**Appendix D – Company Information Form**

Please provide a description of your firm/entity and each associate firm or staff member who will work on this project. Your description should include information on the following:

* 1. Company status (type of legal entity)
	2. Period of operation as a firm to date
	3. Core business activities and key consulting competencies
	4. Resumes of each associate or staff member (attach separately)

Full Name of Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + - 1. Principal(s) and Director(s) of the Company

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Company Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Insurance Coverage

Workers Compensation Insurance BMD$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional Indemnity Insurance BMD$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Commercial General Liability Insurance BMD$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Company Banking Details

Name and address of primary bank:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have any involvement with other entities or projects that may present a conflict of interest? If so, please provide details.
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMPANY INFORMATION FORM (CONTINUED)**

Name of Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THE COMPANY SHALL COMPLETE THE FOLLOWING STATEMENTS:**

1. The Company has been engaged in business, under the present business name for \_\_\_\_\_\_\_\_\_\_ years.
2. Experience in work of a nature similar to that covered in the proposal documents extends over a period of \_\_\_\_\_\_\_\_\_\_ years.
3. The following contracts have been satisfactorily completed in the last three (3) years for the persons, companies or authorities indicated:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Year** | **Client Name** | **Services Performed** | **Location**  |
| (a) |  |  |  |  |
| (b) |  |  |  |  |
| (c) |  |  |  |  |

1. The following person may be contacted for information concerning the work listed above (list a reference for each contract named):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name** | **Title** | **Address** | **Telephone** |
| (a) |  |  |  |  |
| (b) |  |  |  |  |
| (c) |  |  |  |  |

14.

|  |  |
| --- | --- |
| **TOTAL NUMBER OF STAFF** |  |

**COMPANY INFORMATION FORM (CONTINUED)**

Name of Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**All of the above statements are submitted as part of the Company’s proposal, and the truthfulness and accuracy of the information is guaranteed by the Company.**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**