**Subcontractor**

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

**All information will be stored as submitted in our Corporate Database to be accessed by all Divisions and 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)963-8000*** *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* ***“Safety”*** *section, you will need the following information:*

1. The past 3 years Experience Modification Rate (EMR), and whether you’re rating is either **Interstate (multi-state)** or **Intrastate (single-state)**. *This rating is based on a formula that compares your Workers’ Compensation claims against other companies of similar size and from a similar type of business.*  You should be able to obtain this information from the company/person who handles your Workers’ Compensation Insurance.
2. If you have more than 10 employees, you will need the past three years’ OSHA or State Safety and Health Agency log information. This consists of Total Recordable Injuries, Lost Work Day Cases, Lost Workdays, Total Employee Hours Worked, and Number of Fatalities.
3. Whether your company has and abides by a written Safety Program.

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

1. A brief description of the Type of Service either performed or provided by your company.
2. The market segments that your company has worked in during the last five years – select from a list.
   1. If there are any of these segments which you are **not currently working in,** but are interested in pursuing in the future
3. Whether your company has Design/Build capability and if so, whether your firm employs licensed Architectural and/or Engineering personnel, or subcontracts to a licensed service.
   1. If yes, whether your or that of your subcontractor’s Errors & Omission insurance policy limits
   2. Whether these design services are in-house or outsourced, or both.
4. Whether your company has been barred from any work by any Federal, State, or Municipal entity.
5. Whether your company has any experience with a LEED (Leadership in Energy and Environmental Design) certified project. If you don’t know what LEED is, just mark “Don’t Know”.
6. The current number of company employees among the following categories: Administration, Sales, and Professional Staff/Trades.
   1. If you have Professional Staff/Trades, list the type (ex. Designer, Electrician, Welder, etc.) and number of employees for each type, indicating whether they are Union, Non-Union, or Both.

*To complete the* ***“Type of Work”*** *section, you will need to:*

1. Select from the listed categories those that best describe the type of work your business performs or provides.

*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. Year-end Sales volume (New Sales only) for the past three years; the largest single project awarded during each year; and the approximate percent of each year’s volume that is self-performed.
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 references from past representative projects. Please list the company name, contact person, phone number, project location and approximate project value.
4. Your company’s Minimum and Maximum desired project size/dollar value.

*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 to become 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* ***“Banking and Insurance”*** *section, you will need the following information:*

1. Name of Bank with complete address, contact name and phone number.
2. If your company has a Bank line of credit and the dollar ($) amount of your credit line.
3. If your company is registered with Dun & Bradstreet (D&B), and if so your D&B number.
4. 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.

