



WHITING-TURNER - WT SUBCONTRACTOR REGISTRATION

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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.** What is your company's doing-business-as (DBA) name?**SQ.** What is your company information?*Required***SQ.** What is your company's tax 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.** 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. Provide us your company's business tax ID.

Required

Type:
Tax ID:

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:

CQ. Does your company have any ongoing litigation?

Required

Yes / No

CQ. Has a wage theft complaint ever been filed against the company? If yes, please explain.

Required

Yes / No

Explanation:

CQ. Does your company have a program to confirm all downstream sub tiers are complying with applicable wage laws?

Required

Yes / No

CQ. Please explain either yes or no response to above question. An explanation of the program or why not implemented is required.

Required

Text Input

CONTACTS

SQ. Who are your company contacts?

Required

Contact Name:
Contact Phone:
Contact Email:
Position/Title:
Contact type:

CQ. Please include a financial contact for questions related to financial statements.

Required

Text Input

PROJECTS

CQ. For the next backlog question, please be sure to identify the unbilled value of all work committed via written contract, not just Whiting-Turner work. Please note YES for your acknowledgement. See tip 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 upload your current Work in Progress (WIP) report that validates the provided backlog value.

Required

File Upload

CQ. Please enter value of the largest project completed in the last 5 years. On the next question, please include this largest project as a project reference.

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

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

CQ. 14. Does your company have a drug and alcohol policy?

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:

CQ. Please acknowledge YES that a prequalified status does not indicate that your insurance documents are approved or compliant with Whiting-Turner subcontract requirements. Please contact your project team for more information and details on how to file a MASTER CERTIFICATE OF INSURANCE.

Required

Yes / No

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

Text Input

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