**Material Equipment / Misc Services PreQual**

**Devon Industrial Group Pre-Qualification Form Instructions**

**All information will be stored as submitted in our Corporate Database to be accessed by all Departments of Devon Industrial Group. If you have additional locations, that we do not know about or if the information is not current or accurate, then your company could be denied participation in our Bid process and/or issuance of a Contract.**

*If you have any questions regarding informational requirements or are, having technical problems please* ***call (313) 442.2361*** *and ask for the Pre-Qualification Administrator*

*In order to begin the prequalification process, you will need to provide your company’s:*

1. EIN – Employer Identification Number
2. Legal Company Name

*To complete the* ***“Company Information”*** *section, you will need the following information:*

1. Company Legal name, address, phone number, and website (if applicable), along with a Contact Person name, phone number and email address
2. Remit address (where we would send mail) if it is different than above
3. Additional Locations: If you have, additional locations that we need to know about because of territorial boundaries or service/product coverage, please list each one. You will need the Company Name, address, phone number and contact information for each one. **Note!** **These are only locations that have the same Federal Tax Identification number with which you are pre-qualifying!**
4. The type of business that your company established: Corporation, Partnership, Sole Proprietor, LLC or a Joint Venture.
   1. If you have a Partnership, indicate the type of Partnership - General, Limited or Association
   2. If you have Joint Venture, include the name of your Joint partner.
   3. If your company is a subsidiary (a business that is controlled by a larger business), please list the Parent Company Name.
5. The numbers of years under present Ownership and the year your Business was established.

*To complete the* ***“Type of Service Provided”*** *section, you will need the following information:*

1. Which category or categories of work that best descript the type of service(s) that your company provides.
2. A brief description of the Type of Service either performed or provided by your company.
3. The current number of company employees, indicating whether they are Union, Non-Union, or Both.

*To complete the* ***“Areas of Work”*** *section, you will need the following information:*

1. The appropriate geographical regions in which your company will perform or provide service.
   1. **If you work in the USA**, indicate whether your company will work in “ALL of Continental U.S.,” or “ALL of U.S. (Incl. Alaska, Hawaii);” otherwise select each individual state/region.
   2. **If you work in Canada,** indicate whether your company will work in “All Canadian Provinces;” otherwise select each individual Province/region.
   3. **If you work in Mexico or the Rest of the World,** describe the area where your company is able to perform or provide services.

*To complete the* ***“Sales History”*** *section, you will need the following information:*

1. Average New Sales volume for the past three years.
2. Whether your company has ever failed to complete any services as contracted to your company.
   1. If yes, describe the Service, Customer, Location, and Circumstances.
3. Three business references from past representative projects. Please list the company name, contact person, phone number, and project location.

*To complete the* ***“Registered/Certified Business”*** *section, you will need the following information:*

1. Whether your company has been classified as a Registered / Certified Business from any of the following agencies or categories: Federal, County, City, Minority, Woman Owned, Small Business or Disadvantaged Business.
2. If you are registered/certified, please fill out this section in its entirety. **Remember, we must receive a valid copy of your Registrations and/or Certifications in order for your company to be listed as “Certified”.**

**Note!** Having a Federal Tax Identification Number **does not qualify you as a certified business -** This simply means you‘re a legal company.

*To complete the* ***“Quality, Design & System Software”*** *section, you will need the following information:*

1. Whether your company has a **Registered** Quality Management system.
   1. If yes, indicate the agency name and date your company was registered.
   2. If no, indicate whether your company is planning on becoming registered in the future; also then specify whether you have some type of quality process currently in place and if this process includes written procedures with internal audits.
2. Whether your company has Design Software and if so, the Software Type and the number of seats.
3. Whether you utilize 3D software and how many employees that are trained to use it. If so:
   1. Has your company been part of a project implementing 3D
   2. Does your model import directly into fabrication equipment
4. If your company has any unique or proprietary System(s) or Software that makes your business or service better than your competitors, please list these.

