

INVITATION FOR BIDS (IFB) No. 2022-016, Snow Removal Services

PROFILE OF FIRM FORM
(IFB Attachment C)

(This Form must be fully completed with the proposal submittal.)

(1) Prime Sub-contractor (This form must be completed by and for each).

(2) Name of Firm: Landverk
 Telephone: 218-831-3435
 Fax:
 Email: Landverk@hotmail.com

(3) Street Address, City, State, Zip: 16035 Carlson Lake Rd. Brainerd, MN 56401

(4) Please attached a brief biography/resume of the company, including the following information: (a) Year Firm Established; (b) Year Firm Established in Minnesota; (c) Former Name and Year Established (if applicable); (d) Name of Parent Company and Date Acquired (if applicable).

(5) Identify Principals/Partners in Firm (submit under Tab No. 1):

[Table No. 1]

(1) Name	(2) Title	(3) % of Ownership
Justin Rudolph	owner/officer	100

(6) Identify the individual(s) that will act as project manager and any other supervisory personnel that will work on project; please submit under Tab No. 2 a brief resume for each. (Do not duplicate any resumes required above):

[Table No. 2]

(1) Name	(2) Title
Kayla Atkinson	Operations Manager

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(7) Bidder Diversity Statement. You must mark all the following that apply to the ownership of this firm and enter where provided enter the correct percentage (%) of ownership of each:

Caucasian American (Male) 100 % Public-Held Corporation _____ % Government Agency _____ % Non-Profit Organization _____ %

Resident- (RBE), Minority- (MBE), or Woman-Owned (WBE) Business Enterprise (Qualifies by virtue of 51% or more ownership and active management by one or more of the following):

Resident-Owned* _____ % African American _____ % Native American _____ % Hispanic American _____ % Asian/Pacific American _____ % Hasidic Jew _____ % Asian/Indian American _____ %

Woman-Owned (MBE) _____ % Woman-Owned (Caucasian) _____ % Disabled Veteran _____ % Other (Specify): _____ %

WMBE Certification Number:

Certified by (What Agency):

(NOTE: A CERTIFICATION/NUMBER IS NOT REQUIRED TO BID - ENTER IF AVAILABLE)

(8) Federal Tax ID No.: 46-2830591

(9) Local Business License No. (if applicable):

(10) State of Montana License Type and No. (if applicable):

(11) Federal License Type and No. (if applicable):

(12) Worker's Compensation Insurance Carrier: West Bend
Policy No.: A977361 01
Expiration Date: 10/2/23

(13) General Liability Insurance Carrier: West Bend
Policy No. A588381 04
Expiration Date: 10/2/23

(14) Automobile Liability Insurance Carrier: West Bend
Policy No. A588381
Expiration Date: 10/2/23

[Signature] 10/3/22 Justin Rudolph Landverx
Signature Date Printed Name Company