



CONTRACTOR PREQUALIFICATION FORM

Thank you for your interest in working with Merit Construction, Inc. In order to develop a more complete knowledge of your company and better match future opportunities to your company's capabilities, please complete this form and return to our main office:

Attn: Patrick O'Hara, Vice President
Email: pohara@meritconstruction.com

Date of Response:
Name of Company:
Street Address: Mailing Address:
City, State, ZIP City, State, ZIP:
Website: Phone:

Is this the address of the: [] Main Office [] Regional Office [] Branch Office

Name of the Parent Company: (if applicable)
Address of the Parent Company:

Person completing this form:
Name: Direct Phone:
Title: Cell Phone:
Email:

Primary contact person for Estimating:
Name: Direct Phone:
Title: Cell Phone:
Email:

Alternate contact person:
Name: Direct Phone:
Title: Cell Phone:
Email:

COMPANY OWNERSHIP, STAFF, AND HISTORY

Year Company Started: Federal ID Number:
Type of Company: [] Corporation [] Partnership [] Proprietorship [] Sub. S. Corp.
State of Incorporation: Date of Incorporation:
Contractor's License Number: State: Exp.:
Is your company certified: [] Yes [] No
[] MBE [] WBE [] DBE MBE/WBE/DBE Certified by:

Please submit authorizations/certificates for any of the above.

List the corporate officers, partners, proprietors, members and shareholders of your company:

Name	Position/Title	Email
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How many people does your company presently employ?

Home Office _____ Field Supervisor _____ Trade/Craft _____

Has your company ever operated under a different name or as a subsidiary of a different parent company?

Yes No

If yes, please list the other name(s)/arrangement(s) and dates of operation:

Has your company changed ownership in the past 5 years? Yes No

For the following five (5) questions, if you answer yes, please provide a detailed explanation of the situation requiring an affirmative response on the lines provided below the questions.

Has your company, or any of its principals, ever petitioned for bankruptcy or failed in business,?
 Yes No

Have any of the owners, officers or major stockholders of your company ever been indicted or convicted of any felony or other criminal conduct?
 Yes No

Has your company ever been disbarred or otherwise precluded from pursuing public work or ever been found to be non-responsive by a public agency?
 Yes No

Has your company ever defaulted or been terminated (for any reason, including convenience) on a contract awarded to you?
 Yes No

Has your company ever had a claim made against it for improper, delayed, defective or non-compliant work or failure to meet warranty obligations?
 Yes No

Is your company or any of its owners, officers or major shareholders currently involved in any arbitration or litigation?
 Yes No

Does your company have any outstanding judgments or claims against it?
 Yes No

Please explain any answers in the affirmative to the preceding questions:

Please list any litigation brought against your company in the past five (5) years asserting that you failed to make payments to anyone (if none, please state NONE):

WORK PREFERENCES

Please indicate the trade(s) that your company is interested in bidding.

List the geographical areas in which you work:

Are you a union or non-union contractor? Union Non-Union

Do you have any union affiliations? Yes No

Indicate the size of project you are most competitive in performing (enter 1). Show in preference order (2,3,...) other size projects you are capable of performing:

Under \$100,000	<input type="checkbox"/>	\$1,000,000 - \$2,000,000	<input type="checkbox"/>
\$100,000 - \$200,000	<input type="checkbox"/>	\$2,000,000 - \$5,000,000	<input type="checkbox"/>
\$200,000 - \$500,000	<input type="checkbox"/>	\$5,000,000 - \$10,000,000	<input type="checkbox"/>
\$500,000 - \$1,000,000	<input type="checkbox"/>	\$10,000,000 - \$15,000,000	<input type="checkbox"/>

List the trades you normally perform with your own forces:

What percentage of your company's work is normally subcontracted? _____

What trades do you normally subcontract?

What is the largest contract your company has completed?

Amount: \$ _____ Year: _____
Project Name: _____ Scope: _____

What is the largest dollar volume job you expect to do during this year?

Amount: \$ _____
Project Name: _____ Scope: _____

What was the average annual volume of work performed over the past 3 years?

