



LifeBridge Health
Capital Improvements
Construction Department
2401 West Belvedere
Building #13 Fueschl Building
Baltimore, MD 21215
Phone: 410-601-6549 Fax: 410-601-5648

Contractor Qualification Questionnaire

Based on the AIA A305 Contractor Qualification Form

Please assemble the following information and deliver to the offices of Priya Prasad at Sinai Hospital of Baltimore. Please type your responses and do not hand write them. Please note that an interview process must take place along with your submitted information for qualification and acceptance onto LifeBridge Health's Bidders list.

On your Company Letterhead, please submit the following information:

- I. Company Name, Address, telephone Number, Fax Number
- II. Company Contact, Title & Contact info if different from above
- III. Fed Tax ID Number

Please answer the following questions & submit appropriate information:

- I. Please check the correct company information below as to which category applies to your company:
 - a. Corporation
 - i. Please supply date of incorporation & State of incorporation
 - b. Partnership
 - i. Please supply date of organization & names of General Partners
 - c. Joint Venture
 - d. Individual
 - i. Please supply date of organization & Name of Company Owner
 - e. Other
 - II. How many years has your company been in business as a Contractor?
 - III. How many years has your organization been in business under its present business name?
 - IV. Under what other or former names has your organization operated?
 - V. Is your company licensed to work in the State of Maryland?
 - VI. List the categories of work that your organization normally performs with its own forces.
 - VII. Has your organization ever failed to complete any work awarded to it?
 - VIII. Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organizations or its officers?
 - IX. Has your organization field any law suits or requested arbitration w regard to construction contracts w/in the past 5 years?
 - X. Within the past 5 years, has any officer or principal of your organization ever been officer or principal of another organization when it failed to complete a construction contract? (if yes, please explain)
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- XI. List major construction projects your organization currently has under construction. List name of project, location, completion date, and Volume (\$)
- XII. Provide total worth of work in progress and under contract (\$)
- XIII. Provide average annual amount of construction work completed during the past 5 years (\$)
- XIV. List Bank Reference with contact information
- XV. List name of bonding company along with contact information
- XVI. Provide a minimum of (3) professional (Client) references with contact information – 2 (minimum) to be Healthcare Related.
- XVII. Provide resumes of field staff that would tentatively work on LifeBridge Health Projects and their relevant experience (after your bid is accepted)
- XVIII. Please feel free to include project photos. This is not mandatory, only if contractor wants to supply this information
 - a. Project name & brief description should be included with the photograph
- XIX. Please provide Maryland Department of Transportation (MDOT) MBE/WBE Documentation (if applicable)
- XX. How many on-site, supervisory & office personnel do you currently have on payroll?