



**For Lauren Use Only:**  
 Procurement Approval  
 QA/QC Approval

Date

Current Date

## Supplier Prequalification

### Purpose

It is in the best interest of Lauren Engineers & Constructors, Inc. and or projects, to ensure as far as possible, that the suppliers we work with share the same commitment to ethical business practices as we do.

Completing this Supplier Prequalification form does not guarantee orders nor does it guarantee a bid opportunity. It is still the responsibility of the supplier to undertake marketing initiatives with the appropriate Lauren Engineers & Constructors, Inc. personnel.

Further information may be required from a contractor should they be placed on a short list of bidders.

**NOTE: REQUIRED fields\*. The Pre-Qualification form will not transmit if the form is incomplete.**

### GENERAL

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

Project of Interest: Any  Job Specific: \_\_\_\_\_

### COMPANY INFORMATION

\*Full Legal Name of Company: \_\_\_\_\_

\*Street Address: \_\_\_\_\_

\*City Prov/State: \_\_\_\_\_ \*Country: \_\_\_\_\_

\*Postal Code: \_\_\_\_\_ \*Phone: \_\_\_\_\_ \*Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Corporation      Partnership      Sole Proprietor      LLC      LLP      Other

*Company Contacts:	Name	Telephone	Email Address
Primary Information:	_____	_____	_____
Bid Purposes:	_____	_____	_____
Financial Information:	_____	_____	_____

Is the Company a minority owned business:  Yes  No

Is the Company publicly or privately owned? State of Incorporation:  Public  Private

Date of Incorporation: \_\_\_\_\_

State other names under which the company has operated: \_\_\_\_\_

Has the company previously submitted prequalifying information to Lauren Engineers & Constructors, Inc.?  Yes  No

If yes, please provide the date: \_\_\_\_\_

### SCOPE OF SUPPLY

Indicate the types of materials in which the Company is interested in supplying:

\*Commodities: \_\_\_\_\_

\*Manufacturers Represented: \_\_\_\_\_

\*Services: \_\_\_\_\_

\*Other: \_\_\_\_\_

What is the Company's labor affiliation?

Union  Non-Union  Other

Attach a copy of the Company's latest overall organization charts showing divisional relationships within the company including home and branch offices and showing relationship with parent company.

Key Management Personnel

*Position	*Name	*Number of Years with the Company
_____	_____	_____
_____	_____	_____

Total Number of permanent employees: \_\_\_\_\_

**REPRESENTATION - Please indicate all states in which your company is represented (MARK ALL THAT APPLY)**

**United States of America**

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> AL (Alabama)     | <input type="checkbox"/> LA (Louisiana)      | <input type="checkbox"/> OH (Ohio)           | <input type="checkbox"/> AB (Alberta)             |
| <input type="checkbox"/> AK (Alaska)      | <input type="checkbox"/> ME (Maine)          | <input type="checkbox"/> OK (Oklahoma)       | <input type="checkbox"/> BC (British Columbia)    |
| <input type="checkbox"/> AZ (Arizona)     | <input type="checkbox"/> MD (Maryland)       | <input type="checkbox"/> OR (Oregon)         | <input type="checkbox"/> MB (Manitoba)            |
| <input type="checkbox"/> AR (Arkansas)    | <input type="checkbox"/> MA (Massachusetts)  | <input type="checkbox"/> PA (Pennsylvania)   | <input type="checkbox"/> NB (New Brunswick)       |
| <input type="checkbox"/> CA (California)  | <input type="checkbox"/> MI (Michigan)       | <input type="checkbox"/> RI (Rhode Island)   | <input type="checkbox"/> NS (Nova Scotia)         |
| <input type="checkbox"/> CO (Colorado)    | <input type="checkbox"/> MN (Minnesota)      | <input type="checkbox"/> SC (South Carolina) | <input type="checkbox"/> NL Labrador/Newfoundland |
| <input type="checkbox"/> CT (Connecticut) | <input type="checkbox"/> MS (Mississippi)    | <input type="checkbox"/> SD (South Dakota)   | <input type="checkbox"/> NT North West Territory  |
| <input type="checkbox"/> DE (Delaware)    | <input type="checkbox"/> MO (Missouri)       | <input type="checkbox"/> TN (Tennessee)      | <input type="checkbox"/> NU Nunavut               |
| <input type="checkbox"/> FL (Florida)     | <input type="checkbox"/> MT (Montana)        | <input type="checkbox"/> TX (Texas)          | <input type="checkbox"/> ON Ontario               |
| <input type="checkbox"/> GA (Georgia)     | <input type="checkbox"/> NE (Nebraska)       | <input type="checkbox"/> UT (Utah)           | <input type="checkbox"/> PE Prince Edward Is.     |
| <input type="checkbox"/> HI (Hawaii)      | <input type="checkbox"/> NV (Nevada)         | <input type="checkbox"/> VT (Vermont)        | <input type="checkbox"/> QC Quebec                |
| <input type="checkbox"/> ID (Idaho)       | <input type="checkbox"/> NH (New Hampshire)  | <input type="checkbox"/> VA (Virginia)       | <input type="checkbox"/> SK Saskatchewan          |
| <input type="checkbox"/> IL (Illinois)    | <input type="checkbox"/> NJ (New Jersey)     | <input type="checkbox"/> WA (Washington)     | <input type="checkbox"/> YT Yukon                 |
| <input type="checkbox"/> IN (Indiana)     | <input type="checkbox"/> NM (New Mexico)     | <input type="checkbox"/> DC (Washington, DC) |   |
| <input type="checkbox"/> IA (Iowa)        | <input type="checkbox"/> NY (New York)       | <input type="checkbox"/> WV (West Virginia)  |   |
| <input type="checkbox"/> KS (Kansas)      | <input type="checkbox"/> NC (North Carolina) | <input type="checkbox"/> WI (Wisconsin)      |   |
| <input type="checkbox"/> KY (Kentucky)    | <input type="checkbox"/> ND (North Dakota)   | <input type="checkbox"/> WY (Wyoming)        |   |

International (List all)

\_\_\_\_\_

**Financial & Commercial Information**

Be assured that the information provided will be kept in the strictest of confidence.

**\*Banking**

Name of Bank/Financial Institution for the Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Position: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ Prov/State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**TRADE REFERENCES**

Company	Contact	Phone	Fax
_____	_____	_____	_____
_____	_____	_____	_____

D & B No. \_\_\_\_\_

Does Company have any pending suits or judgments?  Yes  No

If yes, attach a letter describing the situation.

**QUALITY**

Does the Company have a Quality Assurance Program?  Yes  No

Provide Company's Quality Assurance and Control Manual, Including Comany Org Chart.

Does the Company have a system of recording the cost of re-works on individual projects which are required due to poor quality control?  Yes  No

**INFORMATION SUBMITTAL**

\*Name and Title of Person Completing this Form: \_\_\_\_\_

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

**DO NOT FILL OUT - LAUREN USE ONLY**

SUBCONTRACTOR RATING \_\_\_\_\_

P = Preferred	Comment _____
S = Satisfactory	Comment _____
U = Unsatisfactory, Application declined	Comment _____

Conditional Approval Notes (If Applicable)

\_\_\_\_\_

Reviewed by: \_\_\_\_\_

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