



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

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## SUBCONTRACTOR PREQUALIFICATION STATEMENT

Return to:

*Email:*

*Mail:* The Whiting-Turner Contracting Company  
Attn:  
Address:

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**COMPANY NAME:**

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Please attach the following:

- Sample Insurance Certificate
- Financial Statement
- QC/QA Program (if applicable)

Date: \_\_\_\_\_

## COMPANY INFORMATION (GENERAL)

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

Representative: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Principal Office: \_\_\_\_\_

\_\_\_\_\_

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

Type of Company      \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ LLC  
   \_\_\_\_\_ Joint Venture \_\_\_\_\_ Other \_\_\_\_\_

Date formed \_\_\_\_\_

Federal Tax ID # \_\_\_\_\_ SSN# (if sole proprietor) \_\_\_\_\_

State Sales Tax ID # \_\_\_\_\_ DUNS # \_\_\_\_\_

What type of work does your company perform? \_\_\_\_\_

\_\_\_\_\_

Furnish, Install or both? \_\_\_\_\_

Average work in place during last 5 years \$ \_\_\_\_\_ Work under Contract \$ \_\_\_\_\_

Largest Project in company history \$ \_\_\_\_\_, in past 3 years \$ \_\_\_\_\_ Uncompleted  
backlog \$ \_\_\_\_\_

Expected annual volume this year \$ \_\_\_\_\_ # of Projects: \_\_\_\_\_

Number of Employees: Office \_\_\_\_\_ Field \_\_\_\_\_ Shop \_\_\_\_\_

List the states in which your organization is legally qualified to do business:

<u>State</u>	<u>License Number</u>
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_____	_____
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_____	_____
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_____	_____
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_____	_____
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_____	_____
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Have any licenses ever been revoked? \_\_\_\_\_ (If Yes, please explain) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What percentage of your work is generally subcontracted: \_\_\_\_\_%

Is your company currently working for Whiting-Turner? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has your company worked for Whiting-Turner in the past? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please list five (5) representative projects completed in the past 5 years (with Whiting-Turner or with other GC's)

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Please list of five (5) projects currently under construction (with Whiting-Turner or with other GC's)

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Please list, as references, 3 subcontractors or suppliers that you use and their contact information

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Are you currently performing work or have you completed work recently in the city of Harrisburg, PA? If yes, please give project name and contact information (use additional sheets if necessary). \_\_\_\_\_

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Has this company ever been in business under a different name? \_\_\_\_\_ Yes \_\_\_\_\_ No. If Yes, please explain:

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## COMPANY MANAGEMENT

List the construction experience of the principal individuals of your organization (Resume optional)

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

Do you have any union agreements? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list below and indicate next to each whether union benefits are current:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MINORITY CERTIFICATION**

Is your firm certified? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please indicate what type of certification (MBE, WBE, SBE, DBE, LSDBE) \_\_\_\_\_

Certifying Agency

Certification Number/Expiration

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BONDING INFORMATION**

Individual project capacity \_\_\_\_\_ Aggregate limit \_\_\_\_\_

Bonding Company Name & Address: \_\_\_\_\_

Bonding Agent Name & Phone #: \_\_\_\_\_

Has your firm every failed to complete any work awarded to it in the last 5 years? \_\_\_\_\_ Yes \_\_\_\_\_ No (if yes, please briefly explain) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# SAFETY INFORMATION

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

20\_\_\_\_\_ EMR \_\_\_\_\_

20\_\_\_\_\_ EMR \_\_\_\_\_

20\_\_\_\_\_ EMR \_\_\_\_\_

Please use the three most recent year's OSHA No. 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 300 summaries.)

Year	20_____	20_____	20_____
No. of fatalities	_____	_____	_____
No. of lost & restricted workday cases	_____	_____	_____
No. 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 violation(s) has your Company received in the last three years (include all from parent/subsidiaries) also.

20\_\_\_\_\_ Citations\_\_\_\_\_

20\_\_\_\_\_ Citations\_\_\_\_\_

20\_\_\_\_\_ Citations\_\_\_\_\_

Any willful OSHA/MOSH violations: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give a brief description of the violation(s); use additional paper if necessary

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Any employee work-related deaths in the past 3 years?  Yes  No

If yes, please give a brief description of the circumstances

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Do you have a qualified person responsible for safety within your Company:

Yes  No

If Yes, please describe his/her duties: \_\_\_\_\_

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Does this person do safety inspections on all of your projects:  Yes  No

Frequency \_\_\_\_\_

Do you have a written Company Safety Policy and Program  Yes  No

Will you provide a copy if requested  Yes  No

Does your Company have a substance abuse policy:  Yes  No

If Yes, please check which are included in the policy:

Pre-hire/Initial Employment Cause

Post Accident/Incident

Random

For Cause

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

If yes, please describe: \_\_\_\_\_

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Have you ever implemented 100% fall protection?  Yes  No

If requested can you provide us 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 will require that at least one of your full time on-site employees must have completed the 30 hour OSHA training)**

Do you have home office representatives (not directly involved in the project) who will visit and audit the project for safety?

\_\_\_\_\_ Yes \_\_\_\_\_ No Frequency \_\_\_\_\_

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/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: \_\_\_\_\_

Does your Company identify a project specific QC representative for each project? \_\_\_\_\_ Yes \_\_\_\_\_ No

If requested, can a copy of your QA/QC Manual be provided? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, please briefly describe your Quality Control Process (attach separate sheet)

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

## INSURANCE

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 \_\_\_\_\_

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 bank information:

**Name & Address**

**Contact Name and Phone Number**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach a dated financial statement or balance sheet for your company

Name of firm preparing statement: \_\_\_\_\_

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

Has your firm ever had financial difficulties that resulted in declaring Chapter 11? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have any vendors put liens against your firm? \_\_\_\_\_ Yes \_\_\_\_\_ No

Dated this \_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_\_

Name of Organization: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

By \_\_\_\_\_

Printed Name/Title \_\_\_\_\_