2020	\$	_____		
2021	\$	_____		
2022	\$	_____	Estimated <input type="checkbox"/>	Actual <input type="checkbox"/>

ADDITIONAL DETAILS & VERIFICATION

What is your company's Dun & Bradstreet Number: _____

Surety Company: _____

Bonding Agent: _____

Contact Person: _____

Phone: _____

Email: _____

Bond Capacity Per Job: _____

Aggregate Amount

Bond Rate (%): _____

Remaining: _____

Check as enclosed

Italicized items must be confirmed in a letter from your surety company.

*Please attach a list of current major projects giving name of project, address, owner, architect, general contractor, contract amount, scope of work and scheduled completion. (Include contact people and phone numbers) *REQUIRED**

*Please attach a list of completed major projects giving name of project, address, owner, architect, general contractor, contract amount, and scope of work. (Include contact people and phone numbers) *REQUIRED**

*Please attach a copy of your latest audited financial statement. *NOT REQUIRED BUT MAY BE REQUESTED AT A LATER DATE. * (Your financial statement is strictly for Merit Construction, Inc. and will be held in strict confidence).*

If the attached financial statement is not for the identical company named above, explain the relationship and financial responsibility of the company whose financial statement is provided:

*Please attach a letter from your surety verifying the bonding information provided above and signed by a representative as attorney-in-fact. *REQUIRED**

Does your company have a line of credit available at a financial institution?

Yes No

If yes, please provide the following information:

Name of bank: _____

Amt. of line of credit: \$ _____ Amt. available: \$ _____ Exp. Date: _____

Please provide the following information about your financial institution: *REQUIRED*

Name of Bank: _____

Address: _____ City, State, ZIP: _____

Phone: _____ Email: _____ Contact Person: _____

List three of your major suppliers: *REQUIRED*

Company 1: Name: _____

Address: _____ City, State, ZIP: _____

Contact: _____ Phone: _____

Email: _____

Company 2: Name: _____

Address: _____ City, State, ZIP: _____

Contact: _____ Phone: _____

Email: _____

Company 3: Name: _____

Address: _____ City, State, ZIP: _____

Contact: _____ Phone: _____

Email: _____

I, and any others who consulted or assisted with completion of this form, attempted to answer all questions in a full and complete manner so as to insure that our answers are not in any respect misleading, either by ambiguous presentation or omission of information.

We recognize that Merit Construction, Inc. will rely on the accuracy of the information provided in this document and any attachments thereto in deciding whether to permit our company to bid and the award of work to our company.

By our signature below, we authorize any third parties, including listed trade and bank references, to provide Merit Construction, Inc. with information regarding our company.

Signed: _____

Name: _____

Title: _____

As agent for
(Company Name): _____

Date: _____



SAFETY PREQUALIFICATION APPLICATION

Company Name: _____

HEALTH AND SAFETY PERFORMANCE

Supporting documentation checklist

Please provide copies of the following:

Check as attached

- OSHA 300 and 300A forms for the last three years
- Verification of EMR for the last three years
- Index or Table of Contents of written Corporate Safety Program
- Certificate of Insurance (requirements, page 10)

OSHA

Record your company's work-related injuries/illness data from your OSHA 300 logs for the last three years.

	20	20	20
a. Fatalities			
b. OSHA recordable cases			
c. Days away from work cases			
d. Total Number of days away from work			
e. Total hours worked			

Have you been inspected by OSHA in the last three years? Yes No

Have you been cited by OSHA as a result of these inspections?
If yes, please attach an additional sheet describing the nature of the citation(s). Yes No

Have you been cited by OSHA as a result of any incidents and /or accidents?
If yes, please attach an additional sheet describing the nature of the citation(s). Yes No

Have you been cited by OSHA as a result of a fatality?
If yes, please attach an additional sheet describing the circumstances and what processes were put in place to rectify. Yes No

Please calculate your OSHA Incident Rate:

$$\frac{\text{Total Number of Injuries/Illnesses}}{\text{Number of hours worked by all employees}} \times (200,000) = \text{OSHA Incident Rate}$$

WORKERS' COMPENSATION

List your company's Workers' Compensation Experience Modification Rate (EMR) for the last three years. Please attach verification of these numbers from your insurance carrier or your state's workers' compensation agency.

20	
20	
20	

This can easily be obtained through your insurance agent.

If your company's EMR is equal to or greater than 1.0 for any one or more of the last three years, please attach an additional written explanation.

