



CROWDER CONSTRUCTION COMPANY

Subcontractor Prequalification

Version 02.28.11

Thank you for your interest in working with Crowder Construction Company. Crowder is deeply committed to preserving the safety and health of your employees, our employees and the general public while performing construction services. Please take time to complete the following information so that we can better evaluate your capabilities and ability to safely perform work. **Information requested in this form is required before a subcontract can be awarded. Failure to submit required documentation can delay the prequalification process.**

◆ If you would like to be prequalified for a specific project, complete this form and submit it and all attachments to the Crowder Project Engineer or Project Manager listed in Section 1 below.

◆ If you would like to be prequalified for general bid purposes and **not** for a specific project, complete this form and use one of the following options to submit it and all attachments to the Contract Administrator:

Email to: contractadministrator@crowdercc.com.

Fax to 704.376.3573 – Attention: Contract Administrator

US mail to: Crowder Construction Company, Attention: Contract Administrator, PO Box 30007, Charlotte, NC 28230

SECTION 1: General Information

Date: _____ This prequalification is for: Current Crowder Project General Bid Purposes

Are you an owner-specified sub? Yes No Estimated Date On-Site (*Internal Use Only*): _____

Current Crowder Project Name: _____

Crowder Project Engineer/Manager: _____

Description of Work/Service to be Provided: _____

Approximate \$ value of work: _____ Approximate duration of work: _____

SECTION 2: Company Information

Company Name: _____ Website: _____

Type: Corporation Partnership Individual Joint Venture Other (specify) _____

In what state(s) is the above registered: _____

Under what other names has your company operated? _____

Contact Name: _____ Contact Email: _____

Contact Phone: _____ Company Phone: _____ Company Fax: _____

Mailing Address (*including City, State & Zip*): _____

Street Address (*including City, State & Zip*): _____

Is this address the: Main Office Regional Office Branch Office Name of Parent Company: _____

Address of Parent Company: _____

Dun & Bradstreet Number: _____ List your Federal ID or SS #: _____ ****Attach your W9 form****

Has your company performed work for Crowder Construction within the last three years? Yes No If yes, list the projects:

SECTION 3: Safety Information

1) Company representative directly responsible for safety and health: _____
Name *Title*

Address: _____

Phone: _____ Fax: _____ Email: _____

2) Current number of employees: _____

3) Do you have a written safety and health program? Yes No **If 'yes,' attach a copy.**

4) List your company's worker's compensation Experience Modification Rate (EMR) for the past three (3) years: Year: _____
Rate: _____

5) Provide the following information for the past three years:

a. Lost Work Day Cases _____	OSHA Recordable Cases _____
Fatalities _____	Employee Hours Worked _____
First Aid Cases _____	Recordable Incident Rate _____

b. **Provide copies** of OSHA 300 logs and OSHA 300A Summary Forms for the past three (3) years.

6) Have you received OSHA citations within the last three (3) years? Yes No **If 'yes' provide detailed explanation:**

7) Does your field supervision receive training on the following subjects?

Compressed Gas Cylinders	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Perimeter Guarding	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Confined Spaces	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Personal Protective Equipment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Electrical Safety	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Powered Industrial Trucks	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Emergency Procedures	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Respiratory Protection	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fall Prevention	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Rigging and Crane Safety	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fire Prevention	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Scaffolding	Yes <input type="checkbox"/>	No <input type="checkbox"/>
First Aid Procedures	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Signs and Barricades	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hand Tool Safety	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Toxic Substances	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hazard Communication	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Trenching and Excavation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Housekeeping	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Vehicle Safety	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Lockout/Tagout	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Welding and Cutting	Yes <input type="checkbox"/>	No <input type="checkbox"/>

8) Do you have a New Employee Safety Orientation Program? Yes No

9) Do you conduct competent person training? Yes No

10) Do you hold employee safety meetings? Yes No

How often? _____ Who conducts the meetings? _____

11) Do you have a Substance Abuse Policy? Yes No **If yes, check all of the following that apply:**

Pre-employment Testing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Post Accident Testing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Random Testing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	For Cause Testing	Yes <input type="checkbox"/>	No <input type="checkbox"/>

As a general contractor, it is Crowder Construction Company's continued responsibility to maintain compliance with all applicable OSHA Standards on each of our job sites. Upon assessment of this questionnaire, Crowder may request a pre-mobilization meeting with the subcontractor to ensure that all necessary criteria are in place to achieve such compliance. Typical areas of concern may include scope of work, site/task specific safety plans and procedures, documentation of competent persons, employee training and/or identification of known hazards that are typical to the subcontractor's craft.