*To complete the* ***“Insurance & Application Completed By”*** *section, you will need the following information:*

1. Whether your General liability policy meets or exceeds our stated limits.
   1. If no, then we may require additional insurance coverage depending on our customer contractual obligations and the type of service being performed or provided.
2. The Name, Title, Phone number and Email address of the individual who is responsible for filling out this pre-qualification questionnaire.
3. A Devon Industrial Group Project name or the name of a Devon Industrial Group Company Division and a contact person – this allows Devon Industrial Group to associate this pre-qualification with a particular project or division so it can be sent to the proper approving authority for review.
4. Indicate if you are “Pre-Qualifying for Future Business” by checking the appropriate box.
5. Sign and date application and either fax to (313) 234-0947 or e-mail to [prequal@devonindustrial.com](mailto:prequal@devonindustrial.com)

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| **Devon Industrial Group - DIG** | | |
| **Pre-Qualification Form** | | |
| **Material / Equipment – Miscellaneous Services** | | |
| **Devon Industrial Group – DIG respects and welcomes diversity in its directors, employees, customers, suppliers and others. Devon Industrial Group – DIG is committed to equal employment opportunity (EEO) without regard to race, color, religion, sex, age, physical impairment, national origin, height, weight, marital status, veteran status or any other characteristic protected by law. Because of this commitment to EEO, Devon Industrial Group – DIG expects its Vendors/Contractors to adhere to this same policy. Failure to do so may result in being removed from our Vendor list.** | | |
| You **must** have an **E**mployer **I**dentification **N**umber (EIN) also known as Federal Tax Identification Number to continue. This is a nine-digit number that is issued from the Federal Government. Please enter your E.I.N. number below. | | |
| E.I.N. |  |  |
|  | | |
| Company Name |  |  |
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| **This Form will not be accepted or processed unless it is completed in its entirety.** | | | | | | | | | | | | | | | | | | | | |
| Company Information | | | | | | | | | | | | | | | | | | | | |
| Corporate/Business Address: | | | | | | | | | | | | | | | | | | | | |
| Legal Company Name | | |  | | | | | | | | | | | | | | | | | |
| Street/P.O. Box: | | |  | | | | | | | | | | | | | | | | | |
| City: | | |  | | | | | | | | | | | | | | | | | |
| State: | | |  | | | | | | | | | Postal Code: | | | | |  | | | |
| Telephone: | | |  | | | | | | | | | Fax: | | | | |  | | | |
| Website: | | |  | | | | | | | | | | | | | | | | | |
| Main Administrative Contact Name: | | | |  | | | | | | | Title: | | |  | | | | | | |
| Main Administrative Contact Email: | | | |  | | | | | | | Contact Phone: | | | | | | |  | | |
| Request For Quote Contact Name: | | | |  | | | | | | | Title: | | |  | | | | | | |
| Request For Quote Contact Email: | | | |  | | | | | | | Contact Phone: | | | | | | |  | | |
| If Yes, fill in shaded area. If no, continue to next question. | | | | | | | | | | | | | | | | | | | | |
| Street/P.O. Box: |  | | | | | | | | | | | | | | | | | | | |
| City: |  | | | | | | | | | | | | | | | | | | | |
| State/Province: |  | | | | | | | | Postal Code: | | | | | |  | | | | | |
| **Would you like to add additional locations (that you want us to know about), that have the same Federal Tax I.D. with which you are pre-qualifying?** | | | | | | | | | | | | | | | **Yes** | | | | **No** | |
| If Yes, fill in shaded area. If no, continue to Business Type  **\*Note If you have more than one additional location please list on separate sheet and attach.\*** | | | | | | | | | | | | | | | | | | | | |
| Location Name: | |  | | | | | | | | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | | | |
| City: | |  | | | | | | | | | | | | | | | | | | |
| State: | |  | | | | | | | | Postal Code: | | | | | |  | | | | |
| Contact: | |  | | | | | | | | Phone: | | | | | |  | | | | |
| Email: | |  | | | | | | | | | | | | | | | | | | |
| **Business Type:** | | Corporation | | | | Partnership\* | | | | | | | Sole Proprietor | | | | | | | |
|  | | LLC | | | | Joint Venture\*\* | | | | | | |  | | | | | | | |
| **\*If Partnership is checked** | | General | | | | Limited | | | | | | | Association | | | | | | |  |
| **\*\*If Joint Venture is checked** | | Please list the Name(s) of all Joint Venture Partner(s) below: | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | |
| Number of years under present Ownership: | |  | | |  | | | Year Business was established: | | | | | | | | | | | | |
| Is your company a Subsidiary? | | **Yes**  **No** | | | If Yes, fill in shaded area below: | | | | | | | | | | | | | | | |
| List Parent Company Name: | | | | | | |  | | | | | | | | | | | | | |

