

UNIFORMED SECURITY SERVICES

CONTRACTOR EXPERIENCE AND QUALIFICATIONS STATEMENT

1. PROJECT INFORMATION
   1. Project Name:
   2. MSA Project Number:
2. COMPANY INFORMATION
   1. Company Name:
   2. Contractor Contact Information: Contact Name:

Street Address: City/State/ZIP: Telephone Number: Facsimile Number: Email Address:

* 1. Principal Office (if different):
  2. State of Maryland Minority Business Certification (MBE):

If yes, provide MDOT certification number: Yes No

* 1. Registered State of Maryland Small Business Reserve (SBR) Yes No If yes, provide SBR registration number:
  2. **Tax identification Number:**

1. HISTORY AND TYPE OF ORGANIZATION
   1. Type of Business Entity:
   2. The organization has been registered to do business in Maryland (or other jurisdiction) for:
   3. The organization has been doing business under its present name for:
   4. MSA reserves the right to require the submission of further documentation regarding the organization’s corporate registration, filings, formation documents, etc.
2. COMPANY PROFILE

years

* 1. Gross Sales of the Business for the most recently completed 3 fiscal years:

2017 $

2016 $

2015 $

* 1. Total Number of Employees:
  2. Name of Bonding Company:
     1. Bonding Capacity:

|  |  |  |
| --- | --- | --- |
| **i.** | **Per Project:** | **$** |
| **ii.** | **Aggregate:** | **$** |

* + 1. Name and address of agent:
    2. Have you been required to post a payment and performance bond in the past three years?

Yes No

* + 1. Has your application for Surety Bond ever been declined? Yes No
  1. Financial Statement: ATTACH a financial statement, preferably audited, including your organization’s latest balance sheet and income statement showing the following items:
     1. Current Assets (e.g., cash, joint venture accounts, accounts receivable, notes receivable, accrued income, deposits, materials inventory and prepaid expenses;
     2. Net Fixed Assets;
     3. Other Assets;
     4. Current Liabilities (e.g., accounts payable, notes payable, accrued expenses, provision for income taxes, advances, accrued salaries and accrued payroll taxes);
     5. Other Liabilities (e.g., capital, capital stock, authorized and outstanding shares par values, earned surplus and retained earnings).

1. LITIGATION AND CLAIMS HISTORY

The contractor will be immediately disqualified if the answer to any of questions below is “yes” and explanation(s) are not provided.

* 1. In the past ten (10) calendar years has your organization been involved in mediation of a construction related dispute where the amount in dispute exceeded $50,000?

Yes No

If “yes,” explain on a separate signed page, including the identification of the involved parties, the date of the action and the result.

* 1. In the past ten (10) calendar years has your organization filed a lawsuit or made a demand for arbitration where the amount in dispute exceeded $50,000?

Yes No

If “yes,” explain on a separate signed page, including the identification of the involved parties, the date of the action and the result.

* 1. Has your organization or any of its owners, officers or partners ever been found liable in a civil suit or found guilty in a criminal action for making any false claim or material misrepresentation to any public agency or entity?

Yes No

If “yes,” explain on a separate signed page, including the identification of the involved parties, the date of the action and the result.

* 1. Has your organization or any of its owners, officers or partners ever been convicted of a crime involving federal, state, or local law related to contracting or construction?

Yes  No

If “yes,” explain on a separate signed page, including the identification of the involved parties, the date of the action and the result.

* 1. Has your organization or any of its owners, officers or partners ever been convicted of federal or state crime of fraud, theft, or been found guilty of having submitted a false claim to a public agency within the last ten (10) years?

Yes No

If “yes,” explain on a separate signed page, including the identification of the involved parties, the date of the action and the result.

* 1. Is your organization currently in litigation with the State of Maryland? Yes No



If “yes,” explain on a separate signed page, including the identification of the

involved parties, the date of the action and the result.

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

If “yes,” explain on a separate signed page, including the identification of the

involved parties, the date of the action and the result.

1. SECURITY GUARD AGENCY LICENSES AND REGISTRATIONS
   1. List the states or jurisdictions in which your organization is licensed to perform security guard services, and indicate registration or license numbers, if applicable:

|  |  |
| --- | --- |
| **STATE / JURISDICTION** | **LICENSE / REGISTRATION NO.** |
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1. SAFETY ACT

The U.S. Department of Homeland Security Science and Technology awards SAFETY Act Designation and Certifications to companies that provide qualifying anti-terrorism technologies and services. For more information, please visit <https://www.safetyact.gov/>.