SECTION 4: Operational/Financial Information

- 1) How many years has your company been in business under its current name? _____
- 2) **Attach a copy** of your company's audited/certified financial statements or reason not providing. _____
- 3) **Attach a copy** of your certificate of insurance reflecting the limits of your company.

Insurance Company Name: _____ Phone: _____
 Address: _____

Crowder's Minimum Insurance Requirements:

- Any additional insurance and/or limits required by the Prime Contract Agreement that apply to the subcontracted work.
- | | | <u>Required</u> |
|-------------------------|---------------------------------|------------------------------|
| ▪ General Liability: | General Aggregate | \$2,000,000 |
| | Products – Comp/Op Agg | \$2,000,000 |
| | Personal & Adv. Injury | \$1,000,000 |
| | Each Occurrence | \$1,000,000 |
| | Combined Single Limit | \$1,000,000 |
| ▪ Automobile Liability: | Or { Bodily Injury (per person) | \$1,000,000 |
| | | Bodily Injury (per accident) |
| | Property Damage | \$1,000,000 |
| | ▪ Workers' Compensation: | E.L. Each Accident |
| | E.L. Disease – Each Person | \$ 500,000 |
| | E.L. Disease Policy Limit | \$ 500,000 |

- 4) Bonding Company: _____
 Bonding Agent and Firm: _____ Phone: _____
 Max. bonding capacity of your company: _____ Max. bonding capacity per contract: _____
 Number of years your company has done business with this bonding company: _____
 Names of previous bonding companies: _____

- 5) Name of your company's bank: _____
 Address: _____
 Contact Name: _____ Phone: _____

- 6) Please provide at least three trade/credit references.

<u>Name of Company</u>	<u>Address</u>	<u>Phone Number</u>	<u>Contact Name</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- 7) Please **provide reference letters** for at least 3 recent past projects and list the specific contact information below:

<u>Contact Name</u>	<u>Contact Email</u>	<u>Company</u>	<u>Phone</u>	<u>Project</u>	<u>Year Complete</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____



SECTION 4: Operational/Financial Information – continued

8) Equal Employment Opportunity Information:

- a. Do you have a written EEO policy? Yes No
- b. Do you have an anti-harassment policy? Yes No
- c. Do you have an employee complaint procedure? Yes No
- d. Do you have a designated EEO officer? Yes No

If yes: Name: _____ Title: _____
 Phone: _____ Email: _____

9) Immigration eligibility to work in the United States:

- a. Do you verify your employees' eligibility to work in the U.S. (I-9 compliance)? Yes No
- b. Do you maintain records to confirm compliance with I-9 guidelines? Yes No
- c. If you are enrolled in E-Verify, please list your company id number: _____

10) List minority designations (*DBE, HUB, MBE, SBE, or WBE, etc.*) and **attach copies** of certifications: _____

11) List license type (electrical, plumbing, etc.), numbers, issuing state, and expiration date:

<u>Type</u>	<u>Number</u>	<u>Issuing State</u>	<u>Expiration Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12) Has a complaint ever been filed against your company with a state licensing board or any other regulatory agency (EEOC, SCHAC, etc.)? If yes, explain: _____

13) Has an owner or general contractor terminated your contract for cause? If yes, explain. _____

14) Has your company failed to complete any work awarded? If yes, explain. _____

15) Are there any judgments or claims pending against your company? If yes, explain. _____

16) Has your company been involved in any arbitration proceedings? If yes, explain. _____

17) Has your company received a copy of Crowder's subcontract standard terms and conditions? Yes No