



# BIDDER INFORMATION FORM

## San Antonio

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 San Antonio, TX 78219  
 210-651-5002  
 Contact: Tim Mosegard  
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|   |   |
|---|---|
| This Section to be Completed by GFC:<br>CSI Division(s) _____<br>Enter in Isqft? <input type="checkbox"/> Yes <input type="checkbox"/> No | Approved <input type="checkbox"/> Denied <input type="checkbox"/><br>Reviewed By: _____ Date: _____ |
|---|---|

### COMPANY INFORMATION

|   |                         |           |
|---|-------------------------|-----------|
| Company Name:   |                         |           |
| Mailing Address:  |                         |           |
| City:   | State:                  | Zip Code: |
| Federal ID #:   | Phone #:                | Fax #:    |
| Contact:  | Phone #:                | Fax #:    |
| Email Address:  |                         |           |
| Estimating Contact:   | Phone #:                | Fax #:    |
| Email Address:  |                         |           |
| What scope of work does your company perform or what materials does you company supply?   |                         |           |
| Areas of Operation: <input type="checkbox"/> Austin <input type="checkbox"/> San Antonio <input type="checkbox"/> Houston <input type="checkbox"/> South Texas <input type="checkbox"/> Corpus Christi <input type="checkbox"/> Dallas <input type="checkbox"/> Laredo  |                         |           |
| Project Types: <input type="checkbox"/> Commercial <input type="checkbox"/> Retail <input type="checkbox"/> Corps of Engineers <input type="checkbox"/> Healthcare <input type="checkbox"/> Institutional <input type="checkbox"/> Educational <input type="checkbox"/> Tenant Finish/Improvements <input type="checkbox"/> Design-Build/Design-Assist <input type="checkbox"/> Hotels/Motels <input type="checkbox"/> Wood Frame <input type="checkbox"/> Civil Work |                         |           |
| List CSI Code(s):   |                         |           |
| Is Firm: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> L.L.C.   |                         |           |
| <b>For Corporations Only</b>  |                         |           |
| Date of Incorporation:  | State of Incorporation: |           |
| If not incorporated in Texas, give Certificate of Authority to do business in Texas:  |                         |           |
| Certificate #:  | Date:                   |           |
| President:  | Vice President(s):      |           |
| Secretary:  | Treasurer:              |           |
| <b>For Partnerships Only</b>  |                         |           |
| Legal Entity of Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited <input type="checkbox"/> Association   |                         |           |
| Partners' Names with Phone Numbers, Addresses and Zip Codes:  |                         |           |
|   |                         |           |
|   |                         |           |
|   |                         |           |
|   |                         |           |
|   |                         |           |



**GENERAL INFORMATION**

Bondable?  Yes  No  
 Bonding Capacity for a Single Job:  
 Aggregate Bonding Capacity:  
 Bonding Agency:  
 Bonding Contact Name: Phone #:  
 Name of Surety Company:

Company's Insurance Limits: (please provide sample insurance certificate)

General Liability: \_\_\_\_\_ Occurrence \_\_\_\_\_ Aggregate  
 Auto Liability: \_\_\_\_\_ Occurrence \_\_\_\_\_ Aggregate

Excess Liability: \_\_\_\_\_ Occurrence \_\_\_\_\_ Aggregate  
 Workmen's Compensation Statutory Texas Coverage?  Yes  No

Years in Business: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

If company has done business under another name, please state that name:

Company Name:

Company Address:

Has your company ever failed to complete or defaulted on a contract?  Yes  No

If the answer to the above question is **YES**, please complete the following:

Project Name: \_\_\_\_\_ Year: \_\_\_\_\_

Project Owner: \_\_\_\_\_ General Contractor: \_\_\_\_\_

Bonding Company:

Address with Zip Code:

Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Is your company affiliated with any other company?  Yes  No

If the answer to the above question is **YES**, please complete the following:

Affiliated Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**REFERENCES/CURRENT PROJECTS**

List three references with phone numbers, mailing addresses and zip codes:

Bank:

Trade:

Trade:

List at least three construction projects your firm has under contract: (use additional pages if needed)

| Project Name and Start Date: | Owner and General Contractor: | Architect: | Contract Amount: |
|------------------------------|-------------------------------|------------|------------------|
|                              |                               |            |                  |
|                              |                               |            |                  |
|                              |                               |            |                  |
|                              |                               |            |                  |
|                              |                               |            |                  |
|                              |                               |            |                  |
|                              |                               |            |                  |
|                              |                               |            |                  |
|                              |                               |            |                  |



List at least three construction projects your firm has completed in the last three years: (use additional pages if needed)

| Project Name and Completion Date: | Owner and General Contractor: | Architect: | Contract Amount: |
|-----------------------------------|-------------------------------|------------|------------------|
|                                   |                               |            |                  |
|                                   |                               |            |                  |
|                                   |                               |            |                  |
|                                   |                               |            |                  |
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|                                   |                               |            |                  |
|                                   |                               |            |                  |
|                                   |                               |            |                  |
|                                   |                               |            |                  |

**SAFETY**

Does your company have an OSHA Compliant Written Safety Program?  Yes  No

List your company's Experience Modification Rate (EMR) for the past three years:  
 EMR: \_\_\_\_\_ Year: \_\_\_\_\_    EMR: \_\_\_\_\_ Year: \_\_\_\_\_    EMR: \_\_\_\_\_ Year: \_\_\_\_\_

Are jobsite safety meetings held regularly?  Yes  No

Does your firm have a Drug Testing Policy?  Yes  No

**MINORITY CERTIFICATIONS**

Is your company a certified minority contractor?  Yes  No

Please check and list certification numbers and agencies to any that apply:

|                                  |                  |         |
|----------------------------------|------------------|---------|
| <input type="checkbox"/> MBE     | Certification #: | Agency: |
| <input type="checkbox"/> WBE     | Certification #: | Agency: |
| <input type="checkbox"/> DBE     | Certification #: | Agency: |
| <input type="checkbox"/> HUB     | Certification #: | Agency: |
| <input type="checkbox"/> SBE     | Certification #: | Agency: |
| <input type="checkbox"/> HUBZone | Certification #: | Agency: |

**AUTHORIZATION**

I, \_\_\_\_\_, a representative of \_\_\_\_\_, hereby certify that all information provided in this document is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Please mail this form to the San Antonio office. Addresses can be found on the first page of this form.**