



961687 Gateway Blvd., Suite 201M  
 Amelia Island, FL 32034  
 Phone 904-261-0059 Fax 904-261-3438

# Vendor Qualification Form

COMPASS GROUP

Prequalification Form will NOT be accepted unless completed in its entirety.

## BUSINESS SECTION (please print or type)

<b>Legal Business Name</b>		<b>Date:</b>	
		<b>Project, if applicable:</b>	
		<b>Type of Company</b>	
		<input type="checkbox"/> Subcontractor <input type="checkbox"/> Supplier <input type="checkbox"/> both	
<b>Address #1 (Street Address)</b>		<b>Address #2 (Mailing Address)</b>	
<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Principal Contact</b>	<b>Contact's Title</b>	<b>Yrs in Business (Current Name)</b>	<b># of Employees</b>
			<b>Fed. Tax ID #</b>
<b>Telephone Number</b>	<b>Toll Free Number</b>	<b>Business Type:</b>	
		<input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC/LLP <input type="checkbox"/> Partnership <input type="checkbox"/> Other	
<b>Fax Number</b>	<b>Cellular Phone Number</b>	<b>Labor Affiliation:</b>	
		<input type="checkbox"/> Union <input type="checkbox"/> Merit Shop	
<b>Contact Email Address</b>		<b>Company Website Address</b>	
<b>Company Certifications (Mark if appropriate)</b>			
<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> DBE <input type="checkbox"/> VOSB <input type="checkbox"/> SBE <input type="checkbox"/> JSEB <input type="checkbox"/> Other			
<b>Certifying Agency:</b>			
<input type="checkbox"/> City _____ <input type="checkbox"/> State _____ <input type="checkbox"/> Federal <input type="checkbox"/> DOT <input type="checkbox"/> Other			
<b>Design-Build Capabilities?</b>		<b>Have you failed to complete awarded work or been terminated for cause? Do you have any judgements, claims, arbitrations, suits, or liens currently against your organization, had any bankruptcies or reorganizations? (If yes, explain on a separate sheet a</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If yes, is engineering staff:</b>			
<input type="checkbox"/> Internal <input type="checkbox"/> External			

List the corporate officers, partners, or proprietors of your firm: (If additional space needed, list on a separate sheet and attach to this form.)

Name	Title	% Ownership

Have any of the above officers ever done business with The Compass Group, Inc. through another company? (If yes, explain on a separate sheet and attach to this form)  Yes  No

## SAFETY SECTION

<b>List your Experience Modification Rate (EMR) for the last three years:</b>		<b>Number of OSHA Recordable incidents over the prior 3 years:</b>
<b>Year</b>	<b>Rate</b>	_____
_____	_____	( Data available at <a href="http://www.osha.gov">www.osha.gov</a> )
_____	_____	
_____	_____	

**Do you have a written Safety Program?**  Yes  No  
**Are all employees trained in safety requirements?**  Yes  No  
**Do you have a Company Safety Director or other Safety Professionals on Staff?**  Yes  No  
 If yes, Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**PROJECT INFORMATION SECTION**

*List data for three most recent completed fiscal years*

Year 1	Max. Contract Value Completed \$	Annual Company Revenue \$	Current Yr Company Workload \$
Year 2	Max. Contract Value Completed \$	Annual Company Revenue \$	Current Yr Company Backlog \$
Year 3	Max. Contract Value Completed \$	Annual Company Revenue \$	

Select the geographical areas from the listing below where your company is properly licensed and will provide quotes for work.  
*If only a portion of an area, please describe.*

All The United States

AL    CA    FL    IL    KY    MA    MO    ND    NV    OR    SD    VT    WI  
 AK    CO    GA    IN    LA    MI    MT    NH    NY    PA    TN    VA    WY  
 AZ    CT    HI    IA    ME    MN    NC    NJ    OH    RI    TX    WA  
 AR    DE    ID    KS    MD    MS    NE    NM    OK    SC    UT    WV

International    Canada    Mexico    Other \_\_\_\_\_

List license numbers of jurisdictions in which your company is legally qualified to work. (List additional on separate sheet.)

State	License Number	Expiration
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List the types of projects for which your company typically performs work or in which it specializes.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INSURANCE AND BONDING SECTION**

Do you currently carry, or can you obtain the following insurance coverage?

Worker's Compensation Statutory Maximum at Project Site Location?  Yes  No

General Liability - with Compass Group listed as Additionanlly Insured and Certificate Holder? \$1,000,000  Yes  No

Automobile Liability - with Compass Group listed as Additionanlly Insured and Certificate Holder? \$1,000,000  Yes  No

Employer Liability \$1,000,000  Yes  No

Insurance Company	Insurance Agent	Insurance Agent Telephone
Bonding Company	Bonding Company Contact	Bonding Contact Telephone
	Total Bonding Capacity \$	Current Available Bonding Capacity \$

**REFERENCE SECTION****Project References (within last three years)**

<b>Project Name</b>	Project Location (City, State)	Completion Date (MM / YY)
Your Firm's Approximate Contract Amount \$	Project General Contractor	General Contractor Contact & Telephone Number
Briefly Describe Work Performed By Your Firm:		

<b>Project Name</b>	Project Location (City, State)	Completion Date (MM / YY)
Your Firm's Approximate Contract Amount \$	Project General Contractor	General Contractor Contact & Telephone Number
Briefly Describe Work Performed By Your Firm:		

<b>Project Name</b>	Project Location (City, State)	Completion Date (MM / YY)
Your Firm's Approximate Contract Amount \$	Project General Contractor	General Contractor Contact & Telephone Number
Briefly Describe Work Performed By Your Firm:		

<b>Project Name</b>	Project Location (City, State)	Completion Date (MM / YY)
Your Firm's Approximate Contract Amount \$	Project General Contractor	General Contractor Contact & Telephone Number
Briefly Describe Work Performed By Your Firm:		

**Major Supplier References (list three current supplier references)**

<b>Company Name</b>	Address
Contact	Phone

<b>Company Name</b>	Address
Contact	Phone

<b>Company Name</b>	Address
Contact	Phone

**Bank References (list three financial references)**

<b>Financial Institution</b>	Address	
Contact	Phone	Established Line of Credit? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Financial Institution</b>	Address	
Contact	Phone	Established Line of Credit? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Financial Institution</b>	Address	
Contact	Phone	Established Line of Credit? <input type="checkbox"/> Yes <input type="checkbox"/> No

**SCOPES OF WORK SECTION** (Scopes of work that your company performs. Check all that apply.)

- 1000 General Conditions
- 2000 Sitework
- 3000 Concrete
- 4000 Masonry
- 5000 Metals
- 6000 Wood & Plastic
- 7000 Thermal & Moisture Control
- 8000 Doors & Windows
- 9000 Finishes
- 10000 Specialties
- 11000 Equipment
- 12000 Furnishings
- 13000 Special Construction
- 14000 Conveying Systems
- 15000 Mechanical
- 16000 Electrical
- Other \_\_\_\_\_

**CONFIDENTIALITY NOTE:** The information supplied by the undersigned in this document is intended only for the use of The Compass Group, Inc.

*The undersigned certifies that the information provided herein is a clear and accurate representation of this organization.*

**Information Supplied By:**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

**Return completed form to: Compass Group,  
961687 Gateway Blvd., Suite 201M Amelia Island, FL 32034**

**OR  
Fax (904) 261-3438**