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

1. Whether your company is Bondable and if so, the name of your Surety Agent and Surety Company with contact information, and your single project and aggregate bonding capacities.
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, then either fax to (313) 234-0947 or e-mail it to [prequal@devonindustrial.com](mailto:prequal@devonindustrial.com)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Devon Industrial Group** | | | | | | | | | |
| **Pre-Qualification Form (Subcontractor)** | | | | | | | | | |
|  |  |  |  |  |  |  |  |  | |
| **Devon Industrial Group respects and welcomes diversity in its directors, employees, customers, suppliers and others. Devon Industrial Group 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 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 | | | |  | | | | |  |
|  | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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/Province: | | | | |  | | | | | | | 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 | | | | | | | | | | | | | | | | | | | | |
| Location Name: | | | |  | | | | | | | | | | | | | | | | |
| Address: | | | |  | | | | | | | | | | | | | | | | |
| City: | | | |  | | | | | | | | | | | | | | | | |
| State: | | | |  | | | | | | Postal Code: | | | | |  | | | | | |
| Contact: | | | |  | | | | | | Phone: | | | | |  | | | | | |
| Email: | | | |  | | | | **Note: If you have more than one additional location please list on separate sheet and attach.** | | | | | | | | | | | | |
| 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): | | | | | | | | | | | | | | | | |
| Number of years under present Ownership: | | | |  | |  | | | Year Business was established: | | | | | | | | | | |  |
| Is your company a Subsidiary? | | | **Yes**  **No** | | | |  | | | | | |  | | | | | | |  |
| If Yes, fill in shaded area | | | | | | | | | | | | | | | | | | | | |
| List Parent Company Name: | |  | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Safety Statement:** | | | | | | | | | | |
| Devon Industrial Group is dedicated to providing a work environment that is safe and free from all recognized hazards for all employees and customers. Part of this responsibility is mandating that our Subcontractors and Vendors will meet or exceed this same goal. Any Subcontractor or Vendor that fails to adhere to any safety policy (Federal, State, City, Local or Devon Industrial Group) could be removed from our Vendor list. | | | | | | | | | | |
| Safety is the number one priority of all Devon Industrial Group projects! | | | | | | | | | | |
|  | | | | | | | | | | |
| **Safety:** | | | | | | | | | | |
|  | | | | | | | | | | |
| Please list your Company's Experience Modification Rate (EMR) for the past 3 years. You will need to know your EMR rating and whether your rating is either **Interstate (multi state)** or **Intrastate (single state)**. It is very important to list your rating under the proper section. | | | | | | | | | | |
| **Effective Date Year** | | | **2019** | | | **2020** | | | **Current** | |
| Interstate EMR (multi state): | | |  | | |  | | |  | |
| Intrastate EMR (single state): | | |  | | |  | | |  | |
| Is your EMR rate over 1.0 for any of the past 3 years | | | **Yes**  **No** | | |  | | |  |  |
| If Yes, please explain why in the shaded area below. If no, then continue to next question. | | | | | | | | | | |
| Explain EMR: |  | | | | | | | | | |
| Do you have 11 or more employees? | | | | | **Yes**  **No** | | |  | |  |
| If Yes, fill in shaded area. If no, then continue to next question. | | | | | | | | | | |
|  | | | | | | | | | | |
| OSHA Log Information | | **2018** | | **2019** | | | **2020** | | |  |
| Total Recordable | |  | |  | | |  | | |  |
| Lost Work Day Cases | |  | |  | | |  | | |  |
| Lost Workdays | |  | |  | | |  | | |  |
| Total Employee Hours worked | |  | |  | | |  | | |  |
| Number of Fatalities | |  | |  | | |  | | |  |
|  | | | | | | | | | | |
| Do you have a written Safety Program? | | | | **Yes**  **No** | | |  | | |  |
|  | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of Service Performed/Provided** | | | | | | | | | | | | |
| **Brief description of Services:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Please check the following segments for which you have done work in the last 5 years.** | | | | | | | | | | | | |
| Commercial Industrial Manufacturing Health care Education  Federal Civil | | | | | | | | | | | | |
| Stadium Airport  Highway  Bridges Dams  Petro/chemical  Water / Waste Water | | | | | | | | | | | | |
| Power Renewable Energy Other Please list: | | | | | | | | | | | | |
| **Are there work segments listed above, that your Company is not currently working in but are interested in pursuing?** | | | | | | | | | | **Yes**  **No** | | |
| If Yes, fill in shaded area. | | | | | | | | | | | | |
| Please list: | |  | | | | | | | | | | |
| **Does your firm have Design & Build Capability?** | | | | | | | Yes No | | | |  | |
| If Yes, fill in shaded area. | | | | | | | | | | | | |
| **Does your firm Employ/Subcontract licensed Architectural and/or Engineering services?** | | | | | | | | | | | Yes No | |
| If Yes, fill in shaded area. | | | | | | | | | | | | |
| We require Designer's of Record to have an Errors and Omissions liability Insurance policy with the following minimum limits. **Five Million dollars in aggregate, Two Million dollars per project, with a maximum deductible of Fifty thousand dollars.** | | | | | | | | | | | | |
| **Does your current Errors & Omissions policy or that of your Subcontractor, meet or exceed this requirement?** | | | | | | | | | | | Yes No | |
| If yes continue to next question, If No, fill in shaded area. | | | | | | | | | | | | |
| Please state your policy limits or that of your subcontractors, if outsourced. | | | Aggregate Limit: $ | | | | Single Project Limit: $ | | | | | |
|  | | | Maximum deductible: $ | | | |  | | | | | |
| **Are Design Services in House?** | | | Yes No | | Both | |  | | | |  | |
| Has your company been barred from work by any Federal, State, or Municipal entity? | | | | | | | | | Yes  No | | | |
| Has your company ever worked on a LEED Certified Project? | | | | | | | Yes No Don't Know | | | | | |
| **Current Number of Company Employees:** | | | | | | | | | | | | |
| Administration # |  | | Sales # |  | | Professional Staff/Trades # | | | | | |  |
| Company Total |  | |  |  | |  | | | | |  | |
| If you have Professional Staff/Trades Please fill in shaded area below: | | | | | | | | | | | | |
| **Please list the type of Professional Staff or Trades and the Total number of employees:** | | | | | | | | | | | | |
| **Type of Staff/Trade** | | | **# Emp's** | | **Type of Staff/Trade** | | | **# Emp's** | | | | |
|  | | |  | |  | | |  | | | | |
|  | | |  | |  | | |  | | | | |
|  | | |  | |  | | |  | | | | |
| If you have Field Trades, Please check the appropriate box. | | | | | Union | | Non-Union | Both | | | | |

