



**PLANTERRA®**

Since 1973

## PLANTERRA PARTNER PROGRAM

### Prequalification Form

#### ABOUT PLANTERRA

Planterra is a leading provider of interior landscape services and plant rentals serving corporate campuses of the Fortune 1000, medical facilities, hospitality properties and premier retail destinations. Equipped to manage clients with multiple locations, Planterra's national account program includes styling, formatting, procurement and maintenance of office plants and interior holiday decorating nationwide in the United States and Canada. Planterra's design team regularly collaborates with architects, designers, construction and facilities professionals on living walls, atriums, faux landscapes, holiday displays, horticulture exhibits and interior plantscape installations.

#### ABOUT THE PARTNER PROGRAM

The Planterra Partner Program is designed to serve customers who request or require a national service contract for interior landscaping and or interior holiday decorating.

Customers choose Planterra to manage their interior landscapes nationally for these reasons:

- To establish a consistent plantscape design that is reflective of the customer's philosophy and brand.
- To have one firm accountable for the execution and consistency of ongoing horticultural maintenance nationwide.
- To receive the high-quality service of an owner-operated, locally owned firm with the benefits of a national service contract.

#### ABOUT THE PARTNERS

Planterra Partners are a geographically diverse collection of pre-qualified contractors working with Planterra.

- Partners competitively bid for work.
- Partners are not charged to participate.
- Partners are measured by performance and cost effectiveness.

#### SUB-CONTRACTOR QUESTIONNAIRE

All subcontractors are required to complete the following questionnaire before they are eligible for consideration. The contents of this questionnaire will be considered confidential and used solely to determine your firm's qualifications and capabilities. Please direct any questions to [PTANationalAccounts@planterra.com](mailto:PTANationalAccounts@planterra.com).



PLANTERRA®  
Since 1973

# PLANTERRA PARTNER PROGRAM

## Prequalification Form

### GENERAL INFORMATION

NAME OF BUSINESS

WEBSITE

STREET ADDRESS

CITY

STATE, ZIP

COUNTRY

METROPOLITAN SERVICE AREAS

CLOSEST MAJOR AIRPORT CODES

TELEPHONE NUMBER

### PRIMARY CONTACT

NAME

TITLE

BUSINESS NUMBER

CELLPHONE NUMBER

E-MAIL ADDRESS

### ORGANIZATION INFORMATION

Please indicate your firm's legal structure:

C CORPORATION

S CORPORATION

PARTNERSHIP

SOLE PROPRIETOR

LIMITED LIABILITY  
COMPANY

Year Established:

Federal Employer Identification Number:

### OWNER INFORMATION

NAME

TITLE

PHONE

E-MAIL

NAME

TITLE

PHONE

E-MAIL

NAME

TITLE

PHONE

E-MAIL

Is any percentage of your company owned by a non-US citizen,  
foreign entity, or a US subsidiary of a foreign company?

Yes

No

N/A (Canada)

### ENTERPRISE CERTIFICATIONS

	Minority-Owned Business	Certification No.	
	Women-Owned Business	Certification No.	
	Small Business	Certification No.	
	Other:	Certification No.	

## WORK CLASSIFICATION

Please list the type(s) of work you are interested in bidding:

CATEGORY	INSTALLATION	HORTICULTURE SERVICES
Offices/Corporate		
Hotels		
Military/Government		
Specializations:		
My firm offers the following services:		
Short Term Plants Rentals	Cleaning/dusting for replica plants	Holiday decorating
		Fresh Cut Flowers

## EXPERIENCE AND CAPABILITIES

How many accounts does your firm services?

Please list percentage of your business by category:

	COMMERCIAL	RESIDENTIAL	HOLIDAY
Interior Landscaping			
Exterior Landscaping			
Please list the number of employees in your firm:    Part Time:                      Full Time:			
Please list the number of service technicians and installation crew members in your firm:			
	FULL-TIME	PART-TIME	CONTRACTED
Service Technicians			
Installers			
Number of Company vans and or trucks:                      Vans:                      Trucks:			
My business is home-based.			

## SECURITY CLEARANCES

My firm has security clearances to:

Airports

If yes, please indicate airports by codes:

Military Bases

If yes, please indicate which bases:

My firm is licensed with the State Gaming Control Board.

If yes, please list which state(s) you are licensed with:

## SAFETY, HEALTH, AND ENVIRONMENTAL

My company practices Integrated Pest Management (IPM).

My company has a State licensed pesticide applicator on staff.

My company uses sub-irrigation technology.

My company has a written safety program.

## REQUIRED DOCUMENTS / INSURANCE

Please fill out the following information about your insurance and attach your current certificate of insurance.

### GENERAL LIABILITY INSURANCE

NAME OF INSURANCE COMPANY

LIMIT PER  
OCCURANCE

LIMIT PER  
AGGREGATE

STREET ADDRESS

CITY

STATE, ZIP CODE

COUNTRY

LAST RENEWAL

### WORKER'S COMPENSATION INSURANCE

NAME OF INSURANCE COMPANY

STREET ADDRESS

CITY

STATE, ZIP CODE

COUNTRY

LAST RENEWAL

### AUTOMOBILE LIABILITY INSURANCE

NAME OF INSURANCE COMPANY

TYPE OF INSURANCE

STREET ADDRESS

CITY

STATE, ZIP CODE

COUNTRY

LAST RENEWAL

## INDUSTRY TRADE CREDIT REFERENCES

COMPANY NAME

CONTACT PERSON

TELEPHONE NUMBER

COMPANY NAME

CONTACT PERSON

TELEPHONE NUMBER

## PARTNER CODE OF ETHICS

I will deliver what I promise. All Information exchanged between my firm and Planterra will be kept strictly confidential. I will not give gifts to Planterra customers or solicit customer sites that I have been asked to bid on without Planterra's permission. I will respond to any voicemails or e-mails regarding a complaint, delay, or service issue within 24 hours.

The Information Provided in this questionnaire is true to the best of my knowledge. I agree to comply with the Partner Code of Ethics. I have the authority as an officer of the Company to sign for the Company.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE