



## **PREQUALIFICATION QUESTIONNAIRE**

### **A. GENERAL INFORMATION**

NAME OF FIRM: \_\_\_\_\_

ADDRESS OF FIRM: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

USA REGION: Baltimore    West Virginia    Richmond    DC/Virginia/Maryland  
(Choose One)

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Company Website: \_\_\_\_\_

Contact name and title: \_\_\_\_\_

Contact email: \_\_\_\_\_

Applicable SIC Code(s): \_\_\_\_\_

Are you listed in Dun & Bradstreet? \_\_\_\_\_

If yes, what is your Dun & Bradstreet No.? \_\_\_\_\_

If yes, what is your rating? \_\_\_\_\_

Is your operation union/non-union/both? \_\_\_\_\_

Specify all trade(s) your firm performs: \_\_\_\_\_

### **B. ORGANIZATION:**

1. Please indicate if a CORPORATION

Date of Incorporation \_\_\_\_\_ State of Incorporation \_\_\_\_\_

If not a corporation indicate (Company , LLC, Partnership, Etc.): \_\_\_\_\_

2. Has your firm's legal status (i.e. corporation, partnership, LLC, or sole proprietorship) changed in the past 5 years?

\_\_\_\_\_

## PREQUALIFICATION QUESTIONNAIRE

3. Please indicate the following information about all principals, executive officers and directors:

Full Name	Title	E-mail	Phone Number	Time in Position	Years with Company	Years in Industry
Bid Packages should be sent to:						

4. Federal Tax Identification Number: \_\_\_\_\_

EIN#: \_\_\_\_\_

5. MWDVBE Certification - Circle all certifications that apply:

Minority Business Enterprise (MBE)      Women Business Enterprise (WBE)      Local Business Enterprise (LBE)  
 Disadvantage Business Enterprise (DBE)      Small Business Enterprise (SBE)      Not Applicable  
 Other \_\_\_\_\_

List agencies with which your company has certification and expiration date (if applicable):

\_\_\_\_\_ Expiration \_\_\_\_\_  
 \_\_\_\_\_ Expiration \_\_\_\_\_  
 \_\_\_\_\_ Expiration \_\_\_\_\_  
 \_\_\_\_\_ Expiration \_\_\_\_\_  
 \_\_\_\_\_ Expiration \_\_\_\_\_  
 \_\_\_\_\_ Expiration \_\_\_\_\_  
 \_\_\_\_\_ Expiration \_\_\_\_\_

6. Has your firm conducted operations by any other name in the past 5 years? \_\_\_\_\_

If yes, list here: \_\_\_\_\_

7. Is your firm owned or controlled by a parent or any other organization? \_\_\_\_\_

If yes, list here: \_\_\_\_\_

8. Number of personnel in your organization:

## PREQUALIFICATION QUESTIONNAIRE

**Current:**

Home Office/  
Administrative \_\_\_\_\_ Field Supervisors \_\_\_\_\_ Trade People \_\_\_\_\_ Total \_\_\_\_\_

**Past Three Years:**

Home Office/  
Administrative \_\_\_\_\_ Field Supervisors \_\_\_\_\_ Trade People \_\_\_\_\_ Total \_\_\_\_\_

7. Please Indicate:

UNION INFORMATION			
Union Local Number	Union Name	Union Contact (name & number)	Agreement Expiration

TRADE ASSOCIATIONS NAMES		
Association Name	Association Contact	

**C. LICENSING INFORMATION**

1. Please provide all trade and professional licenses, if any, required for you to perform your services.

Type of License/ Name of License	State	License Number

2. Has your license ever been revoked? \_\_\_\_\_

3. Has a complaint ever been filed with a Contractor's State License Board against your firm?  
\_\_\_\_\_

## PREQUALIFICATION QUESTIONNAIRE

### **D. WORK EXPERIENCE**

1. What is your firm's Average Size Job? \$ \_\_\_\_\_

Explanation:

\_\_\_\_\_

2. On which project size are you most competitive?

Under \$100,000	\$3,000,000-\$6,000,000
\$100,000-\$200,000	\$6,000,000-\$9,000,000
\$200,000-\$500,000	\$10,000,000-\$15,000,000
\$500,000-\$1,000,000	Over \$15,000,000
\$1,000,000-\$3,000,000	

3. What was your firm's Largest job (\$) ever completed

Amount: \_\_\_\_\_ Year: \_\_\_\_\_

Project Name: \_\_\_\_\_

Scope: \_\_\_\_\_

4. Description of work subcontracted: \_\_\_\_\_

5. Provide the following information:

- 1) A complete list of current projects (sorted by category, i.e. Residential, Commercial, Public, Other) giving name of project, address, owner, architect, general contractor, contract amount scope of work and scheduled completion. (Include contact people and phone numbers).
- 2) A complete list of projects completed in the last five years giving name of project, address, owner, architect, general contractor, contract amount, scope of work and scheduled completion. (Include contact people and phone numbers).
- 3) Have you ever worked on a Scott-Long Project as a prime or subcontractor? If yes, please provide details.

## **PREQUALIFICATION QUESTIONNAIRE**

**\*NOTE: For the following 7 questions (6-12) where “Yes” is selected, please provide an explanation.**

6. During the past five (5) years, has your firm or any other organization led by your firm’s principals, executive officers and directors failed to complete any contract work or been terminated by cause? Yes    No
7. During the past five (5) years, has your firm defaulted on a contract or been assessed liquidated damages? Yes    No
8. During the past five (5) years, has your firm been the subject of a lien or claim of \$50,000 or more by a subcontractor or material supplier? Yes    No
9. Are there any judgments, claims, arbitration proceedings, or suits pending /outstanding against your firm or its officers or principals? Yes    No
10. During the past five (5) years, has your firm filed any lawsuits or requested arbitration or mediation with regard to construction contracts? Yes    No
11. During the past seven (7) years, has your firm or any principal, officer or director thereof been a party to a bankruptcy or reorganization proceedings? Yes    No
12. Has your surety ever been called upon to finish one of your construction projects? Yes    No

### **E. INTEGRITY**

**NOTE: For the following 6 questions where “Yes” is selected, please provide an explanation.**

1. During the past five (5) years, has your firm or any principal, officer or director thereof been subject to any action for suspensions, debarment or disqualification? Yes    No
2. During the past five (5) years, has your firm, its parent, a subsidiary or affiliate been declared ineligible or disbarred to bid on a contract? Yes    No
3. During the past seven (7) years, has your firm, its parent, a subsidiary or affiliate or any principal, officer, director or employee thereof been subpoenaed by a local, state, multi-state, or federal governmental agency or authority? Yes    No
4. During the past seven (7) years, has your firm, its parent, a subsidiary or affiliate or any principal, officer, director or employee thereof been the target or subject of any investigation by a local, state, multi-state, or federal governmental agency or authority? Yes    No
5. During the past seven (7) years, has your firm, its parent, a subsidiary or affiliate or any principal, officer, or director been convicted of a crime, indicted or otherwise charged or fined? Yes    No

## **PREQUALIFICATION QUESTIONNAIRE**

6. Does your firm, its parent, a subsidiary or affiliate or any principal, officer or director thereof have any business or financial dealings with an employee of Scott- Long? Yes    No

### **F. FINANCIAL INFORMATION**

1. Attach your firm's most recent financial statement (audited, if available) for the entity that will be signing the contract.