|  |  |  |
| --- | --- | --- |
| Type of Work Performed: | | |
|  | | |
| **01 – General Requirements** | **03 – Concrete** | **07 – Thermal & Moisture**  **Protection Continued** |
| 01000 A/E Consultants | 03100 Concrete Forms  and Access |
| 01010 Plant-Maintenance/  Operation (Service Contractor) | 07300 Shingles, Roofing  Tile/Covering |
| 03200 Concrete Reinforcement |
| 01020 Housekeeping  (Service Contractor) | 03300 Cast-in Place Concrete | 07400 Metal Roofing &  Siding Panels |
| 03350 Concrete  Finishing/Flatwork |
| 01030 Parking Lot Maintenance | 07500 Membrane Roofing |
| 01040 Waste Management  (Service Contractors) | 03380 Post-Tensioned  Concrete | 07600 Flashing & Sheet Metal |
| 07700 Roof Specialties &  Accessories |
| 01050 Snow Removal  (Service Contractor) | 03400 Precast Concrete |
| 03500 Concrete Toppings | 07800 Fire Proofing/  Fire Stopping |
| 01060 Testing/Inspection  (Service Contractor) | 03900 Concrete Restoration  & Cleaning |
| 07900 Joint Sealers |
| 01070 Security  (Service Contractor) |  |  |
| **04 – Masonry** | **08 – Doors & Windows** |
| 01080 Computer Soft/Hardware | 04200 Masonry Units | 08100 Metal Doors & Frames |
| 01090 Rearrangement & Moves | 04400 Stone | 08200 Wood & Plastic Doors |
| 01100 Mobile Equipment | 04700 Simulated Masonry | 08300 Specialty Doors |
| 01120 Shredding  (Service Contractor) | 04900 Masonry Restoration  and Cleaning | 08400 Entrances & Storefronts |
| 08460 Automatic & Revolving  Entrance Doors |
| 01130 Survey |  |
| 01140 Uniforms  (Service Contractor) | **05 – Metals** | 08500 Windows |
| 05100 Structural Metals | 08600 Skylights |
| 01150 Environmental  Survey/Test | 05101 Steel Erection Only | 08700 Hardware |
| 05400 Cold-Formed Metal  Framing | 08800 Glazing |
| 01900 Facility Decommissioning | 08900 Glazed Curtain Walls |
|  | 05500 Metal Fabrications |  |
| **02- Site Construction** | 05650 Railroad Work | **09 – Finishes** |
| 02110 Abatement | 05700 Ornamental Metal | 09200 Plaster & Gypsum Board |
| 02200 Site Preparation | 05800 Expansion Control | 09300 Tile |
| 02220 Demolition | 05900 Metal Restoration  and Cleaning | 09400 Terrazzo |
| 02300 Earthwork | 09500 Ceilings |
| 02400 Tunneling, Boring,  and Jacking |  | 09620 Specialty Flooring |
| **06 – Wood & Plastics** | 09630 Masonry Flooring |
| 02455 Driven Piles | 06100 Rough Carpentry | 09640 Wood Flooring |
| 02475 Caissons | 06200 Finish Carpentry | 09650 Resilient Flooring |
| 02500 Site Utilities | 06400 Architectural Woodwork | 09680 Carpet |
| 02600 Drainage & Containment | 06600 Plastic Fabrications | 09700 Wall Coverings |
| 02750 Concrete Paving |  | 09800 Acoustical Treatment |
| 02780 Unit Pavers | **07 – Thermal & Moisture**  **Protection** | 09900 Paints & Coatings |
| 02800 Site Improvement  (Fences, Fountain, Retention Walls) |  |
| 07100 Damp Proofing &  Waterproofing | **10 – Specialties** |
| 02900 Landscaping & Irrigation | 10100 Visual Display Boards |
|  | 07180 Traffic Coatings | 10150 Compartments  & Cubicles |
|  | 07210 Building Insulation |
|  | 07220 Roof & Deck Insulation | 10200 Louvers & Vents |
|  | 07240 Exterior Insulation  & Finish Systems | 10260 Wall & Corner Guards |
|  | 10270 Access Flooring |
|  |  | 10290 Pest Control |

