



511 South 7th Street
Delano, MN 55328-9125

+1.800.328.3421
+1.763.972.2981
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Vendor Qualification Form & Sustainability Questionnaire

Date: _____
Legal Name of Company: _____
D.B.A. Name: _____
Website: _____
Supply Category: _____

Local Street Address: _____
City, State, Zip: _____
Contact Phone: _____ Fax: _____ Email: _____

Remit to Street Address: _____
City, State, Zip: _____
Contact Phone: _____ Fax: _____ Email: _____

Contacts

Primary Contact: _____ Title: _____
Phone: _____ Email: _____ Cell: _____

Sales Contact: _____ Title: _____
Phone: _____ Email: _____ Cell: _____

Accounting Contact: _____ Title: _____
Phone: _____ Email: _____ Cell: _____

Safety Contact: _____ Title: _____
Phone: _____ Email: _____ Cell: _____

Warranty Contact: _____ Title: _____
Phone: _____ Email: _____ Cell: _____

Organization

of Employees: _____ Corporate/Office: _____ Other: _____

Date established: _____ State of Incorporation: _____

Type of Business: Manufacturer Wholesaler Distributor Agency

Ownership Structure: LLC Partnership Sole Proprietorship Corporation

Federal ID #: _____ State ID #: _____ SIC Code: _____

Is your company owned or controlled by a parent or any other organization? Yes No

Parent Company: _____

Former Names Your Company has Operated Under: _____

Subsidiaries and Divisions: _____



What states do you do business in? check here for national

Percentage of work performed by own forces: _____%

Union Shop? Yes No

Local #: _____ Union name: _____ Agreement Exp. Date: _____

Local Agreement: _____ National Agreement: _____

Type of materials or services offered:

1. _____
2. _____
3. _____
4. _____

Can your company furnish: materials On site labor

Market Segments: Industrial Residential Commercial

Has your company worked for Industrial Louvers in the past? Yes No

Is your company currently providing materials or services for Industrial Louvers? Yes No

Business Classification

What certificates does your company hold?

ISO MBE WBE DBE SBE Other

Please attach certificate or documentation including certificate#, agency and expiration date.

Officers and Owners

Please complete for your top five officers, principals and/or senior management.

Name	Title/Position	Yrs Experience	Yrs with Company	% Ownership

Have any Owners, officers, major stockholders, or senior management of your Company ever been indicted or convicted of any felony or other criminal conduct? Yes No



Financial Information

Fiscal Year End: _____

	20__	20__	20__
Annual Revenue			
Ending Backlog			
Average Contract Value			
Net Operations Cashflow			

Dun & Bradstreet number: _____ rating: _____

Bank Information:

Bank Name	Contact	Phone	Email

Line of Credit \$ _____ Unused line of credit \$ _____ Expiration Date: _____

Bank Name	Contact	Phone	Email

Line of Credit \$ _____ Unused line of credit \$ _____ Expiration Date: _____

Auditor/Outside Accountant:

Name	Contact	Phone	Email

Surety Information:

Name	Contact	Phone	Email

Bonding Information:

Bonding Company Name	Contact	Phone	Email

Per project bond limit \$ _____ Aggregate bond limit \$ _____ AM Best rating: _____

Last bond amount issued \$ _____ Current bond amount in effect \$ _____

Average Bond Rate: _____

Indemnification requirements to surety: _____

Can vendor provide bid bond: Yes No

Please list three Suppliers who you have used frequently over the last three years:

Company	Contact	Phone	Email



Please list three clients who you have used frequently over the last three years:

Company	Contact	Phone	Email

Has your surety ever finished one or more of your orders? Yes No

Has your company, or any company affiliated with your company, ever petitioned for bankruptcy, failed in a business endeavor, defaulted or been terminated on a contract? Yes No

Has your company ever been debarred or precluded from bidding work? Yes No

Has any entity ever made a claim, in a court of law, against your company for defective, improper or non-conforming work, or for failing to comply with warranty obligations? Yes No

Are there any outstanding Judgments or Claims against your company? Yes No

Has any entity made a claim, in a court of law, against your company for failing to make payments to that or any other entity? Yes No

Insurance

Does your company understand and agree to our terms and conditions that are shown on our website, including supplying a Certificate of Liability Insurance per our terms? Yes No

Have you had a contract terminated for cause in the last 5 years: Yes No (If yes, please explain)

Has your company failed to complete any contracts in the last 5 years?

Yes No (If yes, please explain)

Has your company had a lawsuit or judgement against them in the last 5 years?

