



## SUBCONTRACTOR Pre-Qualification Form

Please complete the form below and email (form and all attachments) to [prequal@cswcontractors.com](mailto:prequal@cswcontractors.com) or fax to 602-266-7070. If all information is not provided and all attachments are not submitted - this will significantly delay approval or your prequalification could be rejected. Please note that this is a preliminary prequalification form and includes only our minimum requirements. Additional information may be requested by the job owner or due to the type of work to be performed.

Date PreQual completed:

| GENERAL COMPANY INFORMATION                                |  |
|--|--|
| Company's Legal Name                                       |  |
| Mailing Address  |  |
| Street Address   |  |
| Phone  | Fax:   |
| Website  |  |
| Estimating Contact   | Title:   |
| E-Mail Address   | Year Company Founded:  |
| Type of Company  | <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership<br><input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Other |
| Are there any affiliated subsidiaries?                     | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| If yes, please name them                                   |  |
| Is your firm owned or controlled by another organization?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| If yes, please enter name of parent organization           |  |
| State Sales Tax Registration No.                           |  |
| State Unemployment Insurance No.                           |  |
| Union  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Total number of current number of employees                |  |
| How many employees are...                                  | Office Personnel              Field Supervisors<br>Average Field Labor   |
| Minority Business Enterprise Status:                       | <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> DBE <input type="checkbox"/> SBE<br>Certifying Agency:<br><i>*Please attach copies of all certifications regarding your MBE status</i>  |
| Preferred Project Size                                     | <input type="checkbox"/> \$10k - \$250k <input type="checkbox"/> \$251k - \$500k <input type="checkbox"/> \$1M <input type="checkbox"/> \$2M <input type="checkbox"/> 5M+  |
| List the geographical areas in which you work:             |  |
| List the trades you normally perform with your own forces: |  |



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|  |    |
|--|----|
| What percentage of the Company's work is normally subcontracted? | %  |
| Current Backlog as of today                                      | \$ |

### CONTRACTOR'S LICENSE(S) STATES AND NUMBERS (ATTACH COPY)

|        |              |
|--------|--------------|
| State: | License No.: |
| State: | License No.: |
| State: | License No.: |
| State: | License No.: |

### COMPANY'S PRINCIPALS

|       |        |
|-------|--------|
| Name: | Title: |
| Name: | Title: |
| Name: | Title: |
| Name: | Title: |
| Name: | Title: |
| Name: | Title: |
| Name: | Title: |
| Name: | Title: |
| Name: | Title: |

### SURETY INFORMATION

|  |   |                    |
|--|---|--------------------|
| Current Surety Company                             |   |                    |
| Broker Agent Name                                  |   | Phone No.:         |
| Bond Rates <i>(please enter bond rates for...)</i> | <u>Volume</u><br>\$100,000 -<br>\$500,000 -<br>\$1M -<br>\$2M -<br>\$5M - | <u>Bond % Rate</u> |
| Single Project Bonding Capacity                    | \$  |                    |
| Aggregate Bonding Capacity                         | \$  |                    |



## SUBCONTRACTOR Pre-Qualification Form

### SAFETY INFORMATION

|                                 |                                 |  |
|---------------------------------|---------------------------------|--|
| Company Safety Professional:    |                                 |  |
| Title:                          |                                 |  |
| Telephone:                      |                                 |  |
| Email:                          |                                 |  |
| Total # of full time employees: | Total # of part time employees: |  |

#### OSHA 300 Information (Entire Company)

|  | 2009 | 2008 | 2007 |
|--|------|------|------|
| A. OSHA Recordable Incident Rate           |      |      |      |
| B. Lost Time Incident Rate                 |      |      |      |
| C. Number of Recordable Injury Cases       |      |      |      |
| D. Number of Lost Time Incidents/Illnesses |      |      |      |
| E. Number of Days Away from Work           |      |      |      |
| F. Number of Fatalities                    |      |      |      |
| G. Total Employee Hours Worked             |      |      |      |

\*\*\* Note: For A&B use the formula: Incidents multiplied by 200,000 then divided by # of Employee Hours Worked.

#### EXPERIENCE MODIFICATION RATE (EMR)

List corporate Worker's Compensation Experience Modification Rate for the most recent 3 years and include documentation.

