



WHITING-TURNER - WT SUBCONTRACTOR REGISTRATION

Created: February 21st, 2023 1:46 PM

**GENERAL**

**CQ. Hello, thank you for your interest in prequalification with Whiting-Turner! If you are a design firm or you do not anticipate a contract award larger than \$100K, you do not need to prequalify through the TradeTapp system. If you fall into either of those categories, you may exit the questionnaire now. Type 'yes' if your organization does anticipate awards larger than \$100K and is not a design firm.**

*Required*

Text Input

**SQ. What is your company name?**

*Required*

**SQ. Please choose your currency**

*Required*

**SQ. Is your company a subsidiary or child to a parent company?**

*Required*

If this doesn't apply to your company, circle DOES NOT APPLY

**CQ. If you are a subsidiary to a parent company, please provide the parent company name and tax ID.**

Text Input

**SQ. In what year and state/province was your company founded?**

*Required*

Year Founded:  
State/Province Founded:

**SQ. Provide us your company's business tax ID.**

*Required*

Type:  
Tax ID:

**SQ. What is your company's address?**

*Required*

Street Address:  
Floor, Suite, Bldg, etc. (optional):  
City:  
State/Province:  
Zip/Postal Code:  
Set as Main Office:

**SQ. What type of work do you normally perform?**

*Required*

Choose a Division:  
Choose a Specification (optional):  
Choose an Additional Specification (optional):

**SQ. What markets does your company normally serve?**

*Required*

**SQ. What regions does your company normally serve?**

*Required*

**SQ. How many employees does your company have?**

*Required*

Number of Home Office Employees:  
Number of Field Supervisory Employees:

**SQ. Does your company have any enterprise business certifications?**

*Required*

If this doesn't apply to your company, circle DOES NOT APPLY

Certification Type:  
Certification Level:  
Certification Description (e.g. Certifying Agency):  
Certification Number/ID:  
Certification Expiration:  
Upload File:

**SQ. Does your company have any union affiliations?**

*Required*

If this doesn't apply to your company, circle DOES NOT APPLY

Union name:  
Union number:

**SQ. Does your company have any professional licenses?**

*Required*

If this doesn't apply to your company, circle DOES NOT APPLY

License Type:  
License Number:  
License State:  
Issuing Agency:  
Additional Description:  
Upload File:

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## CONTACTS

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**SQ. Who are your company contacts?**

*Required*

Contact Name: Contact Phone: Contact Email: Position/Title: Contact type:
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**CQ. Please include a financial contact for questions related to financial statements.**

*Required*

Text Input
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**PROJECTS**

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**CQ.** For the following backlog question, please be sure to provide the unbilled value of all work committed via written contract. Please note yes for your acknowledgement. See tip to the left for an example.

*Required*

Yes / No

**SQ.** What is your current estimated backlog? Please provide your backlog only for projects currently in progress. Do not include completed projects.

*Required*

**CQ.** Please enter value of the largest project completed in the last 5 years and on the next question, please include this largest project completed in the last 5 years in addition to 3 other recently completed projects.

*Required*

Currency Input

**SQ. Provide references of recently completed projects**

*Required*

Entries Required: 4

Reference Contact Phone:  
Reference Contact Name:  
Subcontract Scope:  
Subcontract Value:  
Completion Year:  
Location:  
Reference Contact Company:  
Reference Contact Email:  
Project Name:

Reference Contact Phone:  
Reference Contact Name:  
Subcontract Scope:  
Subcontract Value:  
Completion Year:  
Location:  
Reference Contact Company:  
Reference Contact Email:  
Project Name:

Reference Contact Phone:  
Reference Contact Name:  
Subcontract Scope:  
Subcontract Value:  
Completion Year:  
Location:  
Reference Contact Company:  
Reference Contact Email:  
Project Name:

Reference Contact Phone:  
Reference Contact Name:  
Subcontract Scope:  
Subcontract Value:  
Completion Year:  
Location:  
Reference Contact Company:  
Reference Contact Email:  
Project Name:

**SQ. Provide us any documents with additional project references**

**CQ. Please provide first of 3 ongoing project contacts.**

*Required*

Text Input

**CQ. Please provide second of 3 ongoing project contacts.**

*Required*

Text Input

**CQ. Please provide third of 3 ongoing project contacts.**

*Required*

Text Input

**SAFETY**

**SQ. What is your company's EMR?**

*Required*

Entries Required: 4

Year:  
EMR:  
Upload File:

Year:  
EMR:  
Upload File:

Year:  
EMR:  
Upload File:

Year:  
EMR:  
Upload File:

**SQ. What are your company's OSHA 300 results?**

*Required*

Entries Required: 4

Year:  
Total Number of Deaths (G):  
Total Number of Cases with Days Away (H):  
Total Number of Cases with Restriction/Transfer (I):  
Other Recordable Cases (J):  
Total Number of Hours Worked:  
Upload File:

Year:  
Total Number of Deaths (G):  
Total Number of Cases with Days Away (H):  
Total Number of Cases with Restriction/Transfer (I):  
Other Recordable Cases (J):  
Total Number of Hours Worked:  
Upload File:

