



**ELECTRICAL BUILDERS, INC.**  
 2720 1 1/2 Street South; St. Cloud, MN 56301  
 P: (320) 257-9008 Toll Free: (877) 297-0616 F: (320) 257-9007  
 www.electricalbuilders.com | info@electricalbuilders.com

**ELECTRICAL BUILDERS, INC.** Nation's Premier Specialty Electrical & Welding Contractor Since 1974

**BUSINESS INFORMATION**

Business Name

Business Address

Business Phone  Fax

RFQ Contact Name  Direct Phone

RFQ Contact Email

**Afterhours/Emergency Contact**

**Afterhours Phone**  **Email**

A/R Contact

Remit to Address

Website

Tax ID Number  D&B No.

NAICS Code(s)  Years in business

Organizational Structure/Country or State of Organization

List owners/officers/partners

Name	Title	Address	Phone	Email

Parent Company (if applicable)   
 List any affiliates

Minority/Diverse Business?   
 \*If yes, list and attach certification

	Current	2017	2016	2015
Annual Sales	<input style="width: 60px; height: 15px;" type="text"/>	<input style="width: 60px; height: 15px;" type="text"/>	<input style="width: 60px; height: 15px;" type="text"/>	<input style="width: 60px; height: 15px;" type="text"/>

Considered Small Business?

	Current	2017	2016	2015
# of Employees	<input style="width: 60px; height: 15px;" type="text"/>	<input style="width: 60px; height: 15px;" type="text"/>	<input style="width: 60px; height: 15px;" type="text"/>	<input style="width: 60px; height: 15px;" type="text"/>

\*If yes, attach certification if applicable

Describe the nature of products/services provided and the country where products/services are to be performed.

**QUALITY**

Do you have a Quality Management System in place? Y or N

\*If yes, please attach along with certification

*EBI maintains a quality policy that supports our strategic direction, provides a framework for meeting our quality objectives, and is based on our commitment to all applicable requirements and continual improvement.*

*For more information on EBI's Quality Policy, please visit: [www.electricalbuilders.com](http://www.electricalbuilders.com)*

**SAFETY**

Do you have a Safety Program in place? Y or N

\*If yes, please attach table of contents and OSHA 300A or equivalent for the past 3 years

**INSURANCE**

Please attach the following:

\*Experience Modification Rate (EMR) documentation for the current and past 3 years

\*Proof of liability insurance

**REFERENCES**

Please attach 3 business references and contact information for each

---

Office use only:

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> New Vendor | <input type="checkbox"/> Approved                 |
| <input type="checkbox"/> Renewal    | <input type="checkbox"/> Reasons for denial _____ |

Signature/Title: \_\_\_\_\_

Date: \_\_\_\_\_