



## BIDDER PRE-QUALIFICATION QUESTIONNAIRE

DATE \_\_\_\_\_

TRADE \_\_\_\_\_

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

UNION AFFILIATION ( IF ANY) \_\_\_\_\_

BONDING COMPANY \_\_\_\_\_ LIMIT \_\_\_\_\_

ADDRESS \_\_\_\_\_

BONDING CONTACT \_\_\_\_\_

PHONE \_\_\_\_\_

PHONE \_\_\_\_\_

BOND PREMIUM \_\_\_\_\_

FAX \_\_\_\_\_

BACKLOG \_\_\_\_\_

E-MAIL \_\_\_\_\_

AVERAGE NUMBER OF EMPLOYEES \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

ANNUAL VOLUME \_\_\_\_\_

BANK REFERENCE \_\_\_\_\_

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

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

Job Name/Locations	Year completed	\$ Value	Owner/Contact	Phone	Architect/Contact	Phone	GC/Contact	Phone

### VENDOR REFERENCES

Name	Phone	Contact Name	Limit	Terms

Please fill out form and submit to [nchopra@ibexconstruction.com](mailto:nchopra@ibexconstruction.com)