* 1. Does your company hold SAFETY Act Designation and/or Certification from the U.S. Department of Homeland Security Science and Technology Directorate?

Yes No

If yes please provide the following:

* + 1. Date of First Award
    2. Date of Expiration
    3. Description of Qualifying Anti-Terrorism Technologies Covered
    4. Protection Level

**Certification**

**Designated**

**Developmental Testing and Evaluation**

1. WORK EXPERIENCE
   1. Which of the following categories of work does your organization perform (Check all that apply):

**Uniformed Facility Security**

**Uniformed Event Security**

**Guest Services (Ushers, Fan Assistance, Concierge, Guest Relations)**

**Security Investigations**

**Security Consulting, Surveys, Assessments**

**Background Investigations and Employee Screenings**

**Armed Security / Armed Special Police Officer**

**Explosives Detection and Screening (K9s)**

* 1. List all active security service projects/contracts your company has in progress:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Project Name, City, State** | **Year Started** | **Contract**  **Amount**  **$** | **Annual Guard Hours** | **# of F/T Officers Assigned** | **# of P/T Officers Assigned** |
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* 1. List all security service projects/contracts your company has completed in the past five years:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Project Name, City, State** | **Year Ended** | **Contract**  **Amount**  **$** | **Annual Guard Hours** | **# of F/T Officers Assigned** | **# of P/T Officers Assigned** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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1. PROJECT REFERENCES
2. UNIFORMED SECURITY SERVICES PROJECT/CONTRACT REFERENCE NO. 1

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Project Name, City, State** | **Start Date** | **End**  **Date** | **Contract**  **Amount** | **Annual Guard Hours** | **Number of Officers Assigned** |
|  |  |  | $ |  |  |

Name of Contact Person: Phone Number:

Email Address:

Project Description:

The contact person identified above should be someone who can comment on the company’s ability to perform the required services. ALL CONTACT INFORMATION SHOULD BE ACCURATE AND UP-TO-DATE.

1. UNIFORMED SECURITY SERVICES PROJECT/CONTRACT REFERENCE NO. 2

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Project Name, City, State** | **Start Date** | **End**  **Date** | **Contract**  **Amount** | **Annual Guard Hours** | **Number of Officers Assigned** |
|  |  |  | $ |  |  |

Name of Contact Person: Phone Number:

Email Address: Project Description:

The contact person identified above should be someone who can comment on the company’s ability to perform the required services. ALL CONTACT INFORMATION SHOULD BE ACCURATE AND UP-TO-DATE

1. UNIFORMED SECURITY SERVICES PROJECT/CONTRACT NO. 3

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Project Name, City, State** | **Start Date** | **End**  **Date** | **Contract**  **Amount** | **Annual Guard Hours** | **Number of Officers Assigned** |
|  |  |  | $ |  |  |

Name of Contact Person: Phone Number:

Email Address: Project Description:

The contact person identified above should be someone who can comment on the company’s ability to perform the required services. ALL CONTACT INFORMATION SHOULD BE ACCURATE AND UP-TO-DATE.

1. INSURANCE
   1. Provide a Certificate of Insurance evidencing coverage’s for General Liability, Automobile, Workers’ Compensation and Excess Liability.
2. SIGNATURE

Date:

Name of Organization:

I HEREBY CERTIFY THAT I AM DULY AUTHORIZED TO EXECUTE THIS DOCUMENT ON BEHALF OF THE ORGANIZATION IDENTIFIED HEREIN AND THAT THE INFORMATION PROVIDED IS TRUE AND SUFFICIENTLY COMPLETE SO AS NOT TO BE MISLEADING.

By:

(signature)

Title:

**Prequalification Submittal Checklist**

**Your prequalification submittal shall include the following:**

1. **Complete Uniformed Security Services Contractor Experience and Qualification Statement. This form is available in Adobe PDF format and can be filled in electronically (preferred).**
2. **Copy of company’s Financial Statement.**
3. **Evidence of company’s Maryland Security Guard Agency License**
4. **Evidence of company’s SAFETY Act Designation or Certification**