THE WHITING-TURNER CONTRACTING COMPANY
300 EAST JOPPA ROAD
BALTIMORE, MARYLAND 21286

SUBCONTRACTOR PREQUALIFICATION STATEMENT

Return to:

Email:

Mail: The Whiting-Turner Contracting Company
Attn:
Address:

COMPANY NAME:

Please attach the following:

- ☐ Sample Insurance Certificate
- ☐ Financial Statement
- ☐ QC/QA Program (if applicable)

Date:_____

Company Information (General)

Company Name:_____

Representative:_____

Title:_____

E-Mail Address:_____

Address: _____

_____

_____

Principal Office:_____

_____

Phone Number:_____Fax Number:_____

Type of Company ☐ Corporation ☐ Partnership ☐ Sole Proprietorship ☐ LLC

☐ Joint Venture ☐ Other_____

Date formed_____

Federal Tax ID # _____ SSN# (if sole proprietor) _____

State Sales Tax ID # _____ DUNS #_____

What type of work does your company perform?_____

_____

Furnish, Install or both?_____

Average work in place during last 5 years $_____ Work under Contract $_____

Largest Project in company history $_____, in past 3 years $_____ Uncompleted backlog $_____

Expected annual volume this year $_____ # of Projects:_____

Number of Employees: Office_____ Field_____Shop_____

List the states in which your organization is legally qualified to do business:

State	License Number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Have any licenses ever been revoked? _____ (If Yes, please explain)_____

_____

_____

What percentage of your work is generally subcontracted: _____%

Is your company currently working for Whiting-Turner?_____Yes_____No

Has your company worked for Whiting-Turner in the past?_____Yes_____No

Please list five (5) representative projects completed in the past 5 years (with Whiting-Turner or with other GC's)

_____

_____

_____

_____

_____

Please list of five (5) projects currently under construction (with Whiting-Turner or with other GC's)

_____

_____

_____

_____

_____

Please list, as references, 3 subcontractors or suppliers that you use and their contact information

_____

_____

_____

Are you currently performing work or have you completed work recently in Frederick or Carroll County, MD? If yes, please give project name and contact information (use additional sheets if necessary). _____

_____

_____

_____

Has this company ever been in business under a different name? _____Yes _____No. If Yes, please explain:

_____

_____

_____

Company Management

List the construction experience of the principal individuals of your organization (Resume optional)

Name:_____Title:_____

Years with firm:_____Years of Industry Experience:_____

Name:_____Title:_____

Years with firm:_____Years of Industry Experience:_____

Name:_____Title:_____

Years with firm:_____Years of Industry Experience:_____

Name:_____Title:_____

Years with firm:_____Years of Industry Experience:_____

Labor

What is your Labor Affiliation? ☐ Union ☐ Open Shop

Do you have any union agreements? ☐ Yes ☐ No

If yes, please list below and indicate next to each whether union benefits are current:

_____

_____

_____

Minority Certification

Is your firm certified? ☐ Yes ☐ No

If Yes, please indicate what type of certification (MBE, WBE, SBE, DBE, LSDBE) _____

Certifying Agency	Certification Number/Expiration
_____	_____
_____	_____
_____	_____
_____	_____

Bonding Information

Individual project capacity_____ Aggregate limit _____

Bonding Company Name & Address:_____

Bonding Agent Name & Phone #: _____

Has your firm every failed to complete any work awarded to it in the last 5 years? ☐ Yes ☐ No (if yes, please briefly explain) _____

_____

_____

_____

Safety Information

Please list your Company's Workers' Compensation Interstate/Intrastate Experience Modification Rate for the most recent three years. (Attach a copy of your insurance carrier or state fund (on their letterhead) verifying the EMR data.

20_____ EMR _____

20_____ EMR _____

20_____ EMR _____

Please use the three most recent year's OSHA No. 300 Log to fill in the number of cases for each of the following categories: (attach a copy of your last three years of OSHA 300 summaries.)

Year	20_____	20_____	20_____
No. of fatalities	_____	_____	_____
No. of lost & restricted workday cases	_____	_____	_____
No. of lost workday cases	_____	_____	_____
Employee Hours Worked	_____	_____	_____
OSHA Recordable Incidence Rate	_____	_____	_____
OSHA Lost Workday Incidence Rate	_____	_____	_____

Note: --Data comes from your OSHA 300 Summary

Recordable Incidence Rate = Incidents x 200,000 / Employee Hours Worked

Lost Workday Incidence Rate = Incidents x 200,000 / Employee Hours Worked

Employee Hours Worked = total number of hours worked during the year by all employees

How many OSHA/MOSH violation(s) has your Company received in the last three years (include all from parent/subsidiaries) also.

