

WINKELMAN BUILDING CORPORATION
340 HIGHWAY 10 SOUTH – ST. CLOUD, MN 56304
PHONE: 320-253-2411 – FAX: 320-253-2324

Contractor Pre-Qualification Form

(Information on this form is considered confidential and will not be released to any other source)

1. Name of Company _____
2. Office Address _____
3. P.O. Box _____ City _____ State _____ Zip _____
4. Business Phone _____ Emergency Phone _____
5. Name of Principal _____ Soc. Sec. No. _____
6. Home Address _____
7. P.O. Box _____ City _____ State _____ Zip _____
8. Home Phone _____ Fax _____ Emergency Phone _____
9. Email Address _____
10. Type of Services Available _____

11. Size of Company (Approx. gross sales last year) _____
12. Years Company in Business _____ Same Location _____
13. Number of Employees (Max last year) _____
14. Men _____ Women _____ Minorities _____
15. Company Banks at _____
16. License Number: State _____ County _____
17. Is your Company certified or pre-qualified to do state work? _____
Federal Work? _____ Municipal Work? _____
18. Federal I.D. No. _____ State Sales Tax No. _____
19. Name of three suppliers with whom you have credit or do business:

Company Name _____
Business Address _____
P.O. Box _____ City _____ State _____ Zip _____
Contact _____ Phone No. _____

Company Name _____
Business Address _____
P.O. Box _____ City _____ State _____ Zip _____
Contact _____ Phone No. _____

Company Name _____
Business Address _____
P.O. Box _____ City _____ State _____ Zip _____
Contact _____ Phone No. _____

20. Name of three companies with whom you have done business in the past year:

Company Name _____
Business Address _____
P.O. Box _____ City _____ State _____ Zip _____
Contact _____ Phone No. _____

Company Name _____
Business Address _____
P.O. Box _____ City _____ State _____ Zip _____
Contact _____ Phone No. _____

Company Name _____
Business Address _____
P.O. Box _____ City _____ State _____ Zip _____
Contact _____ Phone No. _____

21. Can Company provide bond? Yes No
22. If yes, maximum bond line \$ _____
23. Surety Agent: Name _____
Address _____
Phone No. _____
24. Insurance Agent: Name _____
Address _____
Phone No. _____
25. Is your business seasonal? Yes No
26. If yes, when? High Month _____ Low Month _____
27. Is your company presently Busy Slow
28. Is payroll paid Weekly Bi-Monthly Monthly
29. Do your employees belong to a union? Yes No
30. If yes, name of union? _____
31. Is your company licensed in any other state? _____ Where? _____
32. How far will you travel to do work (Miles)? _____
33. Has your company ever gone Bankrupt? _____
or Re-organized? _____ or Changed Ownership _____ What year? _____. If yes,
attach detailed information.
34. How do you feel your company rates in terms of Quality Workmanship (as compared
with competition?)
 Very High Above Average Average
35. Approximately what percentage of jobs you bid are awarded to your company? _____
Do you provide written confirmation of bid figures? _____
Do you normally work by contract? _____
36. Are you an E.E.O. employer? _____
37. Do you have an approved Affirmative Action Plan? _____
38. Do you have a written safety program? _____

Principal's Signature _____ Date _____