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| Type of Service Provided: | | |
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| Consulting | **Distributor, Equipment &/or Tool Supplier** |  |
| Crating/Packaging |  |
| Environmental Surveying/Testing | Electrical | **Manufacturing** |
| Housekeeping (service) | Hydraulic | ReSteel Fabricator |
| Parking Lot Maintenance | Mechanical | Steel Fabricator |
| Plant Maintenance/Operation | Pneumatic | Other (please explain on line below) |
| Rental Equipment | Other (please explain on line below) |  |
| Security (service) |  |  |
| Shredding (service) |  |  |
| Snow removal (service) | **Material Supplier** |  |
| Testing/Inspection (service) | Concrete |  |
| Transportation | Lumber |  |
| Uniforms (service) | Steel |
| Waste Mgmt. (service) | Other (please explain on line below) |  |
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| **Please provide a brief description of the type of Service/Product performed or provided below.** | | |
| **Brief description:** | | |
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| Total Number of Employees | # | Union  Non-Union  Both |

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| Area of Service: | |
| If your firm will work, service or ship to all areas of the United States please select one. | |
| **All of Continental US** | **All of US (Incl. Alaska, Hawaii)** |

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| **By Individual States** | | |
| **Alaska** | **Florida** | **Kansa**s |
| Licensed | Northern | Kansas City Metro |
| **Alabama** | Central | Northeastern |
| Birmingham Metro | Southern | Southeastern |
| Northern | All | Western |
| Central | Licensed | All |
| Southern | **Georgia** | Licensed |
| All | Atlanta Metro | **Kentucky** |
| Licensed | Northern | Northern |
| **Arizona** | Central | Southern |
| Phoenix Metro | Southern | All |
| Tucson Metro | Central | Licensed |
| Northern | Licensed | **Louisiana** |
| Central | **Hawaii** | New Orleans Metro |
| Southern | **Idaho** | Northern |
| All | Northern | Southern |
| Licensed | Southern | All |
| **Arkansas** | All | Licensed |
| Licensed | Licensed | **Maine** |
| **California** | **Illinois** | Licensed |
| Sacramento/San Fran Area | Chicago Metro | **Maryland** |
| L.A./San Diego Area | Northern | Eastern |
| Northern | Central | Western |
| Central | Southern | Licensed |
| Southern | All |  |
| All | Licensed | **Massachusetts** |
| Licensed | **Indiana** | Boston Metro |
| **Colorado** | Indianapolis Metro | Eastern |
| Northeast | Northern | Western |
| Southeast | Central | All |
| Western | Southern | Licensed |
| All | All | **Michigan** |
| Licensed | Licensed | Detroit Metro |
| **Connecticut** | **Iowa** | Southeastern |
| Licensed | Eastern | Southwestern |
| **Delaware** | Central | Northern |
| Licensed | Western | U.P. |
| **DC - District of Columbia** | All | All |
| Licensed | Licensed | Licensed |