|  |  |  |
| --- | --- | --- |
| Type of Work (Continued) | | |
|  | | |
| **10 – Specialties Continued** | **11 – Equipment Continued** | **14 – Conveying Systems** |
| 10300 Fireplaces & Stoves | 11480 Athletic, Recreational, &  Therapeutic Equipment | 14100 Dumbwaiters |
| 10340 Manufactured Exterior  Special | 14200 Elevators |
| 11500 Industrial & Process  Equipment | 14300 Escalators & Moving |
| 10350 Flagpoles | Walks |
| 10400 Identifying Devices | 11600 Laboratory Equipment | 14400 Lifts |
| 10450 Pedestrian Control  Devices | 11680 Office Equipment | 14500 Material Handling |
| 11700 Medical Equipment | 14580 Pneumatic Tube  Systems |
| 10500 Lockers |  |
| 10520 Fire Protection Service | **12 – Furnishings** | 14600 Hoists & Cranes |
| 10530 Protective Covers | 12050 Fabrics | 14800 Scaffolding |
| 10550 Postal Specialties | 12100 Art | 14900 Transportation |
| 10600 Partitions  (Manufactured) | 12300 Manufactured Casework |  |
| 12400 Furnishings &  Accessories | **15 – Mechanical** |
| 10670 Storage Shelving | 15050 Mechanical |
| 10700 Exterior Protection | 12480 Rugs & Mats | 15070 Mech/Sound/Vibrations  & Seismic Control |
| 10750 Telephone Specialties | 12490 Window Treatment |
| 10800 Toilet, Bath & Laundry  Accessories | 12500 Furniture | 15100 Building Services  Piping |
| 12610 Fixed Audience Seating |
| 10880 Scales | 12630 Stadium & Arena Seating | 15200 Process Piping |
| 10900 Wardrobe and Closet  Specialties | 12660 Telescoping Stands | 15400 Plumbing |
| 12670 Pews & Benches | 15700 HVAC |
|  | 12700 System Furniture | 15720 Air Handling Units |
| **11 – Equipment** | 12800 Interior Plants & Planters | 15800 Sheet Metal |
| 11010 Maintenance Equip |  | 15900 HVAC Instrumentation |
| 11020 Security & Vault Equip | **13 – Special Construction** | 15950 Testing, Adjusting,  and Balancing |
| 11030 Teller & Service Equip | 13010 Air Supported Structures |
| 11040 Ecclesiastical Equip | 13080 Sound, Vibration  & Seismic Control |  |
| 11050 Library Equipment | **16 – Electrical** |
| 11060 Theater & Stage Equip | 13090 Radiation Protection | 16050 Electrical |
| 11070 Instrumental Equip | 13100 Lightning Protection | 16200 Electrical Equipment |
| 11100 Mercantile Equipment | 13110 Cathodic Protection | 16400 Low Voltage |
| 11110 Commercial Laundry  Equipment | 13120 Pre-Engineered  Structures | 16500 Lighting |
| 16700 Communications |
| 11120 Vending Equipment | 13150 Swimming Pools | 16800 Sound & Video |
| 11130 Audio-Visual Equip | 13200 Storage Tanks |  |
| 11140 Food Service Equip | 13280 Hazardous Material  Remediation |  |
| 11150 Parking Control Equip |  |
| 11160 Loading Dock Equip | 13400 Measurement & Control  Instrumentation |  |
| 11170 Solid Waste Handling  Equipment |  |
| 13600 Solar/Wind Energy Equip |  |
| 11190 Detention Equipment | 13700 Security Access &  Surveillance |  |
| 11200 Water Supply &  Treatment Equipment |  |
| 13800 Building Automation &  Control |  |
| 11300 Fluid Waste Treatment  & Disposal Equipment |  |
| 13850 Detection & Alarm |  |
| 11400 Food Service Equip | (Facility Service Contractor) |  |
| 11470 Darkroom Equipment | 13900 Fire Suppression |  |

|  |  |
| --- | --- |
| 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)** |