Corporate:    2007: \_\_\_\_\_    2008: \_\_\_\_\_    2009: \_\_\_\_\_    2010: \_\_\_\_\_

#### OSHA CITATIONS

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Has your company received any OSHA citations in the last 3 years? <i>If yes, please provide details on cause(s).</i> | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|--|------------------------------|-----------------------------|

#### SAFETY GOALS AND OBJECTIVES

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Do you have corporate safety goals and objectives?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do you have a written safety and health program/manual?<br><i>Please include a copy of the Table of Contents</i> | <input type="checkbox"/> YES | <input type="checkbox"/> NO |



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|   |                              |                             |
|---|------------------------------|-----------------------------|
| <b>SAFETY MEETINGS</b>  |                              |                             |
| Do your supervisors hold safety meetings?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If yes, state how often?  |                              |                             |
| <b>INSPECTIONS</b>  |                              |                             |
| Do you conduct field safety inspections to determine compliance with applicable federal, state, local and company regulations/procedures? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If yes, who conducts the inspection?  |                              |                             |
| Are Inspection reports generated?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If yes, who receives copies of the report?  |                              |                             |
| Do you have a follow-up system to track items identified during safety inspections?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <b>SAFETY TRAINING AND ORIENTATION</b>  |                              |                             |
| Do you have a documented pre-job or new employee occupational safety & health orientation program?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do you have a documented occupational safety & health training program for newly hired or promoted first line supervisors or foremen?     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Who conducts training (name, title)?  |                              |                             |
| Please check all elements below that are delivered by your training program   |                              |                             |
| <b>Subject</b>  | <b>Yes</b>                   | <b>No</b>                   |
| Injury/Incident/Near-Miss   | <input type="checkbox"/>     | <input type="checkbox"/>    |
| Emergency Procedures  | <input type="checkbox"/>     | <input type="checkbox"/>    |
| First Aid Procedures  | <input type="checkbox"/>     | <input type="checkbox"/>    |
| Hazard recognition  | <input type="checkbox"/>     | <input type="checkbox"/>    |
| Incident Reporting  | <input type="checkbox"/>     | <input type="checkbox"/>    |
| Job Hazard Analysis   | <input type="checkbox"/>     | <input type="checkbox"/>    |
| Respiratory Protection  | <input type="checkbox"/>     | <input type="checkbox"/>    |
| Safety Tailgates  | <input type="checkbox"/>     | <input type="checkbox"/>    |
| Other-Specify   | <input type="checkbox"/>     | <input type="checkbox"/>    |
| Does your company hold regularly scheduled safety meetings for employees?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If yes, How often   |                              |                             |



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|  |                              |                             |
|--|------------------------------|-----------------------------|
| <b>DRUG FREE WORKPLACE</b>   |                              |                             |
| Does your company have a Drug Free Workplace Program?                      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Does this program include the following testing?                           |                              |                             |
| Pre-Employment   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Random   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Post Incident  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Reasonable suspicion   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <b>INJURY/INCIDENT INVESTIGATION</b>                                       |                              |                             |
| Does your company conduct injury, incidents, and near-miss investigations? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Who conducts the investigations (name, title)                              |                              |                             |

[ CONTINUED BELOW ]



## SUBCONTRACTOR Pre-Qualification Form

| LITIGATION INFORMATION                                       |  |
|--|--|
| Any current litigation with Owners/<br>General Contractors?  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If yes, please explain                                       |  |
| Any judgments against you in the<br>last three years?        | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If yes, please explain                                       |  |
| Has your company ever been<br>assessed liquidated damages?   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If yes, please explain                                       |  |
| Any labor law violations?                                    | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If yes, please explain                                       |  |
| Have you ever defaulted or failed to<br>complete a contract? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If yes, please explain                                       |  |
| Have you ever been terminated<br>from a contract?            | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If yes, please explain                                       |  |
| Have you ever had your license<br>revoked or suspended?      | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If yes, please explain                                       |  |



## SUBCONTRACTOR Pre-Qualification Form

| CSI Codes                |      |                                   |
|--------------------------|------|-----------------------------------|
| <input type="checkbox"/> | 1140 | Survey & Layout                   |
| <input type="checkbox"/> | 1400 | Material Testing                  |
| <input type="checkbox"/> | 2110 | Removal, Haz. Matl.               |
| <input type="checkbox"/> | 2210 | Subsurface Investigation          |
| <input type="checkbox"/> | 2220 | Demolition                        |
| <input type="checkbox"/> | 2250 | Shoring and Underpinning          |
| <input type="checkbox"/> | 2300 | Earthwork                         |
| <input type="checkbox"/> | 2310 | Grading                           |
| <input type="checkbox"/> | 2340 | Soil Stabilization                |
| <input type="checkbox"/> | 2360 | Soil Treatment                    |
| <input type="checkbox"/> | 2370 | Erosion and Sedimentation Control |
| <input type="checkbox"/> | 2390 | Shoring                           |
| <input type="checkbox"/> | 2400 | Tunneling, Boring and Jacking     |
| <input type="checkbox"/> | 2455 | Driven Piles                      |
| <input type="checkbox"/> | 2475 | Caisson                           |
| <input type="checkbox"/> | 2480 | Foundation Wall                   |
| <input type="checkbox"/> | 2500 | Site Utilities                    |
| <input type="checkbox"/> | 2620 | Drywells                          |
| <input type="checkbox"/> | 2770 | Curbs and Gutter                  |
| <input type="checkbox"/> | 2775 | Sidewalk                          |
| <input type="checkbox"/> | 2780 | Unit Paver                        |
| <input type="checkbox"/> | 2820 | Fences and Gate                   |
| <input type="checkbox"/> | 2830 | Retaining Wall                    |



