



BUILDING EXCITEMENT.

Vendor/Supplier Prequalification Statement

Please complete and return to Jennifer Crane, Purchasing Consultant at jcrane@procurellc.com indicating the scope applicable in the subject line. This is required in advance of consideration to bid. The undersigned certified that the statements and answers are true and correct.

Please check your area of expertise:

- ☐ Office Furniture
- ☐ Upholstered Furniture
- ☐ Portable Lighting
- ☐ Hard Wire Lighting
- ☐ Casegoods
- ☐ Drapery (fabrication & installation)
- ☐ Restaurant Furniture
- ☐ Stack Chairs
- ☐ Banquet Tables
- ☐ FFE Installation
- ☐ Freight Management & Logistics
- ☐ Other Scope Item Not Yet Released

Company:				Title:	
(DBA if applicable)				Address:	
DUNS/TIN:					
Name of Company's Principals:				Principal Office Address:	
Representative:				Phone:	
Email Address:					
Website:				Fax:	
Type of Business:	C Corporation	S Corporation	LLC	Partnership	Sole Proprietor
State of Incorporation:					
Owned/Controlled by Parent Company? Provide Name.					



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INTERNATIONAL®

BELLAGIO® ARIA® Vdara® MGM GRAND® THE SIGNATURE AT MGM GRAND® MANDALAY BAY® THEhotel AT MANDALAY BAY® THE MIRAGE®
MONTE CARLO™ NEW YORK-NEW YORK® LUXOR® EXCALIBUR® CIRCUS CIRCUS® LAS VEGAS RAILROAD PASS™ HENDERSON, NEVADA CIRCUS CIRCUS® RENO, NEVADA
SILVER LEGACY™ RENO, NEVADA GOLD STRIKE® JEAN, NEVADA BEAU RIVAGE® BILOXI, MISSISSIPPI GOLD STRIKE® TUNICA, MISSISSIPPI MGM GRAND® DETROIT, MICHIGAN
GRAND VICTORIA® ELGIN, ILLINOIS MGM MACAU™, CHINA MGM GRAND® SANYA, CHINA

Vendor/Supplier Prequalification Statement

Circle all that apply. MBE / WBE / DBE / SBE / VOB (Please attach copies of all certifications)

MDOT certified? Please provide Certification No. _____ Expiration Date: _____

Is your business headquartered in Prince George's County? Please circle YES / NO

Do you have a local office in Prince George's County? Please circle YES / NO

Is your business Registered or Certified with the Maryland Lottery and Gaming Control Commission? Please circle YES / NO

Certification No. _____ Expiration Date: _____ \$100,000+ _____ \$2,500 - \$99,999 _____

1. List the states in which your organization is legally qualified to do business.

2. How many years has your organization been actively engaged in business? _____

3. Number of Employees _____ Minority _____ Female _____

4. Annual Work Capacity (\$) _____

2014 Revenue (\$) _____

2013 Revenue (\$) _____

2012 Revenue (\$) _____

5. Description of Product(s) or Service(s) your company provides.

6. List areas of concentration (hospitality, government, commercial, residential, retail, health care, office, biotech, etc.).

7. Name of Insurance Company: (name, address and phone number of agent, current limits of General Liability, Workers Compensation, Automobile and Umbrella Policy). Provide sample certificate.

8. Has your firm ever had financial difficulties that resulted in declaring Chapter 11? Have any vendors placed liens against your firm? Have you been placed in default or failed to complete a contract?

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9. Attach a dated financial statement or balance sheet for your company. Name/address of firm preparing statement.

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10. Bank References (Name, address, and phone number).

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11. List the hospitality and non-hospitality projects that your organization has completed in the last five (5) years. Designate the project name, owner's representative, phone number, manager reference, contract amount, and schedule. Must specify type of project (**attach separate sheet if necessary**).

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12. Has your firm had any successful joint-venture partnerships/teaming agreements? Describe partner and name of project.

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13. List any and all certifications held by your business, including the name of the certifying agencies, the corresponding certification numbers, expiration dates, and any conditions placed on your certifications.

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14. Provide complete contact information for three of your most recent projects, include contract value.

15. List your company's Worker's Compensation/Interstate Experience Modification Rate for the most recent 3 years. (Attach authentication from your insurance carrier of state fund (on their letterhead) verifying the EMR data.

2014 EMR: _____

2013 EMR: _____

2012 EMR: _____

THE UNDERSIGNED CERTIFIES THAT THE STATEMENTS/ANSWERS ABOVE ARE TRUE AND CORRECT.

Name: _____ Signature: _____

Title: _____ Date: _____