20_____ Citations_____

20_____ Citations_____

20_____ Citations_____

Any willful OSHA/MOSH violations: _____Yes_____No

If yes, give a brief description of the violation(s); use additional paper if necessary

_____

_____

Any employee work-related deaths in the past 3 years? ☐ Yes ☐ No

If yes, please give a brief description of the circumstances

_____

_____

Do you have a qualified person responsible for safety within your Company:

☐ Yes ☐ No

If Yes, please describe his/her duties: _____

_____

_____

Does this person do safety inspections on all of your projects: ☐ Yes ☐ No

Frequency _____

Do you have a written Company Safety Policy and Program ☐ Yes ☐ No

Will you provide a copy if requested ☐ Yes ☐ No

Does your Company have a substance abuse policy: ☐ Yes ☐ No

If Yes, please check which are included in the policy:

- ☐ Pre-hire/Initial Employment Cause
- ☐ Post Accident/Incident
- ☐ Random
- ☐ For Cause

Do you have a return to work\light duty program? ☐ Yes ☐ No

If yes, please describe:_____

_____

_____

Have you ever implemented 100% fall protection? ☐ Yes ☐ No

If requested can you provide us with a site-specific program addressing the fall hazards in your work? ☐ Yes ☐ No

Does your Company provide safety training for all employees:☐ Yes ☐ No

If yes, please list training provided. _____

(Whiting-Turner will require that at least one of your full time on-site employees must have completed the 30 hour OSHA training)

Do you have home office representatives (not directly involved in the project) who will visit and audit the project for safety?

☐ Yes ☐ No Frequency _____

Does your Company have a program recognizing your employees for safety performance excellence?

☐ Yes ☐ No

Does your Company have a disciplinary program in place for safety violations?

☐ Yes ☐ No

Does your Company review the safety management systems of your subcontractors ?

☐ Yes ☐ No

Does your Company conduct accident/incident investigations? ☐ Yes ☐ No

Quality Control

Does your company have a formal Quality Control Manual? ☐ Yes ☐ No

Who is responsible for coordinating your Company's Quality Control Program?

Name:_____ Title: _____ Phone: _____

Does your Company identify a project specific QC representative for each project? ☐ Yes ☐ No

If requested, can a copy of your QA/QC Manual be provided? ☐ Yes ☐ No

If not, please briefly describe your Quality Control Process (attach separate sheet)

Does your firm have any L.E.E.D. accredited professionals on staff? If so, how many? _____

Insurance

Please attach a sample insurance certificate along with your insurer's additional insured endorsement

Insurance Company Name and Address:_____

Insurance Company Contact Name and Phone Number:_____

Commercial General Liability:

Expiration Date:_____

Each Occurrence Limit:_____General Aggregate:_____

Completed Operations Aggregate:_____Personal Injury Limit_____

General Aggregate apply on a per project basis? ☐ Yes ☐ No

Excess Liability ☐

Expiration Date:_____

Each Occurrence Limit:_____General Aggregate:_____

Worker's Compensation and Employer's Liability

Expiration Date:_____

Statutory Coverage provided for MD? ☐ Yes ☐ No

Limits of Insurance (Employer's Liability):

Each Accident $_____

Amount of Deductible $_____

Business Auto Liability

Combined Single Limit: _____

Property Damage: _____

Bodily Injury (per person):_____

Bodily Injury (per accident): _____

Professional Liability Insurance

Do you have Professional Liability Insurance? _____Yes _____No

Pollution Liability Insurance

Do you have Pollution Liability Insurance? _____Yes _____No

Financial Information

Please list bank information:

Name & Address **Contact Name and Phone Number**

_____

_____

_____

Attach a dated financial statement or balance sheet for your company

Name of firm preparing statement: _____

Address:_____

Has your firm ever had financial difficulties that resulted in declaring Chapter 11?_____Yes _____No

Have any vendors put liens against your firm? _____Yes_____No

Dated this _____ Day of _____, _____

Name of Organization: _____

Address:_____

_____

_____

By _____

Printed Name/Title _____