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| **Minnesota** | **New Jersey** | **Oklahoma** |
| Minneapolis/St. Paul | Newark Metro | Oklahoma City/Tulsa |
| Northern | Trenton Metro | All |
| Southern | Atlantic City Metro | Licensed |
| All | Northern | **Oregon** |
| Licensed | Southern | Portland Metro |
| **Mississippi** | All | Eastern |
| Northern | Licensed | Central |
| Central | **New Mexico** | Western |
| Southern | Albuquerque Metro | All |
| All | Northern | Licensed |
| Licensed | Southern | **Pennsylvania** |
| **Missouri** | All | Philadelphia Metro |
| Kansas City Metro | Licensed | Pittsburgh Metro |
| St. Louis Metro | **New York** | Northeast |
| Northern | NYC/ Long Island | Northwest |
| Central | Northeast | Southeast |
| Southern | Northwest | Southwest |
| All | Southeast | All |
| Licensed | All | Licensed |
| **Montana** | Licensed | **Rhode Island** |
| Eastern | **North Carolina** | Licensed |
| Western | Raleigh/Durham Area | **South Carolina** |
| All | Greensboro/ W. Salem | Charleston Area |
| Licensed | Charlotte Metro | Columbia Metro |
| **Nebraska** | Northeast | Greenville/Spartanburg |
| Eastern | Northwest | Eastern |
| Western | Southern | Western |
| All | All | All |
| Licensed | Licensed | Licensed |
| **Nevada** | **North Dakota** | **South Dakota** |
| Las Vegas Metro | Licensed | Licensed |
| Reno Metro | **Ohio** | **Tennessee** |
| Northern | Cleveland/Akron Area | Knoxville Area |
| Southern | Columbus Area | Nashville Metro |
| All | Cincinnati/Dayton Area | Memphis Metro |
| Licensed | Northeast | Eastern |
| **New Hampshire** | Northwest | Western |
| Licensed | Southeast | All |
|  | Southwest |  |
|  | All |  |
|  | Licensed |  |

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| **Texas** | **Virginia** | **West Virginia** |
| Houston Metro | Arlington Metro | Charleston Metro |
| Austin/San Antonio | Norfolk Area | Eastern |
| Dallas Metro | Northeast | Western |
| Amarillo/Lubbock | Southeast | All |
| El Paso Area | Western | Licensed |
| Northeast | All | **Wisconsin** |
| Northwest | Licensed | Milwaukee/Madison |
| Southeast | **Washington** | Green Bay Metro |
| All | Seattle Metro | Northern |
| Licensed | Spokane Metro | Southeastern |
| **Utah** | Eastern | Southwestern |
| Salt Lake City Metro | Central | All |
| All | Western | Licensed |
| Licensed | All | **Wyoming** |
| **Vermont** | Licensed | Licensed |
| Northern |  |  |
| Southern |  |  |
| All |  |  |
| Licensed |  |  |

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| **Canadian Provinces** | | |
| **All Canadian Provinces** | | |
| **Alberta** | **Newfoundland** | **Prince Edward Island** |
| Calgary | St. John’s | Charlottetown |
| Edmonton | All | All |
| All | Licensed | Licensed |
| Licensed | **Northwest Territories** | **Quebec** |
| **British Columbia** | Yellowknife | Montreal |
| Vancouver | All | Quebec City |
| Victoria | Licensed | All |
| All | **Nova Scotia** | Licensed |
| Licensed | Halifax | **Saskatchewan** |
| **Manitoba** | All | Regina |
| Winnipeg | Licensed | Saskatoon |
| All | **Nunavut** | All |
| Licensed | Licensed | Licensed |
| **New Brunswick** | **Ontario** | **Yukon Territory** |
| Fredericton | Toronto | Licensed |
| St. John | Windsor |  |
| All | All |  |
| Licensed | Licensed |  |

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| **Area of Service:** | | |
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|  | **Mexico** |  |
| List the Geographical areas in Mexico in which you will work: | | |
|  | | |
| **Area of Service:** | | |
|  | | |
|  | **Rest of World** |  |
| List the Countries and areas (excluding North America) in which you will work: | | |
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| **Sales History:** | | | | | | |
| Average Annual Receipts- Please check the appropriate box below based on the following definition:  Receipts means “total income” (or in the case of a sole proprietorship, “gross income”) plus “cost of goods sold” as these terms are defined and reported on Internal Revenue Service tax return forms. Receipts are averaged over a concern's latest three (3) completed fiscal years to determine its average annual receipts. If a concern has not been in business for three (3) years, the average weekly revenue for the number of weeks the concern has been in business is multiplied by 52 to determine its average annual receipts. | | | | | | |
| **Avg. 3 yr. Annual Receipts** | $7.5 Mil or less | | $ 7.5 Mil + - $11 Mil. | | $11 Mil + - $15 Mil | |
|  | $15 Mil + - $36.5 Mil | | Over $36.5 | |  | |
| **Have you failed to complete any Services as Contracted to your Company?** | | | | | **Yes** **No** | |
| If Yes, fill in shaded area. If No, continue to Top 3 Customers. | | | | | | |
| Describe the Service, Customer, Location and Circumstances: | | | | | | |
|  | | | | | | |
|  | | | | | | |
| **Business References**  Please list three | | | | | | |
| **Company Name:** | | **Location:** | | **Contact:** | | **Phone:** |
|  | | **City & State only** | |  | |  |
| **1** | |  | |  | |  |
| **2** | |  | |  | |  |
| **3** | |  | |  | |  |