Year:  
Total Number of Deaths (G):  
Total Number of Cases with Days Away (H):  
Total Number of Cases with Restriction/Transfer (I):  
Other Recordable Cases (J):  
Total Number of Hours Worked:  
Upload File:

Year:  
Total Number of Deaths (G):  
Total Number of Cases with Days Away (H):  
Total Number of Cases with Restriction/Transfer (I):  
Other Recordable Cases (J):  
Total Number of Hours Worked:  
Upload File:

**SQ. Provide us a copy of your company's current safety manual**

*Required*

Year:  
Upload Safety Manual:

**CQ. 1. Does your company publish a statement from the highest-ranking company official to all employees regarding the importance of safety in all aspects of your work?**

*Required*

Yes / No

**CQ. 2. Does your company safety program include specific safe work practice expectations?**

*Required*

Yes / No

**CQ. 3. Are requirements for safe work practices by all workers a condition of employment for your company?**

*Required*

Yes / No



**CQ. 4. Are safety training topics for employees designed to be specific to potential hazards associated with your work as assessed and identified by company leadership?**

*Required*

Yes / No

**CQ. 5. Are supervisors trained in company expectations for worker safety and empowered and expected to immediately address unsafe conditions or work practices when observed?**

*Required*

Yes / No

**CQ. 6. Are lessons learned from incidents shared with employees to help avoid repeat of similar incidents?**

*Required*

Yes / No

**CQ. 7. Are pre-task planning activities required by crew leaders prior to allowing their crew members to start work? Do crew leaders facilitate pre-task planning discussions by encouraging / requiring crew member participation?**

*Required*

Yes / No

**CQ. 8. Does your company safety program include informing employees that they are empowered to bring safety concerns to a supervisor's attention?**

*Required*

Yes / No

**CQ. 9. Are inspections of your employee's work activities and work areas done on a regular and consistent basis? If yes, how often are these inspections performed?**

*Required*

Yes / No  
Explanation:

**CQ. 10. Does your company safety program encourage each employee to actively look out for the safety of themselves and their peers?**

*Required*

Yes / No

**CQ. 11. Has your company received a serious, willful or repeat citation that has been upheld within the last three years?**

*Required*

Yes / No

**CQ. 12. Has your company experienced a fatality within the last three years?**

*Required*

Yes / No

**CQ. 13. Has your company reported more than three serious incidents to OSHA within the past year?**

*Required*

Yes / No

**INSURANCE**

**SQ. Who is the broker or agency contact for your insurance programs?**

*Required*

Broker Agency Phone:  
 Broker Agency Company:  
 Broker Agency Name:  
 Broker Agency Email:

**SQ. Provide us details of your current insurance policies**

*Required*

Type:  
 Contact Full Name:  
 Per Occurrence Limit:  
 Aggregate Limit:  
 Carrier:  
 Policy Expiration:  
 Upload File:

**SQ. Provide us a copy of your current certificate(s) of insurance**

*Required*

Year:  
 Upload Certificates:

**SQ. Provide us your additional insured endorsement(s) to all applicable policies**

*Required*

Year:  
 Upload Endorsements:

**SQ. What are the details of your surety/bonding program?**

*Required*

Aggregate Bonding Capacity:  
 Broker Agency Company Name:  
 Single Project Bonding Capacity:  
 Broker Agency Contact Name:  
 Current Surety Company:  
 Broker Agency Contact Phone:

**CQ. To clarify the previous question, please include a letter from your Bonding Company with your bonding limits. If you are not currently Bondable, please attach a note explaining why you are not.**

File Upload

**FINANCIAL**

**SQ. Provide your current IRS form W-9**

*Required*

Year Signed:  
Upload W-9:

**SQ. What are the details of your banking information?**

*Required*

Bank Reference Phone:  
Bank Reference Name:  
Bank Name:  
Bank Reference Email:  
Line of Credit Available:  
Total Line of Credit:

**SQ. What is your company's historical volume/revenue by year?**

*Required*

Entries Required: 4

Year:  
Estimated Volume/Revenue:

Year:  
Estimated Volume/Revenue:

Year:  
Estimated Volume/Revenue:

Year:  
Estimated Volume/Revenue:

**CQ. Our evaluation requires the 3 most recent years of audited financial statements which must include income statements and balance sheets. If audited are unavailable, we will accept 3 years of reviewed or compiled statements. Please be sure that the financial statements provided include data specifically relevant to the entity of this PQ (As it relates to parent companies and subsidiaries). Please note "Yes" below to acknowledge and continue to the next question for document upload.**

*Required*

Yes / No

**SQ. Upload your most recent financial statement including balance sheet and statement of income ("P&L"). CPA Audited or Reviewed statements are preferred.**

*Required*

Entries Required: 3

Statement Type:  
Statement Date:  
Upload Statement (PDF):

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Upload Statement (PDF):

Statement Type:  
Statement Date:  
Upload Statement (PDF):