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|                          |      |  |
|--------------------------|------|--|
| <input type="checkbox"/> | 2840 | Walk, Road and Parking Appurtenance                            |
| <input type="checkbox"/> | 2890 | Traffic Signs and Signal                                       |
| <input type="checkbox"/> | 2895 | Markers and Monument   |
| <input type="checkbox"/> | 2900 | Planting / Landscaping   |
| <input type="checkbox"/> | 2905 | Native Plant Salvage   |
| <input type="checkbox"/> | 2965 | Pavement Recycling   |
| <input type="checkbox"/> | 2975 | Bituminous Pavement Reinforcement and Crack and Joint Sealants |
| <input type="checkbox"/> | 2980 | Rigid Pavement Rehabilitation                                  |
| <input type="checkbox"/> | 3150 | Concrete Accessories   |
| <input type="checkbox"/> | 3200 | Concrete Reinforcement   |
| <input type="checkbox"/> | 3300 | Cast-In-Place Conc.  |
| <input type="checkbox"/> | 3400 | Pre-Cast Concrete  |
|                          |      |  |
|                          |      |  |
|                          |      |  |

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## SUBCONTRACTOR Pre-Qualification Form

### SIGNIFICANT PROJECT HISTORY

### ATTACH SEPARATE SHEET

Please attach a list of 5 significant projects within the last 3 years to include volume, scope of work and contract amount and your project list for the last 12 months. (Attach a separate sheet)

### INSURANCE INFORMATION - ATTACH COPY OF INSURANCE CERTIFICATE

Insurance Broker Name:

Please review the attached sample Certificate of Insurance and Additional Insured Endorsement to verify whether or not you meet the CS&W Contractors, Inc. insurance requirements.

We have reviewed the attached documents and we fully meet the CS&W Contractors, Inc. insurance requirements.

Yes                       No

If you checked NO, please indicate from the list below which CS&W Contractors, Inc. insurance requirements you do NOT meet:

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | CGL limits of \$2M per project aggregate |
| <input type="checkbox"/> | \$1M umbrella / excess policy            |
| <input type="checkbox"/> | Business auto policy limits \$1M CSL     |
| <input type="checkbox"/> | 30 days notice of cancellation           |
| <input type="checkbox"/> | Evidence of Worker's Compensation        |
| <input type="checkbox"/> | Additional insured endorsement           |
| <input type="checkbox"/> | Other:                                   |

### ADDITIONAL INFORMATION (OPTIONAL)

Please provide additional information or documentation that you feel would be important for us to review during our prequalification process:



## SUBCONTRACTOR Pre-Qualification Form

### BANK REFERENCE

|   |  |                 |
|---|--|-----------------|
| Bank name   |  |                 |
| Contact Name  |  | Title/Position: |
| Phone Number  |  | Fax Number:     |
| Email address   |  |                 |
| Contact in your company who can answer specific questions regarding your Financials | Name:  | Title/Position: |
|   | Phone No.:   | Fax No.:        |
|   | Email address:   |                 |
| Amount of Line of Credit  | \$   |                 |
| Do you have a D&B number?   | <input type="checkbox"/> YES <input type="checkbox"/> NO |                 |
| If yes, please list your number   |  |                 |
| D&B Paydex  |  |                 |

### KEY FINANCIAL INFORMATION

|                                 |  |  |
|---------------------------------|--|--|
| Current Year Revenues           | \$   |  |
| Total Assets                    | \$   |  |
| Current Assets                  | \$   |  |
| Current Liabilities             | \$   |  |
| Total Liabilities               | \$   |  |
| Net Equity                      | \$   |  |
| Current Backlog                 | \$   |  |
| Average Monthly Billings        | \$   |  |
|                                 |  |  |
| Has your firm filed Bankruptcy? | <input type="checkbox"/> YES <input type="checkbox"/> NO |  |
| If yes, please explain          |  |  |

**PERSON COMPLETING THIS FORM**



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|            |  |       |  |
|------------|--|-------|--|
| Name:      |  |       |  |
| Title:     |  |       |  |
| Signature: |  | Date: |  |