**Architect / Engineer (A/E)**

**Walbridge Pre-Qualification Form Instructions**

**All information will be stored as submitted in our Corporate Database to be accessed by all Divisions and Departments of Walbridge. If you have additional locations that we don’t 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* ***“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 firm has Design/Build capability
   1. If yes, whether you’re General Liability Insurance or that of your subcontractor meets our minimum requirements. If it does not meet requirements, please include current policy limits.
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 Professional Design Service Performed”*** *section, please:*

1. Mark the listed categories that best describe the type of Professional Service your business performs.

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

1. The appropriate states (USA) or provinces (Canada) in which your company has licensed individuals that can provide service.
2. **If you work in Mexico or the Rest of the World,** list the states or areas in which you are licensed to perform Professional Design 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 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* ***“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 Errors & Omissions policy limits and deductibles meet our minimum requirements.
   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 Walbridge Project name or the name of a Walbridge Company Division and a contact person – this allows Walbridge 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@walbridge.com](mailto:prequal@walbridge.com)

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| **Walbridge** | | | | | | | | | |
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| **Architect / Engineer Pre-Qualification Form (A/E)** | | | | | | | | | |
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| **Walbridge respects and welcomes diversity in its directors, employees, customers, suppliers and others. Walbridge 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, Walbridge 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 (E.I.N.) 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. below. | | | | | | | | | |
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| E.I.N. | | | |  | | | | |  |
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| 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/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: | |  | | | | | | | | | | | | | | | | |

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| **Type of Service Performed/Provided** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please give us a brief description of the type of service performed or provided:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Please check the following segments which you have provided Professional Design Services in the last 5 years.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Commercial  Industrial  Manufacturing  Health care  Education  Federal  Civil | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stadium  Airport  Highway  Bridges  Dams  Petro/chemical  Water / Waste Water | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Please list: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Are there work segments listed above that your Company is not currently working in but is interested in pursuing?** | | | | | | | | | | | | | | | | | | | | **Yes**  **No** | | | | | | |
| If Yes, fill in shaded area. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list: | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Does your firm have Design & Build Capability?** | | | | | | | | | | | | | | | **Yes**  **No** | | | | | | | | | | |  |
| If Yes, please review Insurance section below. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 policy or that of your Subcontractor, meet or exceed these stated minimum limits?** | | | | | | | | | | | | | | | | | | | | | | | **Yes**  **No** | | | |
| If No, please list current coverage below; If yes, please go to next question | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | Each Accident | | | | | | Disease Policy Limit | | | | | | | | | | Disease Each Employee | | | | | | | | |
|  | | $ | | | | | | $ | | | | | | | | | | $ | | | | | | | | |
| **Has your company been barred from work by any Federal, State or Municipal entity?** | | | | | | | | | | | | | | | | | | | | **Yes**  **No** | | | | | | |
| Has your company ever provided Professional Design Services 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 number of employees in each category:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Type of Staff/Trade** | | | | **# Emp's** | | | | | **Type of Staff/Trade** | | | | | | | | | | | | | | | **# Emp's** | | |
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| If you have Field Trades, Please check the appropriate box. | | | | | | | | | Union | | | | | | | Non-Union | | | | | | | | Both | | |

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| **Type of Professional Design Service Performed:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | 01-General Requirements | | |  | 07-Thermal & Moisture Protection |  | | | 14-Conveying Systems | | |
|  |  | A/E Consultants | |  |  |  | |  | |  |  |
|  |  | Survey | |  | 08-Doors & Windows |  | | | 15-Mechanical | | |
|  |  | |  |  |  |  | |  | |  |  |
|  | 02-Site Construction | | |  | 09-Finishes |  | | | 16-Electrical | | |
|  |  | |  |  |  |  | |  | |  |  |
|  | 03-Concrete | | |  | 10-Specialties |  | | |  | |  |
|  |  | |  |  |  |  | |  | |  |  |
|  | 04-Masonry | | |  | 11-Equipment |  | | |  | |  |
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|  | 05-Metals | | |  | 12-Furnishings |  | | |  | |  |
|  |  | |  |  |  |  | |  | |  |  |
|  | 06-Wood & Plastics | | |  | 13-Special Construction |  | | |  | |  |
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| **Areas of Work:** |
| Please select the States and Provinces that individuals of your firm are licensed in. |
| **U.S. States and Canadian Provinces** |

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| **Alaska** |  | | **Louisiana** | | |  | | **Ohio** | |  | **Alberta** | | |
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| **Alabama** |  | | **Maine** | | |  | | **Oklahoma** | |  | **British Columbia** | | |
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| **Arizona** |  | | **Maryland** | | |  | | **Oregon** | |  | **Manitoba** | | |
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| **Arkansas** |  | | **Massachusetts** | | |  | | **Pennsylvania** | |  | **New Brunswick** | | |
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| **California** |  | | **Michigan** | | |  | | **Rhode Island** | |  | **Newfoundland** | | |
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| **Colorado** |  | | **Minnesota** | | |  | | **South Carolina** | |  | **Northwest Territories** | | |
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| **Connecticut** |  | | **Mississippi** | | |  | | **South Dakota** | |  | **Nova Scotia** | | |
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| **Delaware** |  | | **Missouri** | | |  | | **Tennessee** | |  | **Nunavut** | | |
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| **Florida** |  | | **Montana** | | |  | | **Texas** | |  | **Ontario** | | |
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| **Georgia** |  | | **Nebraska** | | |  | | **Utah** | |  | **Prince Edward Island** | | |
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| **Hawaii** |  | | **Nevada** | | |  | | **Vermont** | |  | **Quebec** | | |
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| **Idaho** |  | | **New Hampshire** | | |  | | **Virginia** | |  | **Saskatchewan** | | |
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| **Illinois** |  | | **New Jersey** | | |  | | **Washington** | |  | **Yukon Territory** | | |
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| **Indiana** |  | | **New Mexico** | | |  | | **Washington D.C.** | |  | | | |
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| **Iowa** |  | | **New York** | | |  | | **West Virginia** | |  | | | |
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| **Kansas** |  | | **North Carolina** | | |  | | **Wisconsin** | |  | | | |
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| **Kentucky** |  | | **North Dakota** | | |  | | **Wyoming** | |  | | | |

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| **Sales History:** | | | | | | | | |
|  | | | | | **2015** | **2016** | | **2017** |
| **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** |
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| **Desired Project Size:** | **Min $** | | **Max $** | | |  | |  |
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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 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 |
|  | |  | |  | | | | |  | | |  | | | | |  |
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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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| **Banking Information:** | | | | | | | |
| **Walbridge 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? | | | | | $ | |  |
| Is your credit line Secured, Unsecured or Both? | | | | | Secured  Unsecured  Both | | |
| 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:** | | | | | | | |
| We require Designers of Record to have an Errors and Omissions Liability Insurance policy with the following minimum limits: **Five Million dollars aggregate;** **Two Million dollars per project;** A **maximum** deductible of **Fifty thousand dollars**. | | | | | | | |
| **Does your current Errors & Omissions policy meet this requirement?** | | | | | | | **Yes**  **No** |
| **If No, please list current coverage below; If yes, please go to next section; Bonding:** | | | | | | | |
| Please state your current policy limits. | | | | Aggregate Limit: | | $ | |
| Single Project Limit: | $ | | | Maximum deductible | | $ | |
| **Depending on contractual obligations and the type of service being performed, additional insurance maybe required.** | | | | | | | |

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| **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 for Walbridge to better process this Application, please state the Project Name, Walbridge Division or Contact Person with which you have associated. 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@walbridge.com](mailto:prequal@walbridge.com)