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| **Registered / Certified Business:** | | | | | | | | | | | | | |
| **Has your company been classified as a Certified Business in any of these categories or from any of these agencies? (Minority, Woman Owned, Veteran, Small Business, Disadvantaged Business, Federal, County, or City)** | | | | | | | | | | | | | **Yes**  **No** |
| **If yes, please answer the following questions below. *If NO, continue on to next page.*** | | | | | | | | | | | | | |
| **Is your Company Minority Registered / Certified?** | | | | | | | **Yes**  **No** | | | | | | |
| If yes, fill in shaded area. If no, continue to next question. | | | | | | | | | | | | | |
| NMSDC (National Minority Supplier Development Council) (Please list state) | | | | | | City  (Please List) | | | | Other  (Please list) | | | |
| **Is your Company Registered / Certified as Woman Owned Business?** | | | | | | | | | | **Yes**  **No** | | | |
| If yes, fill in shaded area. If no, continue to next question. | | | | | | | | | | | | | |
| WBENC (Women's Business Enterprise National Council) **Which Council? (**Please list). | | | | City  (Please list) | | | | Other  (Please list) | | | | | Federal |
| **Is your Company a Certified Veteran or Registered Federal Business (excluding Woman-Owned)?** | | | | | | | | | | | | | **Yes**  **No** |
| If yes, fill in shaded area below. ***If No, continue to Next Question.*** | | | | | | | | | | | | | |
| DB (Disadvantaged Business) | | VOB (Veteran Owned Business) | | | | | | SDVOB (Service Disabled VOB) | | | | HZB (HUB Zone) | |
| Self Certified Small Business (SB) | | 8 (a) CERT (Certified Business) | | | | | | Other (please list) | | | | | |
| **Is your Company State or County Registered / Certified (excluding Women Owned or Minority)?** | | | | | | | | | | | | **Yes**  **No** | |
| If yes, fill in shaded area below. ***If No, continue to Next Question.*** | | | | | | | | | | | | | |
| Which U.S. State does your State / County certification come from? | | | | | | | |  | | | | | |
| If County, which were you certified in: | | | | | | | | | | | | | |
| DBE (Disadvantage Business enterprise) **Choose certifying agency below** | | | | | | | | | | | | | |
| DOT(Department of Transportation) | | | DDOT (Detroit Department of Transportation) | | | | | | WCC (Wayne County Certified) | | | | |
| Other please list: | | | | | | | | | | | | | |
| **Is your Company City Registered / Certified (excluding Women Owned or Minority)?** | | | | | | | | | | | | **Yes**  **No** | |
| If yes, fill in shaded area below. ***If No, continue to Next Question.*** | | | | | | | | | | | | | |
| Which U.S. State does your city certification come from? | | | | | | | | | | | | | |
| Which City does your certification come from? | | | | | | | | | | | | | |
| **Please check all that applies below:** | | | | | | | | | | | | | |
| (City Based Business) | (City Headquartered Business) | | | | (City Small Business Enterprise) | | | | | | Other (please list) | | |
| **Other Registrations / Certifications** | | | | | ***If checked, fill in shaded area below.*** | | | | | | | | |
| Please list any other Registered or CertifiedBusiness Certifications not listed above: | | | | | | | | | | | | | |
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| **Quality:** | | | | | | | | | | | | | | |
| **Do you have a Registered Quality Management System?** | | | | | | | | | **Yes**  **No** | | | | | |
| If yes, fill in shaded area below and continue to Design Software. If no, then continue to Design Software. | | | | | | | | | | | | | | |
| **Which agency guidelines do you operate under? (e.g. ISO 9001)** | | | | Agency Name | | | | | | | | Date Certified | | |
|  | | | |  | | | | | | | |  | | |
| **Do you plan on becoming registered in the near future?** | | | | | | **Yes**  **No** | | | | **If yes please list Date:** | | | | |
| **Do you currently have some type of quality process in place?** | | | | | | | | **Yes**  **No** | | | |  | | |
