is authorized by: Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

(Step 2: Insurance Agent to complete this bottom portion and return to Subcontractor.)

### INSURANCE AGENT

Please provide the following information:

1. Can the subcontractor meet these minimum project requirements?

#### COMPREHENSIVE GENERAL LIABILITY

- Subcontracts up to \$2,000,000 Minimum Limit: \$1,000,000 Each Occurrence Yes  No   
Minimum Limit: \$2,000,000 General Aggregate Yes  No
- Subcontracts over \$2,000,000 Minimum Limit: \$2,000,000 Each Occurrence Yes  No   
Minimum Limit: \$4,000,000 General Aggregate Yes  No

#### UMBRELLA LIABILITY

- Subcontracts up to \$2,000,000 Minimum Limit: \$3,000,000 Each Occurrence Yes  No   
Minimum Limit: \$3,000,000 Aggregate Yes  No
- Subcontracts over \$2,000,000 Minimum Limit: \$5,000,000 Each Occurrence Yes  No   
Minimum Limit: \$5,000,000 Aggregate Yes  No

#### COMPREHENSIVE AUTOMOBILE LIABILITY

- Bodily Injury: Minimum Limit: \$1,000,000 Each Occurrence Yes  No
- Property Damage: Minimum Limit: \$1,000,000 Each Occurrence Yes  No



## BIDDER QUALIFICATIONS QUESTIONNAIRE

### WORKERS COMPENSATION

- Worker’s Compensation: \$100,000 (Each Accident) Yes  No
- Worker’s Compensation: \$100,000 (Disease – Each Employee) Yes  No
- Worker’s Compensation: \$500,000 (Disease – Policy Limit) Yes  No

### CRANE SERVICES LIABILITY

Crane Services Not Applicable

#### For Cranes with Lifting Capacity Exceeding 35 tons

- Bodily Injury and Property Damage: Minimum Limit: \$10,000,000 Each Occurrence Yes  No
- Personal and Advertising Injury: Minimum Limit: \$10,000,000 Yes  No
- Products – Completed Operations: Minimum Limit: \$10,000,000 Aggregate Yes  No
- General Aggregate: Minimum Limit: \$10,000,000 Yes  No
- Rigger Liability: Minimum Limit: \$5,000,000, unless included in required limits indicated above. Yes  No

#### For Cranes with a Maximum Lifting Capacity of 35 tons or Less

- Bodily Injury and Property Damage: Minimum Limit: \$5,000,000 Each Occurrence Yes  No
- Personal and Advertising Injury: Minimum Limit: \$5,000,000 Yes  No
- Products – Completed Operations: Minimum Limit: \$5,000,000 Aggregate Yes  No
- General Aggregate: Minimum Limit: \$5,000,000 Yes  No
- Rigger Liability: Minimum Limit: \$5,000,000, unless included in required limits indicated above. Yes  No

2. Please verify subcontractor’s workers’ compensation experience modifier for the last three (3) years:

2023: \_\_\_\_\_ 2024: \_\_\_\_\_ 2025: \_\_\_\_\_

Signature of Agent: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

Date: \_\_\_\_\_

### **INSURANCE AGENT**

Please attach a Certificate of Insurance and return this completed Exhibit 3 form to the Subcontractor at their above address.

*The contents of this form are confidential and used solely to determine the applicant’s qualifications.  
Your prompt response to this inquiry is greatly appreciated.*



## BIDDER QUALIFICATIONS QUESTIONNAIRE

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### CHECKLIST

#### APPLICANT:

Review Bidder Qualifications Questionnaire contents carefully before sending to The Providence Corp. Make sure it is complete, and that it contains all required information as listed below. Hold until all information is received. No partial submittals please. Mark an “X” in check box next to all enclosed items:

- 1. “Applicant General Information”, pages 3 - 6, completed, signed, and dated by an authorized person or an officer of the Company.
- 2. Copy of Minority Business Certification(s) – (if applicable.)
- 3. Copy of your Company’s OSHA -300A (1-page Summary Sheet – Not OSHA 300) for previous year.
- 4. Other explanatory or supplementary information as required on Page 3, Company Profile.
- 5. Copy of License for Qualified Business Organization – (if applicable.)
- 6. Copy of License(s) for Primary Qualifying Agent – (if applicable.)
- 7. Resume or Summary of experience for personnel proposed for assignment to this project. (*See page 4, “Company’s Personnel and Manpower”.*)
- 8. Form W-9, “Request for Taxpayer Identification Number and Certification.”
- 9. Current Financial Statement. A summary income statement / balance sheet is preferred. (*See page 6, “Financial Statement”.*)
- 10. Exhibit No. 1, “Project Experience and References” – with verified contact information.
- 11. “History of Completed Projects” – Provide a separate list of projects completed within the past three (3) years. Indicate dollar value of each subcontract. Include Ajax projects.
- 12. Exhibit No. 2, “Bonding Reference” – completed, signed and dated by Bonding Agent.
- 13. Exhibit No. 3, “Insurance Reference” – completed, signed and dated by Insurance Agent.
- 14. Insurance Certificates with effective / expiration dates and limits for general liability, workers’ compensation, and automobile liability coverage.

***NOTE: Include this checklist with your submittal.***