2. Please indicate this year's estimated annual sales volume: \$ \_\_\_\_\_

3. Indicate the annual sales volume of work performed over the past 5 years:

Year 2016 Average Volume \$ \_\_\_\_\_

Year 2017 Average Volume \$ \_\_\_\_\_

Year 2018 Average Volume \$ \_\_\_\_\_

Year 2019 Average Volume \$ \_\_\_\_\_

Year 2020 Average Volume \$ \_\_\_\_\_

4. Please provide the following financial information from the above financial statement:

Working Capital: \$ \_\_\_\_\_

Net Worth (assets minus liabilities): \$ \_\_\_\_\_

Your Current Ratio (current assets divided by current liabilities): \_\_\_\_\_ %

Your Leverage Ratio (total liabilities divided by net worth): \_\_\_\_\_ %

5. What is your backlog?

As of today? \_\_\_\_\_

As of last financial statement? \_\_\_\_\_

As of 12 months ago? \_\_\_\_\_

### **G. REFERENCES**

1. Banking Reference:

Contact Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

## PREQUALIFICATION QUESTIONNAIRE

2. Bonding Reference:

Agent Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Capacity:

Single Limit: \$ \_\_\_\_\_

Total Program Bonding Limit: \$ \_\_\_\_\_

Net Capacity Available: \$ \_\_\_\_\_

3. Has your firm ever been enrolled in a TCC subguard program? \_\_\_\_\_

If yes, where? \_\_\_\_\_

**E. SAFETY INFORMATION:**

1. Please list your firm's Workers compensation interstate experience modification rate (EMR) for the most recent 3 years and if available, provide a copy of your insurance agent's verification letter.

2013 EMR \_\_\_\_\_

2012 EMR \_\_\_\_\_

2011 EMR \_\_\_\_\_

2. Do you have a full-time safety representative? \_\_\_\_\_

Contact person for Corporate Safety Issues: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

3. Number of OSHA citations your firm has received in the past 3 years: \_\_\_\_\_

4. Number of job related fatalities in the past 3 years: \_\_\_\_\_

5. Please attach copies of your firm's OSHA No. 300 log(s) for the most recent 3 years along with your most current log to date of this submission.

## PREQUALIFICATION QUESTIONNAIRE

6. Please attach copies of your OSHA Recordable Incident Rate and Lost Workday Incident Rate for the most recent 3 years including year to date.
7. Does your company have a qualified person responsible for safety? If yes, please attach a resume of description of qualifications. Yes    No  
\_\_\_\_\_
8. Does this person perform safety inspections on all your projects? Yes    No  
If yes, how often? \_\_\_\_\_
9. Does your firm have a written Company Safety Policy and Program? Provide copies if requested. Yes    No
10. Does your company have a drug test policy? Provide policy if requested. Yes    No
11. Does your company require 100% fall protection from a height of 6 feet or greater? Yes    No
12. If requested, will your firm provide us with a site specific fall protection plan addressing the specific hazards related to your work at any site? Yes    No
13. Does your company require documented safety meetings for the employees? Indicate which and how often for the following  
General Labor \_\_\_\_\_  
Field Supervisors \_\_\_\_\_  
New Hires \_\_\_\_\_  
Subcontractors/Vendors \_\_\_\_\_
14. Has your firm been convicted, fined or issued a violation by an environmental or natural resource agency in the past 5 years. If yes, please attach a description Yes    No
15. Does your company provide safety training for all employees? Yes    No  
If yes, describe training provided \_\_\_\_\_
16. Does your company have a disciplinary program in place for safety violations? Yes    No
17. Does your company conduct accident / incident investigations? Yes    No



**PREQUALIFICATION QUESTIONNAIRE**

**F. INSURANCE:**

Insurance Company Information:

Broker/ Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Agent: \_\_\_\_\_

General Liability Carrier: \_\_\_\_\_

General Liability per Occurrence Limit: \_\_\_\_\_

General Liability Aggregate Limit: \_\_\_\_\_

Excess Liability Carrier: \_\_\_\_\_

Excess Liability Limit: \_\_\_\_\_

Workers Compensation Carrier: \_\_\_\_\_

Workers Compensation Limit: \_\_\_\_\_

Have you ever been enrolled in an Owner Controlled Insurance Program (OCIP)?                      Yes      No