**Otherwise, select the individual States as noted below.**

|  |  |  |
| --- | --- | --- |
| **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 |

|  |  |  |
| --- | --- | --- |
| **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 |  |

|  |  |  |
| --- | --- | --- |
| **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 |  |  |

|  |  |  |
| --- | --- | --- |
| **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 |  |

|  |  |  |
| --- | --- | --- |
| **Area of Service:** | | |
|  |  |  |
|  | **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: | | |
|  | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sales History:** | | | | | | | | |
|  | | | | | **2018** | **2019** | | **2020** |
| **Yearly Sales Volume for the past 3 years:** | | | | | $ | $ | | $ |
| **Largest single Project for each year:** | | | | | $ | $ | | $ |
| **Approx. % of each year’s Sales Volume that is Self-Performed** | | | | | % | % | | % |
| **Have you, for any reason, not completed any Services as Contracted to your Company?** | | | | | | | **Yes** **No** | |
| If Yes, fill in shaded area. If no, continue to Project References. | | | | | | | | |
| Describe the Service, Customer, Location and Circumstances: | | | | | | | | |
|  | | | | | | | | |
| **Project References** | | | | | | | | |
| **Company** | | **Contact:** | | **Phone:** | | **Location** | | **$ Value** |
|  | |  | |  | |  | |  |
|  | |  | |  | |  | |  |
|  | |  | |  | |  | |  |
| **Desired Project Size:** | **Min $** | | **Max $** | | |  | |  |
|  |  | |  | |  |  | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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: | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Quality:** | | | | | | | | | | | | | | | | | |
| **Do you have a Registered Quality Management System?** | | | | | | | | | | Yes No | | | | | |  | |
| If yes, fill in shaded area and continue to Design Software. If no, then continue to next question. | | | | | | | | | | | | | | | | | |
| **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 |
|  | |  | |  | | | | |  | | |  | | | | |  |
|  | |  | |  | | | | |  | | |  | | | | |  |
|  | |  | |  | | | | |  | | |  | | | | |  |
|  | |  | |  | | | | |  | | |  | | | | |  |
| 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: |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Banking Information** | | | | | | | | | | | |
| **Devon Industrial Group will treat the financial information provided to us as confidential. The information below is required in order to bid current work. A full financial statement for the latest full calendar year could be required before issuance of a contract.** | | | | | | | | | | | |
| Bank Name: |  | | | | | | | | | | |
| Street: |  | | | | | | | | | | |
| City: |  | | | | | State/Province: | | |  | | |
| Postal Code: |  | |  | | |  | | |  | | |
| Contact Name: |  | | | | | Contact Phone: | | |  | | |
| Does your company have a line of credit? | | | | | | **Yes** **No** | | |  | | |
| If Yes, fill in shaded area. If No, continue to next question. | | | | | | | | | | | |
| What is the amount of the line of credit? (USD) | | | | | | | $ | | |  | |
| Do you have a Dun & Bradstreet Number? | | | | | | | **Yes** **No** | | |  | |
| If Yes, fill in shaded area. **If No, continue to Insurance.** | | | | | | | | | | | |
| What is your Dun & Bradstreet Number? | | | | | | | # | | |  | |
| **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 | | | |
| Workers’ Compensation | | Each Accident | | | Disease Policy Limit | | | | | Disease Each Employee | |
|  | | $500,000 | | | $500,000 | | | | | $500,000 | |
| **Does your current policy meet or exceed these stated minimum limits?** | | | | | | | | | | **Yes**  **No** | |
| **If No, please list current coverage below; If yes, please go to next section; Bonding:** | | | | | | | | | | | |
|  |  | | |  | | | |  | | |  |
| 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) | | | | | | | | $ | | | |
| Workers’ Compensation | | | | | | | | $ | | | |
| **Depending on contractual obligations and the type of service being performed, additional insurance maybe required.** | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Bonding** | | | | | | | | | |
| Is your company able to be Bonded, if required? | | | | Yes No | |  | | |  |
| If yes, fill in shaded area below. If no, continue to Application Completed By. | | | | | | | | | |
| Name of Surety Agent: |  | | Name of Surety Company: | | | | |  | |
| Contact Name: |  | | | | | | Phone: |  | |
| Bonding Capacity: | Per Job: $ | | | | Aggregate: $ | | | | |
|  | | | | | | | | | |
| **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: | |  | | | | | | | |
|  |  |  | |  | |  | | |  |
|  | **Pre-Qual 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:** | | |  |
| **Title:** | |  | |  | |  | | |  |

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