

CONTRACTOR/SUPPLIER QUALIFICATION STATEMENT

Statement of Qualifications and Financial Conditions

Date Form Filled Out: _____

Date Form Received by BOND: _____

I. NAME OF FIRM: _____

Street Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Primary Contact: _____

Person who would receive invitations to bid

Email Address: _____

Person who would receive invitations to bid- (add all that should receive invites)*Address of the office that would be responsible for bidding the project and/or handling the construction if successful. If no specific project is mentioned, please attach a listing of regional offices.*

Street Address: _____

Post Office Box: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Primary Contact: _____

Title: _____

II. ORGANIZATION:

A. Indicate your type of business organization:

1. Corporation: ☐ Partnership: ☐ Sole Owner: ☐

Tax I.D. No. (TIN): _____

2. Name of Officers:

a. Chief Executive Officer _____

b. President _____

c. Vice President(s) _____

d. Treasurer _____

e. Shareholder(s) _____

3. State and Year Business Founded: _____

4. Please attach signed W-9 form (*blank one is attached if needed*)

B. Indicate if your business qualifies as one of the following:

MBE: ☐ SBE: ☐ WBE: ☐ DBE: ☐ SDVOBE: ☐ (N/A) ☐

C. Banking Reference:

1. Name: _____

2. Address: _____

3. Telephone: _____ Fax: _____

4. Contact: _____

D. Name of Bonding Company:

1. Contact: _____

2. Present Bonding Capacity: _____

3. Current Amount Available: _____

4. Single Contract Job Size: _____ -

Please enter amount for Single Project

5. Please attach a letter from your surety company (not the agent) outlining your bonding capacity and the largest single bonded project.

6. Have you ever had claims made under any Performance or Payment Bond issued on your behalf?

Yes ☐

No ☐

If yes, explain briefly on a separate page

E. Business Volume (new bookings):

	<u>New Contracts</u>	<u>Billings</u>
Current Year	\$ _____	\$ _____
Previous Year	\$ _____	\$ _____
Two Years Prior	\$ _____	\$ _____
Three Years Prior	\$ _____	\$ _____

F. Minimum and maximum job range within which you prefer to conduct your business:

Minimum _____ Maximum _____

G. Please attach your most recent CPA signed financial statement. If CPA statement is FY 2013, please attach most recent internal financial statements as well.

H. Please confirm your backlog (uncompleted work) at the time your last signed financial statement was prepared: _____

I. Name of CPA firm: _____

J. Names of your KEY construction personnel and brief description of qualifications. Attach additional pages if required.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

K. Has your organization ever failed to complete a Construction Contract?

Yes ☐ No ☐

If yes, explain briefly on a separate page.

L. Have you ever been terminated from a Project?

Yes ☐ No ☐

If yes, explain briefly on a separate page.

M. Does your firm have any current or pending litigation or arbitration concerning any of your projects?

Yes ☐ No ☐

If yes, please explain briefly on a separate page.

N. Has your firm or its principals ever petitioned for bankruptcy?

Yes ☐ No ☐

If yes, please explain briefly on a separate page.

O. Are job cost records kept?

Yes ☐

No ☐

P. Name of job cost software and how often job costs are reviewed?

Q. Briefly describe your firm's scheduling practices and capabilities.

Attach additional pages as required.

R. Briefly describe your firm's BIM and modeling practices and capabilities.

Attach additional pages as required.

III. BIDDING INTEREST:

A. Type of work in which you are interested in bidding (indicate trade or CSI division):

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

B. List the type of work your organization usually subcontracts to others:

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

C. List your insurance limits or forward copy of your insurance certificate:

D. Are there any limits on the additional insured status available under your insurance coverages?

Yes ☐ No ☐

E. List the states in which your firm prefers to do business:

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

F. List below or attach a listing of the states in which your firm is licensed to do business:

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

G. List any Certifications or Pre-Qualifications you have with any Public Agencies:

1. _____
2. _____

H. Has your company ever been the subject of a decertification or a debarment by a Public Agency?

Yes ☐ No ☐

If so, please explain on a separate page.

