



Overall Prequalification Form

| Company & Personnel Information | | | | | | | |
|---|----------------------|--|--|------------|------------------------|------------|--------------------------------------|
| Subcontractor Name: | | | | | | | |
| Address: | | | | | | | |
| Bid Contact | Name: | | | | Email: | | |
| | Cell Phone #: | | | | Office Phone #: | | |
| Company Contact for this Project: | Name: | | | | Email: | | |
| | Cell Phone #: | | | | Office Phone #: | | |
| ROC# | | | | DBE | SBE | MBE | WBC 8A HUB Zone |
| <i>*Please attach one page resumes for Field Supervisors (Maximum of two as listed above)</i> | | | | | | | |

| Safety Information: | | | | | | | |
|---------------------|------|--------------------|-----------------------|------------------------|-----------------------|------------------------|------------|
| | EMOD | Avg Employee Hours | OSHA Recordable Cases | Lost Work Days - Cases | Lost Work Days – Days | Restricted or Transfer | Fatalities |
| 2020 | | | | | | | |
| 2019 | | | | | | | |
| 2018 | | | | | | | |

| Insurance & Financial Information: | | | | | | | | |
|--|-----------------------|--|--|----------------|---------------------------|---------------------------|-----------------|--|
| Insurance Company: | Company Name: | | | | | | Phone #: | |
| | Agent Contact: | | | | | | | |
| Insurance Coverage Limits: | | | | | | | | |
| Bonding Company Information & Bonding Capacity: | Company Name: | | | | Per Project Limit: | | | |
| | Agent Contact: | | | | Aggregate Limit: | | | |
| | Phone #: | | | Rating: | | Current Available: | | |
| <i>*Please submit sample insurance certificate for Gen Liab, Auto & WC</i> | | | | | | | | |

| Similar Project References Last Five Years: | | | | | | | |
|---|--|--|--|-------------------------|-----------------|--|--|
| Project #1 Name: | | | | | | | |
| Brief Project Description: | | | | | | | |
| Reference Name & Title: | | | | | Phone #: | | |
| Original Value: | | | | Final Value: | | | |
| Start Date: | | | | Completion Date: | | | |
| Project #2 Name: | | | | | | | |
| Brief Project Description: | | | | | | | |
| Reference Name & Title: | | | | | Phone #: | | |
| Original Value: | | | | Final Value: | | | |
| Start Date: | | | | Completion Date: | | | |
| Project #3 Name: | | | | | | | |
| Brief Project Description: | | | | | | | |
| Reference Name & Title: | | | | | Phone #: | | |
| Original Value: | | | | Final Value: | | | |
| Start Date: | | | | Completion Date: | | | |



Overall Prequalification Form

| Miscellaneous Project Information Last Five Years: | | | | |
|---|---|--|------------|-----------|
| Has an owner or a General Contractor terminated a contract to your company? | | | | |
| Brief Project Description: | | | | |
| Has your company failed to complete a contract? | | | | |
| Brief Project Description: | | | | |
| Has your company encountered any Liquidated Damages for not completing the work on time? | | | Yes | No |
| Additional Company information | | | | |
| 1. | What Geographic locations do you work in? | | | |
| 2. | Does your Company propose to sub out any part of the contract? | | | |
| 3. | Does your Company have any Industry Training (MSHA, Railroad, etc.) | | | |
| Company Health and Safety information | | | | |
| 1. | Do you have a written safety and health program? If yes, submit a copy for evaluation. | Yes | No | |
| 2. | Who within the organization at senior management level has responsibility for Safety? Name: | | | |
| 3. | How many persons are employed by the organization? | Staff: _____ Field: _____ | | |
| 4. | Does your organization have a drug-testing program? | Yes | No | |
| 5. | Does your organization have an Orientation program for new hires? | Yes | No | |
| 6. | Does your organization have a procedure for identifying job hazards? | Yes | No | |
| 7. | Have all employees received adequate training relevant to their jobs in health and safety? | Yes | No | |
| 8. | Have there been any Federal or State citations in the last 3 years? If yes, enclose a written statement signed by senior management detailing corrective action. | Yes | No | |
| 9. | Do you hold craft "tool box" Safety Meetings? How often? Weekly Bi-Weekly Monthly | Yes | No | |
| 10. | Do You have a Hazard Communication program? | Yes | No | |
| 11. | Do you have/require SDS sheets for material/chemicals/equipment? If yes, explain field procedure for informing craft workers about potential hazards: | Yes | No | |
| 12. | Do you conduct project safety inspections? If yes, who conducts this inspection? | Yes | No | |