Has your company ever been named as a party to a lawsuit or legal action as a result of a work-related illness or accident?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If yes, please briefly explain:
(attach additional sheets as necessary)

HEALTH AND SAFETY PROGRAM

Safety program documentation:

Does your company have a written safety program and/or manual?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If yes, date of last revision: _____

POLICY AND MANAGEMENT SUPPORT

Do you have a safety policy statement from an officer of the company?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Do you have a disciplinary process for enforcement of your safety program?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Does management set corporate safety goals?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Do you qualify subcontractors based on safety?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Do you have a written policy on accident reporting and investigation?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Do you have a return-to-work policy?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Do you have a written substance abuse program?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If yes, please check each element that is part of your program:

Pre-employment testing _____
Random testing UCIP _____
Reasonable cause testing _____
Post-accident testing _____

Return-to-duty testing _____
Disciplinary process _____
Alcohol testing _____

TRAINING AND ORIENTATION

Are your field supervision currently:

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

30 hour OSHA trained?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

10 hour OSHA trained?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Do you conduct site safety orientation training for every person new to the jobsite?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Does your safety program require designation of competent person(s) onsite in respect to the work activity being performed?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Do you hold toolbox and/or tailgate safety meetings focused on your specific work operations/exposures?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If yes, are they: Weekly _____ Daily _____

Do you require equipment operation and/or certification testing?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

ADMINISTRATION AND PROCEDURES

Do you conduct job site safety inspections?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If yes, who is responsible for conducting these? _____

Is there a written record maintained? _____

Do you have a written policy on accident reporting and investigation?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If yes, please explain the correct reporting procedure:

Do you discuss safety at all preconstruction and progress/coordination meetings?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Identify by name and title the person within your company directly responsible for your Safety Program Management:

Name: _____
Title: _____
Phone: _____

QUALITY CONTROL PROGRAM

Do you have a written quality control program manual?

Yes No

If yes, identify by name and title the person within your company directly responsible for your quality control/quality assurance program management:

Name: _____
Title: _____
Phone: _____

INSURANCE REQUIREMENTS

Please provide a Professional Liability (if applicable) certificate(s) and Standard ISO ACORD Form Certificate of Insurance (for Information Purposes only) satisfying at least the following limits:

- 1. **Workers' Compensation and Employers' Liability Insurance** – for full liability in accordance with the laws of the state and/or states in which the work is performed. Workers' Compensation coverage will apply to all employees, including executive officers.

Employers Liability: \$100,000 Per Accident
\$500,000 Disease Policy Limit
\$100,000 Disease Each Employee

- 2. **Commercial General Liability Insurance** written on an ISO Accord Commercial/General Liability occurrence form showing at least these minimum limits

- a. Bodily Injury & Property Damage \$1,000,000 (per occurrence)
- b. General Aggregate Limit \$2,000,000 (per project aggregate)
- c. Products/Completed Operations Aggregate Limit \$2,000,000 (must remain in force for two years following completion)

- 3. **Business Automobile Liability Insurance** covering all owned, leased, hired and non-owned vehicles with at least a minimum limit of \$1,000,000 per accident for bodily injury (including death) and property damage. (Symbol 1 coverage)
- 4. **Professional Liability Insurance** (if applicable), which includes a minimum limit of liability of \$1,000,000 combined single limit.
- 5. **Excess or Umbrella Liability Insurance** \$1,000,000 Excess/following form coverage over General Liability, Auto Liability and Employer's Liability.
- 6. **Property Insurance/Installation Floater** – Required to carry a blanket Installation Floater written on Special Form and including coverage against the perils of Flood and Earth Movement. Subcontractor is responsible for the deductible of any claim covered by this policy.
- 7. **Contractors Pollution** (if applicable) coverage with limits of \$1,000,000 combined single limit. Coverage to include jobsite, transportation and disposal site coverage for any and all hazardous materials and waste brought on to the jobsite, disturbed or generated by subcontractor.

Certificates provided should be "For Information Only," or a sample/specimen for review. Project-specific copies are not necessary for the prequalification process.

Please confirm that your company meets or exceeds the insurance limits indicated.

Yes No

CERTIFICATION

Please ensure an officer or agent authorized to release your company's credit reference information has reviewed the application for accuracy and completeness, and signed on page six (6), above.

--- END OF PREQUALIFICATION FORM ---