



Supplier Evaluation Form

BUSINESS SECTION (please print or type)

| | | | | |
|---|-----------------------|--|----------------|--|
| Legal Business Name | | Date: | | |
| Address #1 (Street Address) | | Project, if applicable: | | |
| City | | Type of Company: | | |
| State | | <input type="checkbox"/> Subcontractor <input type="checkbox"/> Supplier <input type="checkbox"/> Both | | |
| Zip | | Address #2 (Mailing Address) | | |
| City | | City | | |
| State | | State | | |
| Zip | | Zip | | |
| Principal Contact | Contact's Title | Years in Business | # of Employees | Fed. Tax ID # |
| Telephone Number | Toll Free Number | Business Type: | | Labor Affiliation: |
| Fax Number | Cellular Phone Number | <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC/LLP <input type="checkbox"/> Other | | <input type="checkbox"/> Union <input type="checkbox"/> Non-Union |
| Contact Email Address | | Company Website Address | | |
| Company Certifications (Mark if appropriate) <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> DBE <input type="checkbox"/> VOSB <input type="checkbox"/> SBE <input type="checkbox"/> JSEB <input type="checkbox"/> Other | | | | |
| Certifying Agency: <input type="checkbox"/> City _____ <input type="checkbox"/> State _____ <input type="checkbox"/> Federal <input type="checkbox"/> DOT <input type="checkbox"/> Other | | | | |

Do you have any judgments, claims, arbitrations, suits, or liens currently against your organization, had any bankruptcies or reorganizations? (If yes, please explain below) Yes No

List the corporate officers, partners, or proprietors of your firm: (If additional space needed, list on a separate sheet and attach to this form.)

| Name | Title | % Ownership |
|------|-------|-------------|
| | | |
| | | |
| | | |

Have any of the above officers ever done business with Hunt Companies, CGL, or any of its subsidiaries? (If yes, please explain below) Yes No

SAFETY SECTION

| | | |
|---|-------|--|
| List your Experience Modification Rate (EMR) for the last three years: | | Number of OSHA Recordable incidents over the prior 3 years: |
| Year | Rate | _____ |
| _____ | _____ | (Data available at www.osha.gov) |
| _____ | _____ | |
| _____ | _____ | |
| Do you have a written Safety Program? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are all employees trained in safety requirements? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have a Company Safety Director or other Safety Professionals on Staff? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, Contact Name: _____ Phone: _____ | | |

INSURANCE AND BONDING SECTION

Do you currently carry, or can you obtain the following insurance coverage?

| | |
|---|--|
| Worker's Compensation Liability \$500,000 max (\$100,000 each occurrence) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| General Liability \$3,000,000 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Automobile Liability \$1,000,000 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Employer Liability Min. \$500,000 | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Insurance Company | Insurance Agent | Insurance Agent Telephone |
|-------------------|-----------------|---------------------------|
| | | |

SCOPES OF WORK SECTION (Scopes of work that your company performs. Check all that apply.)

ROADS / GROUNDS

- Landscaping
- Earthwork
- Pest Control
- Irrigation
- Site Utilities (Water, Sewer, Storm)
- Asphalt Paving
- Concrete Paving
- Fencing & Gates
- Other _____

MECHANICAL

- Fire Suppression/Protection/Sprinklers
- Plumbing
- Refrigeration
- Detention Locks/Locking Control Devices
- HVAC/Instrumentation/Controls
- Process Instrumentation Controls
- Test, Balance & Adjust
- Other _____

CONVEYING SYSTEMS

- Elevators & Lifts
- Escalators & Moving Walks
- Material Handling
- Pneumatic Tube System
- Hoists & Cranes
- Other _____

SOFT SERVICES

- Janitorial / Day Porters
- Couriers & Postage
- Shipping / Receiving
- Other _____

GENERAL BUILDING

- Carpentry
- Doors & Hardware Install
- Overhead Doors
- Carpet / Tile / Other Flooring
- Roofing Repairs / Maintenance
- Waste Disposal
- Recycling Programs
- Glazed Curtain Walls
- Other _____

ELECTRICAL

- Electrical
- Generators
- Switchboards/Panel Boards
- DPS Switches
- Fire Alarm System
- Lighting Protection
- Communications
- Security Access & Surveillance
- Security Electronics
- Instrumentation & Control
- CCTV Systems
- Other _____

PROFESSIONAL SERVICES

- Property Management
- Facilities Management
- Project / Construction Management
- Disaster Recovery
- Civil Engineering
- Architectural / Structural Engineering
- Mechanical Engineering
- Electrical Engineering
- Energy Management
- Other _____

FOOD SERVICE / VENDING

- Other _____

SPECIALTIES

- Louvers & Vents
- Wall & Corner Guards
- Identification Devices/Signage
- Fire Extinguishers & Cabinets
- Prot. Covers/Awnings/Canopies
- Storage Racks
- Other _____

GENERAL PROPERTY

- Exterior & Structural Repair & Maintenance
- Other _____

CODE OF ETHICS

The undersigned has read and agrees to abide by CGL/Hunt's Code of Ethics as stated in the "Code of Business Ethics - Approved 12-18-2012" document.

Signature _____

18-000 DESIGN

16-000 ELECTRICAL cont.

CONFIDENTIALITY NOTE: The information supplied by the undersigned in this document is intended only for the use of CGL Facility Management LLC.

The undersigned certifies that the information provided herein is a clear and accurate representation of this organization.

Information Supplied By: _____

Print Name _____

Signature _____

Title _____

Date _____

Return completed form to: **CGL Facility Management LLC**
1903 Phoenix Blvd., Suite 250
Atlanta, GA 30349
OR
Scan and Email: Accounting@CGLcompanies.com