



G L A S S C O M P A N Y

Supplier Qualification Application

Please print off and return completed to the following:

Email – nationalpurchasing@trainorglass.com

Fax – (708) 577 - 2640

Section I – GENERAL INFORMATION

A. Name and Address of Company

Name		Phone Number	Fax Number
Address		City	State/Province
Zip/Province code	Country		

B. Is your firm owned or controlled by a parent Company or any other organization?

Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, Please provide details		
Name	Phone Number	Fax Number
Address	City	State/Province

C. Does your firm operate under any other name?

Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Name

D. Company Website

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E. Contact Information

Salutation		Contract Name		Title
Phone Number	Cell Number	Fax Number	Email	

F. Business Type

G. Federal Identification Number

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H. State of Domestic Incorporation/Registration

I. Year Company Founded

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J. CSI Codes

List specific CSI codes that apply to your scope of work.	
CSI Section No. (s)	CSI Descriptions

K. Does an employee of this contractor directly or indirectly own a portion of your company or an affiliate company?

Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide the details

L. Has an employee of this company directly or indirectly received compensation, reimbursement, or any cash payment from your company or an affiliated company?

Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide the details

M. Excluding normal entertainment expenses, has an employee of this contractor directly or indirectly received free gifts, goods and services from your company or an affiliated company?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide the details	

Section 2 –FINANCIAL INFORMATION

A. Construction Revenue

Expected Annual Construction Revenue?	
How many projects comprise this revenue figure?	

B. Surety

Has your surety ever finished one or more of your construction projects?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide the details	

C. Completed Purchase Orders

Indicate the number of purchase orders you have completed in the last 3 years in the volume ranges indicated.			
Under \$250,000		\$5,000,001 - \$7,500,000	
\$250,001-\$500,000		\$7,500,001 - \$10,000,000	
\$500,001-\$1,000,000		\$10,000,001 - \$15,000,000	
\$1,000,001 - \$2,500,000		\$15,000,001 - \$25,000,000	
\$2,500,001 - \$5,000,000		Above \$25,000,000	

D. Backlog

List your backlog as of today and at your year-end for the past 3 years			
As of Today	Year 1	Year 2	Year 3

Section 3 – MANAGEMENT

- A. Complete the following information for each of your corporate officers, principals, general and limited partners and senior management. Senior management might consist of your Business Manager, Operations Managers, Estimating Manager, and Finance Manager. Please include as an attachment to this form any additional organizational charts for your company.

Name	Title/Company	Length of time in position	Length of time with firm	Other Experience

B. Have any of the owners, officers, senior management, or major stockholders (stockholders controlling 20% or more of the outstanding shares) of your company ever been convicted of a felony?

Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please provide the details	
Name	Details

Section 4 – WORK EXPERIENCE

A. How many persons does your firm presently employ?

Corporate	Field Supervisory	Trades People	Plant

B. What percentage of your work is normally subcontracted?

C. Has your company ever petitioned for bankruptcy, failed in a business endeavor, defaulted or been terminated on a contract awarded to you?

Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide the details

D. Has your firm ever failed to complete an awarded contract?

Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain why the contract was not completed. Include location of project, type of work, Owner's Representative, General Contractor, Architect, final contract value, and value of approved change orders.

E. Has your company ever been disbarred or precluded from public work?

Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide the details

F. Has any entity ever made a claim against your company for defective improper or non-conforming work, or for failing to comply with warranty obligations?

Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide the details

G. Has your company been involved with any litigation and/or arbitration within the last 5 years?

Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide the details

H. Are there any outstanding or unsatisfied judgments or claims against your Company that have resulted from litigation or any alternative dispute resolution (ADR) process?

Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide the details

I. Has any entity made a claim against your company for failing to make payments to that or any other entity?

Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide the details

SECTION 5 - REFERENCES

A. Surety/Bonding

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B. Banking

Please Provide a bank reference(s) indicating the status of your banking relationships, the handling of your accounts, and any credit relationships. The references should provide general terms and conditions of each credit relationship including the total amount of credit granted, available balance, expiration date, and whether the credit is secured or unsecured.

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C. Insurance

Please list your Insurance Broker/Agent			
Company Name	Contact Name	Contact Phone	Contact Email

D. Prime Contractors

Please list three prime contractors who you have worked frequently for over the last 3 years			
Company Name	Contact Name	Contact Phone	Contact Fax

E. Major Suppliers

Please list three prime suppliers who you have used frequently over the last 3 years			
Company Name	Contact Name	Contact Phone	Contact Fax

SECTION 6 – SAFETY

A. List your worker's compensation experience modification over the last three years.

Current Year	Last Year	Prior Year	Prior Year

B. What is your OSHA Recordable Incident Rate over the last three years?

Current Year	Last Year	Prior Year	Prior Year

C. What is your OSHA severity or Lost Time Incident Rate over the last three years?

Current Year	Last Year	Prior Year	Prior Year

D. Fatalities

How many fatalities has your company had over the last three years?

Please Provide details of each fatality:

E. OSHA Violations

How many OSHA violations has your company had over the last three years?
Please Provide details of each incident:

SECTION 7 - DIVERSITY

A. Business Diversity Qualifications

Is your company a diversity qualified company? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Indicate if your business qualifies as any of the following. Please send copies of each certificate.		
Gender of Ownership	Ethnicity	Type of Certificate
List all certifying agencies		
Certifying Agency		Expiration Date

