



CONTRACTOR PREQUALIFICATION FORM

Submit to prequal@ozanne.com

Project Name: _____
 Company: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____ Email: _____
 Website: _____

COMPANY DESCRIPTION *(Check all that apply)*

Services: Labor & Material Labor Only Material Only

Project Types: K-12 Healthcare Infrastructure
 Colleges/Universities Municipal Transportation
 Offices Multi-Family Other
 Retail Correctional

List bid packages you are seeking prequalification for: _____

PERSONNEL

Main Contact: _____ Secondary Contact: _____
 Position/Title: _____ Position/Title: _____
 Mobile: _____ Mobile: _____
 Email: _____ Email: _____

Number of full time employees _____ Year founded _____

COMPANY STRUCTURE *(Check all that apply)*

Corporation MBE (What type) _____ Union
 Sole Proprietor FBE/WBE _____ Non-Union
 Individual DBE
 LLC EDGE
 Partnership Veteran Federal Tax ID # _____

GENERAL INFORMATION
(Please respond to all questions on behalf of the company and all parent, subsidiary, joint ventures, and affiliate companies)

- List all parent, subsidiary, joint venture or affiliated companies sharing space, leasing equipment, sharing staff, sharing financial and bonding resources.

- List owners of 5% or more of common or preferred stock and individuals or companies that guarantee the bid, payment, and performance bonds.

- List average annual sales last 3 years.

Year	_____	_____	_____
Annual Sales	_____	_____	_____

- List key management staff and company officers. Please list project managers and superintendents that are proposed for this project and include resumes.

Company Officers	<u>Name</u>	<u>Title</u>
	_____	_____
Key Management Staff	_____	_____
Staff Proposed for this Project	_____	_____
	_____	_____

- List 3 owners that we may contact for reference information or include letters of reference.

<u>Owner</u>	<u>Contact Name</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

- List trades that are self-performed.

- Can you provide a current AIA 305 qualification statement if requested? