



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

SUBCONTRACTOR PREQUALIFICATION STATEMENT

Return to: Port Covington Infrastructure Project Team

Email (Preferred): infopc@whiting-turner.com

Mail: The Whiting-Turner Contracting Company
Attn: Joanna Harmon
300 E. Joppa Road
Baltimore, MD 21286

COMPANY NAME: _____

Please attach the following:

- Sample insurance certificate
- Financial statement
- (Optional) – Listing of current projects
- (Optional) – Company management resumes
- (Optional) – Additional safety explanations

GENERAL COMPANY INFORMATION

Date: _____

Company name: _____

Company representative: _____

Company representative's title: _____

E-mail address: _____

Local office address: _____

Main office address (if different): _____

Phone number: _____ Fax number: _____

Type of company _____ Corporation _____ Partnership _____ Sole proprietorship _____ LLC
 _____ Joint venture _____ Other (list type) _____

Date formed: _____

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

State Sales Tax ID #: _____ DUNS #: _____

What type of work does your company perform? _____

Applicable NAICS codes: _____

Does your company furnish or supply materials only, perform installation, or both? _____

Average dollar value of work in place during last 5 years: \$ _____

Dollar value of work currently under contract: \$ _____

Dollar value of largest project in company history: \$ _____

Dollar value of your largest project in the past 3 years: \$ _____

Dollar value of current uncompleted backlog: \$ _____

Expected annual volume this year: \$ _____

Number of projects this year: _____

Number of employees: Office _____ Field _____ Shop _____

Maryland business license number: _____

Has your MD license ever been revoked? _____ If yes, explain: _____

What percentage of your work is generally subcontracted? _____%

Is your company currently working with Whiting-Turner? _____ Yes _____ No

Has your company worked with Whiting-Turner in the past? _____ Yes _____ No

Please list five representative projects completed in the past 5 years; either with Whiting-Turner or with other general contractors.

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

Please list five projects currently under construction. Either with Whiting-Turner or with other general contractors.

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

Please list, as references, three subcontractors or suppliers that you use along with their contact information.

1. _____
2. _____
3. _____

Are you currently performing work, or have you completed work recently, in Baltimore City, MD? If yes, please give the 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; you may include resumes if desired.

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

If your company has any labor union affiliations, list them below and indicate next to each whether the union benefits are current:

MINORITY CERTIFICATION

Does your firm have a minority certification? _____ Yes _____ No

If yes, please indicate what type of certification (MBE, WBE, DBE, SBE, etc.), the certification number, and the expiration date.

<u>Certifying agency</u>	<u>Certification number</u>	<u>Expiration date</u>
<u>City of Baltimore</u>	_____	_____
_____	_____	_____
_____	_____	_____

BONDING INFORMATION

Provide the following bonding information:

Bonding capacity for an individual project: \$ _____

Aggregate bonding capacity limit: \$ _____

Current remaining bonding capacity: \$ _____

Bonding rate: _____ %

Bonding company name and address: _____

Bonding agent name and phone number: _____

Has your firm ever failed to complete any work awarded to it within the last 5 years? _____ Yes _____ No

If yes, please explain: _____

SAFETY INFORMATION

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

2018 EMR _____

2017 EMR _____

2016

EMR _____

Please use the three most recent year's OSHA Form 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 Form 300 summaries.

Year	2018	2017	2016
Number of fatalities	_____	_____	_____
Number of lost and restricted workday cases	_____	_____	_____
Number 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 violations has your company received in the last three years? Include all from parent companies and/or subsidiaries.

2018 Citations _____

2017 Citations _____

2016 Citations _____

Were any of these deemed 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.

Is there a qualified person who is solely responsible for safety within your company? Yes No

If yes, please describe his/her duties:

Does this person perform safety inspections on all your projects? Yes No

What is the frequency of safety inspections?

Do you have a written company safety policy or program? Yes No

You may be asked to provide a copy of the written safety program. Whiting-Turner will inform you if this is necessary.

Does your company have a substance abuse policy: Yes No

If yes, please indicate below which items are included in the policy:

Pre-hire/initial employment

Post-accident or post-incident

Random

For cause

Do you have a return-to-work or light duty program? Yes No

If yes, please describe: _____

Have you implemented a 100% fall protection program? Yes No

If requested, can you provide WT 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 requires that at least one of your full time, on-site employees complete the 30-hour OSHA training

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 and/or 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 number: _____

Email: _____

Does your company identify a project specific QC representative for each project? _____Yes _____No

Whiting-Turner may require a copy of your QA/QC Manual. Whiting-Turner will inform you if this is necessary.

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

INSURANCE

Does your firm have any prior experience with OCIP (Owner Controlled) or DCIP (Developer Controlled) insurance programs? _____Yes _____No

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: \$ _____

Does 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 the following bank information:

Bank name and address:

Contact name and phone number:

Attach a dated financial statement or balance sheet for your company.

