

# Qualified Vendor Form

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Prior to being able to enter into any future Service Agreement with Mid-America Asset Management, Inc. please complete this Qualified Vendor Form in its entirety, including submission of requested materials. This form will assist us in understanding your company and its services, and assuring us that your company meets Mid-America's minimum standards required before inclusion on our Qualified Vendor Bid List.

**Please answer the below questions to the best of your ability:**

Legal Name of your Organization: \_\_\_\_\_

Ownership Structure (please check one)

Sole Proprietorship     Partnership     Corporation     Joint Venture     Other \_\_\_\_\_

Doing Business As (d/b/a): \_\_\_\_\_

Office Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary Phone: \_\_\_\_\_ Primary Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

Primary Business Type: \_\_\_\_\_

Please list the primary officers of your organization and their contact information (Name, title, phone, email)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

FEIN: \_\_\_\_\_

Who will be the primary contact for Mid-America? \_\_\_\_\_

How many years has your organization been in business under its present business name and current Ownership: \_\_\_\_\_

List the States in which your organization is licensed to perform work:

\_\_\_\_\_

Is your company in good standing with all States listed above?  Yes  No

If No, please explain:

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

Are there any judgments, claims, arbitration proceedings or suits pending?  Yes  No

If Yes, please explain:

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

Has your organization ever failed to complete any work awarded to it?  Yes  No

If Yes, please explain:

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Please check the categories of work which your organization is qualified to provide with its own employees (check all that apply):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Backflow            | <input type="checkbox"/> Irrigation             | <input type="checkbox"/> Power Washing      |
| <input type="checkbox"/> Doors               | <input type="checkbox"/> Janitorial Services    | <input type="checkbox"/> Roof               |
| <input type="checkbox"/> Electrical Services | <input type="checkbox"/> Landscaping            | <input type="checkbox"/> Security           |
| <input type="checkbox"/> Elevator            | <input type="checkbox"/> Masonry/ Tuck Pointing | <input type="checkbox"/> Signage            |
| <input type="checkbox"/> Exterior Lighting   | <input type="checkbox"/> Painting               | <input type="checkbox"/> Snow Removal       |
| <input type="checkbox"/> Fences              | <input type="checkbox"/> Parking Lot Repairs    | <input type="checkbox"/> Sprinkler Services |
| <input type="checkbox"/> Fire Alarm Services | <input type="checkbox"/> Parking Lot Sweeping   | <input type="checkbox"/> Towing / Booting   |
| <input type="checkbox"/> Grease Trap         | <input type="checkbox"/> Pest Control           | <input type="checkbox"/> Waste Removal      |
| <input type="checkbox"/> Holiday Décor       | <input type="checkbox"/> Plumbing               | <input type="checkbox"/> Window Cleaning    |
| <input type="checkbox"/> HVAC                | <input type="checkbox"/> Pond Maintenance       | <input type="checkbox"/> Other              |

If you check Other, please list services not included above:

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Please describe the general geographic region that your company services:

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**BUSINESS CLASSIFICATION**

Is your business at least 51% owned by one or more of the following minorities? *(Please check all that apply)*

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Black American    | <input type="checkbox"/> Asian-Indian American | <input type="checkbox"/> Pacific-Asian American |
| <input type="checkbox"/> Hispanic American | <input type="checkbox"/> Native American       | <input type="checkbox"/> Other                  |

Is your business at least 51% owned by a woman or women?  Yes  No  
 Is your business at least 51% owned by a disabled veteran?  Yes  No

**BUSINESS CERTIFICATION**

Is your business certified by a federal, state, or municipal governmental agency, or any other agency or organization as any of the following?

- |                                      |                              |                             |                               |
|--------------------------------------|------------------------------|-----------------------------|-------------------------------|
| Minority Business Enterprise         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                               |
| Woman Business Enterprise            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                               |
| Disabled Veteran Business Enterprise | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                               |
| Union Affiliated                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Both |

Does your company use sub-contractors?  Yes  No

If "Yes", what services are performed by sub-contractors? \_\_\_\_\_  
\_\_\_\_\_

**Insurance:**

Please list the amount of coverage your policy has:

General Liability: \_\_\_\_\_

Property: \_\_\_\_\_

Umbrella Liability: \_\_\_\_\_

Workman's Compensation: \_\_\_\_\_

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

Insurance Company Rating: \_\_\_\_\_

Does your insurance company charge a fee for each party listed as an additional insured?  Yes  No

If Yes, what is the additional charge per listed entity? \_\_\_\_\_

**With submission of this form, please attach the following:**

- ~~• Copy of full company insurance policy~~
- W-9

**Please list three (3) business references:**

Name of Company	Contact Name	Phone / Email	Job Performed
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**OWNER'S CERTIFICATION**

On behalf of the above-named company, the undersigned certifies that the information and responses provided herein are true, complete, and accurate as of this date, and he/she is aware that any intentionally misrepresented or falsified information may result in disqualification from future contracting opportunities with Mid-America Asset Management, Inc.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

Title \_\_\_\_\_

## MBE / WBE / DVBE DEFINITIONS

**MINORITY.** A citizen or lawful permanent resident of the United States who is an ethnic person of color and who is:

- **Black American.** A person having origins in any of the Black racial groups of Africa.
- **Asian-Indian American.** A person whose origins are from India, Pakistan or Bangladesh.
- **Pacific-Asian American.** A person whose origins are from Japan, China, Taiwan, Korea, Vietnam, Laos, Cambodia, the Philippines, Samoa, Guam or the United States Trust Territories of the Pacific including the Northern Marianas.
- **Hispanic Americans.** A person of Mexican, Puerto Rican, Cuban, or Central or South American culture or origin, regardless of race.
- **Native American.** An American Indian, Eskimo, Aleut, or Native Hawaiian.

**MINORITY BUSINESS ENTERPRISE.** A business enterprise (1) which is at least 51% owned by one or more minorities, or, in the case of a publicly-owned business, at least 51% of the stock of which is owned by one or more women, (2) whose management and daily business operations are controlled by one or more women who own the business, **and** (3) which is a business concern with its home office in the United States and which is not a branch or subsidiary of a foreign corporation, firm, or other business.

**DISABLED VETERAN.** A veteran of the military, naval or air services of the United States with a service-connected disability.

**DISABLED VETERAN BUSINESS ENTERPRISE.** A business enterprise which is certified by the State of California Office of Small & Minority Business of the Department of General Services as meeting all of the following: (1) it is a business enterprise which is at least 51% owned by one or more disabled veterans, or, in the case of a publicly-owned business, at least 51% of the stock of which is owned by one or more disabled veterans, (2) the management and daily business operations are controlled by one or more disabled veterans (the disabled veterans who exercise management and control are not required to be the same disabled veterans as the owners of the business concern), **and** (3) it is a business concern with its home office in the United States and which is not a branch or subsidiary of a foreign corporation, firm, or other business.