| If yes, fill in shaded area below: | | | | | | | | | | | | | | |
| **Does it include written procedures?** | | | | | | | | **Yes**  **No** | | | |  | | |
| If yes, fill in shaded area below: | | | | | | | | | | | | | | |
| **Do you audit to these procedures?** | | | | | | | | **Yes**  **No** | | | |  | | |
|  | | | | | | | | | | | | | | |
| **Design Software:** | | | | | | | | | | | | | | |
| Do you have Design Software? | | **Yes**  **No** | | |  | | | | | | | | | |
| If yes, fill in shaded area below. **If no, continue to System Software:** | | | | | | | | | | | | | | |
| What system software do you have? And the number of seats? (Please list) | | | | | | | | | | | | | | |
| Software Type | # of seats | Software Type | | | | | # of seats | | Software Type | | | | | # of seats |
|  |  |  | | | | |  | |  | | | | |  |
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| Do you utilize 3D software? | | **Yes**  **No** | | | | | **If yes, fill in shaded area below:** | | | | | | | |
| How many staff members are trained to use 3D? | | |  | | | |  | | | | | | | |
| Have you been part of a project implementing 3D for a collision free project? | | | | | | | | | | | **Yes**  **No** | |  | |
| Does your Model import directly into fabrication equipment? | | | | | | | | | | | **Yes**  **No** | |  | |
| **System Software:** | | | | | | | | | | | | | | |
| **Does your company have any unique System(s) Software that we should know about?** | | | | | | | | | | | | **Yes**  **No** | | |
| If Yes, fill in shaded area below: | | | | | | | | | | | | | | |
| Please describe: | | | | | | | | | | | | | | |
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| **Insurance** | | | | | | | | |
| As a General Rule, we require our Subcontractor/Vendor to have the following insurance coverage with the minimum limits as indicated below. | | | | | | | | |
| **General Liability** | | **Min. Limits** | | **Min. Limits** | **Min. Limits** | | | **Min. Limits** |
| Bodily Injury & Property Damage | | Each Occurrence | | Personal & Advertising. Injury | Products &  Completed Aggregate | | | General Aggregate |
|  | | $1,000,000 | | $1,000,000 | $2,000,000 | | | $2,000,000 |
| Excess/Umbrella Liability | | $3,000,000 | |  |  | | |  |
| Automobile Liability: (Covering all owned, non-owned, & hired vehicles) | | | | | $1,000,000 Combined Single Limit | | | |
| **Does your current policy meet or exceed these stated minimum limits?** | | | | | | | **Yes  No** | |
| **If No, please list current coverage below:** | | | | | | | | |
| General Liability | | Min. Limits | | Min. Limits | Min. Limits | | | Min. Limits |
| Bodily Injury & Property Damage | | Each Occurrence | | Personal & Advertising. Injury | Products &  Completed Aggregate | | | General Aggregate |
|  | | $ | | $ | $ | | | $ |
| Excess/Umbrella Liability | | $ | |  |  | | |  |
| Automobile Liability: (Covering all owned, non-owned, & hired vehicles) | | | | | $ | | | |
| **Depending on contractual obligations and the type of service being performed, additional insurance maybe required.** | | | | | | | | |
|  | | | | | | | | |
| **Application Completed By:** | | | | | | | | |
| Name: | | | | | | | | |
| Title: | | | | | | | | |
| Phone: | | | | | | | | |
| Email: | | | | | | | | |
| **Additional Comments:** | | | | | | | | |
|  | | | | | | | | |
| **In order to better process this Application, please state the Project Name or the Devon Industrial Group Division with Contact. If Pre-Qualifying for "Future Business" please check appropriate box.** | | | | | | | | |
| Project or Division & Contact Name: | | |  | | | | | |
|  | | | | | | | | |
|  | **PreQual for Future Business** | | | | |  | | |
|  | | | | | | | | |
| **Note! By submitting this application, I certify that all information provided is true and complete so as not to be misleading!** | | | | | | | | |
| **Signature:****Date:** | | | | | | | | |

After completing, please fax to (313) 234-0947 or e-mail to [prequal@devonindustrial.com](mailto:prequal@devonindustrial.com)