IV. LABOR RELATIONS:

A. List the trades your firm normally employs, and current level of staffing:

<u>Trade</u>	<u># of</u> <u>Employees</u>	<u>Union</u>	<u>Non Union</u>
1. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>

B. If you normally employ union tradesmen, will you bid on Merit Shop Projects:

Yes ☐ No ☐

C. If union, do you negotiate your wage agreements directly with the union representatives or are you a member of an association which carries on the negotiations?

D. If union, please list labor agreements to which your firm is signatory, and indicate if the agreement is National (N) or Local (L). **Provide proof that your company is current with all union dues.**

1. _____	5. _____
2. _____	6. _____
3. _____	7. _____
4. _____	8. _____

V. ATTACH A LISTING OF AT LEAST FIVE (5) PAST CLIENTS, (3 of which must be General Contractors or Construction Managers). These will be used as references, so please include company, name, address, phone number and contact person. It is preferred that the contacts be people who worked closely with your firm on a day-to-day basis.

VI. ATTACH A LISTING OF AT LEAST SEVEN (7) PAST OR CURRENT VENDORS OR SUBCONTRACTORS. The information required is identical to that in Item V above.

VII. ATTACH A LISTING OF CURRENT CONSTRUCTION CONTRACTS. This information shall include but not be limited to:

- A. Job Description
- B. Owner
- C. Dollar Amount
- D. Award Date
- E. Scheduled Completion Date
- F. Percent Complete

VIII. Attach a list of the five largest contracts completed with the following information:

- A. Job Description
- B. Owner
- C. Dollar Amount
- D. Completion Date
- E. Contact person and telephone # for each contract

IX. SAFETY

- A. Describe your firm's safety procedures and practices.

- B. Using your last year's OSHA 300 Log, please provide the following:

- a. Number of lost workday cases _____
- b. Number of restricted workday cases _____
- c. Number of OSHA recordable cases _____
- d. Number of fatalities _____

- C. Please provide your firm's OSHA Recordable Case Incident Rate (total recordable) for the previous three years:

Year ____ ____; Year ____ ____; Year ____ ____

- D. Please provide your firm's OSHA Lost Workday Case Incident Rate for the previous three years:

Year ____ ____; Year ____ ____; Year ____ ____

- E. List your firm's insurance interstate Experience Modification Rate (EMR) for the three most recent years. Use your Intrastate EMR if not Interstate rated.

Year _____ Rate _____

Year _____ Rate _____

Year _____ Rate _____

- F. Who in your organization's management receives employee accident reports?

Name and Title _____

- G. Do you have a written safety program: Yes ☐ No ☐
If yes, please attach a copy of the safety program.

- H. Do you conduct safety inspections: Yes ☐ No ☐
If yes, who conducts this inspection?

Name and Title _____

Qualifications _____

How often? _____

- I. Do you hold safety meetings? Yes ☐ No ☐

If yes, how often? Weekly _____ Bi-Weekly _____
 Monthly _____ Other _____

- J. Do you have a safety representative for the company? Yes ☐ No ☐
If yes, who assumes this responsibility?

Name and Title _____

Qualifications _____

- K. Do you have in place a safety instruction program for new hires? Yes ☐ No ☐
If yes, please attach a copy of the program format.

- L. Do you have in place a safety instruction program for foremen? Yes ☐ No ☐
If yes, please attach a copy of the program format.

- M. Do you have in place a Drug and Alcohol Abuse Policy? Yes ☐ No ☐
If yes, please attach a copy of the program format.

- N. Please attach a copy of last year's OSHA 300 Log.

- O. How many OSHA violations has your company received in the past three (3) years?
Please list and describe each violation.

- P. Does your company have a Hazard Communication Program? Yes ☐ No ☐

- Q. Are your employees who perform work on site trained per OSHA 1910-120 40-hour
hazardous waste operations and emergency response? Yes ☐ No ☐

If the answer to the above is No, will you arrange for subject training to be performed, if
required? Yes ☐ No ☐

- R. Comment on any other area of your company's safety program and policies that you
feel will be appropriate in our evaluation.

IX. PLEASE RETURN THIS FORM AND ALL REQUIRED ATTACHMENTS TO gcullati@bondbrothers.com

Bond Bros., Inc.
145 Spring Street
Everett, MA 02149
Attn: Gail Cullati

Phone: 617-394-6291
Fax: 617-387-7552

I hereby certify that the above information is a true and accurate response.

Signed: _____

Title: _____

Date: _____