Yes No (If yes, please explain)

Insurance Company:

Agent/Broker	Contact	Phone	Email

General Liability:

Company Name	Contact	Phone	Email

Per Occurrence \$ _____ Aggregate \$ _____ AM Best Rating: _____



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Umbrella/Excess Liability:

Company Name	Contact	Phone	Email

Per Occurrence \$ _____ Aggregate \$ _____ AM Best Rating: _____

Auto Liability:

Company Name	Contact	Phone	Email

Per Occurrence \$ _____ Aggregate \$ _____ AM Best Rating: _____

Workers Compensation:

Company Name	Contact	Phone	Email

Limits \$ _____ E.L. Each Accident \$ _____

E.L. Disease (policy limit) \$ _____ E.L. Disease (each employee limit) \$ _____

Professional Liability:

Company Name	Contact	Phone	Email

Deductible \$ _____ Policy Limit \$ _____

Pollution Liability:

Company Name: _____ Deductible \$ _____ Policy Limit \$ _____

Includes Lead Pollution Liability: Yes No

Includes Asbestos Pollution Liability: Yes No

Safety

In the past five years, has your company been cited by OSHA for a "serious" or "willful" violation?

Yes No (If yes, please explain)

OSHA 300 – A Logs

	20__	20__	20__
Experience Modification Rating (EMR)			
Fatalities			
OSHA Recordable Injuries & Illness			

Please give a brief description of the circumstances surrounding any fatalities.

Please give a brief description of any OSHA citations and corrective action taken.



Do you have a written Company Safety Policy and Program? Yes No

If yes, will you provide copies if requested? Yes No

Does your company have a substance abuse policy? Yes No

If yes, which are included in the policy?

- Pre-hire/Initial Employment Cause
- Post Accident/Incident Random Periodic

Does your company provide safety training for all employees? Yes No

If yes, list training provided:

Quality

Please provide a statement as to your qualifications to provide the product or service being offered to ILL:

If applicable, does your company service the product it sells? Yes No

What is your company policy in dealing with complaints, short shipments, returns, etc.?

What value-added services does your company provide which set it apart from the competition?

Inventory

Do you maintain a local (Minnesota) inventory of products? Yes No

Approximate local inventory value: \$ _____ Location: _____

Approximate non-local inventory value: \$ _____ Location: _____

Standard delivery, in working days, for commonly ordered products? _____ Days

Is your product imported? Yes No



Sustainability

1. Has your company implemented any of the following environmental policy initiatives for your facilities? (Please attach relevant policies or links)

- Environmental or Sustainability Policy
- Climate Action Plan
- Zero Waste Policy or Plan
- Toxics Reduction Strategy or Policy
- Water Reduction Strategy or Policy
- Green Transportation Plan for employees
- Sustainable Purchasing Policy – Please describe representative products bought for your facilities and list sustainability attributes – e.g. recycled materials, recyclable, reusable, non-toxic, biodegradable, EPEAT.

2. Does your company meet an environmental management standard (e.g., ISO 14001, EMAS)? (Please describe and document)

3. Does your company have a recycling/composting collection program? (Please describe)

4. Has your company received any environmental and /or sustainability awards in the past five years? (Please describe)

5. Is your company certified as a Green Business? (Please list certifying agency and provide documentation) _____

6. Does it hold other environmental certifications? (Please list and document)

7. Does your company require sustainability principles in managing its supply chain? (Please describe) _____

8. Has your company ever been cited for non-compliance of an environmental or safety issue (please describe date, reason, outcome) _____



LEED

Does your Company have LEED Accredited Individuals? Yes No

Number of LEED Accredited individuals:

LEED Project Experience (number of projects)

Certified Platinum Gold Silver

Facilities

1. Have any buildings that you own or lease been LEED certified by the U.S. Green Building Council? Yes No Please describe:

2. Does your company create or purchase renewable energy in its operations?

On-site Off-site Holds Green-E certification

_____ % of overall energy derived from renewable sources

Purchases renewable energy credits (RECs) Yes No (Please provide documentation)

Shipping

1. Is your company an EPA SmartWay Partner or are products shipped via any EPA SmartWay Partners? Yes No

2. Are any of your company's passenger vehicles and light-duty trucks EPA SmartWay certified? Yes No Percentage? _____

3. Do your fleet vehicles utilize alternative fuels (e.g., Ethanol, E85, Biodiesel, Natural Gas)? Yes No

4. Does your company minimize shipping energy and environmental impacts in other ways? (Please describe)

Reporting

1. Does your company produce a public sustainability or environmental report about its policies and operations? Please provide a copy or link and indicate compliance with any international standards (e.g. Global Reporting Initiative, Carbon Disclosure Project, ISO 14000) _____



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2. Does your company label environmental products listed in its catalog, website or brochures? If the products are generically labels as "green," what criteria are used to determine which products qualify? _____

3. Can you produce purchase reports for customers that identify and sort by the products' individual sustainability attributes (e.g., recycled, EPEAT, not just "green" designation)?

Additional Information

Charitable Giving Policy

Does your company have a charitable giving program. Yes No If yes, please provide details.

Any additional information or environmental achievements that you think ILI should consider in evaluating your company?

Form completed by: _____
Name

Title