

**SURVEY SERVICES FIRM(S) INFORMATION FORM
(Mandatory) IDL RFSOQ 25-224**

1. Name, title, address, and telephone number of the firm's officer responsible to the Agency for all work to be provided under this RFSOQ:

Name/Title Address _____
City, State, Zip _____
Telephone _____
Email: _____

2. Please check the appropriate box to identify the legal entity making this proposal.
 Corporation Partnership Individual Joint Venture
3. If a joint venture, please attach a separate sheet identifying other firm(s) in association.
4. If yes to any of the following questions, please attach a separate sheet of explanations; state the project(s), date, owner and reason.

Has your firm or joint venture failed to accept a contract or to complete a contract awarded to you? Yes No

Has your firm or joint venture under another or previous name failed to accept a contract or to complete a contract awarded to you? Yes No

Has your firm or joint venture had a contract terminated or been given written notice or demand incident to a proposed contract termination?
 Yes No

5. State the name, agent's name, address, telephone number of your current bonding company(s) and identify any other sureties used by your firm during the past five (5) years.

Name _____
Address _____
City, State, Zip _____
Telephone _____

6. State the name, agent's name address, and telephone number of your current insurance company(s) that provides or during the past five (5) years have provided coverage for your firm in the areas of liability, builder's risk and workers' compensation.

Name _____
Address _____
City, State, Zip _____
Telephone _____

7. If yes to any of the following questions, provide complete explanation on a separate sheet.

Has any one of your current or former sureties or bonding companies ever been required to perform under or canceled a bid bond, labor or material payment bond or a performance bond issued on your firm's behalf?
 Yes No

Has you firm ever been denied coverage or had coverage terminated or cancelled by any insurer during the past five (5) years? If so, please state the company, date and reason.
 Yes No

Within the past five (5) years has your current firm or any predecessor organization been involved as a party or filed a claim in any bankruptcy, litigation or arbitration?
 Yes No

8. Name, title and signature of your firm's officer from No. 2 above who was responsible for the preparation of this form.

Name: _____ Email: _____

Signature: _____ Title: _____