



SUBCONTRACTOR Pre-Qualification Form

Please complete the form below and email (form and all attachments) to 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 <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 Average Field Labor
Minority Business Enterprise Status:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> DBE <input type="checkbox"/> SBE Certifying Agency: <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:	
What percentage of the Company's work is normally subcontracted?	%
Current Backlog as of today	\$



SUBCONTRACTOR Pre-Qualification Form

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:
Name:	Title:

SURETY INFORMATION

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

SAFETY INFORMATION

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



SUBCONTRACTOR Pre-Qualification Form

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? <i>Please include a copy of the Health & Safety Manual</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
SAFETY MEETINGS			
Do your supervisors hold safety meetings?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If yes, state how often?			
INSPECTIONS			
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	<input type="checkbox"/> YES	<input type="checkbox"/> NO	



SUBCONTRACTOR Pre-Qualification Form

safety inspections?		
SAFETY TRAINING AND ORIENTATION		
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		
Subject	Yes	No
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		
DRUG FREE WORKPLACE		
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
INJURY/INCIDENT INVESTIGATION		
Does your company conduct injury, incidents, and near-miss investigations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Who conducts the investigations (name, title)		

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SUBCONTRACTOR Pre-Qualification Form

LITIGATION INFORMATION	
Any current litigation with Owners/ General Contractors?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please explain	
Any judgments against you in the last three years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please explain	
Has your company ever been 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 complete a contract?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please explain	
Have you ever been terminated from a contract?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please explain	
Have you ever had your license 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
<input type="checkbox"/>	2840	Walk, Road and Parking Appurtenance
<input type="checkbox"/>	2890	Traffic Signs and Signal
<input type="checkbox"/>	2895	Markers and Monument



SUBCONTRACTOR Pre-Qualification Form

<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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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

Name:			
Title:			
Signature:		Date:	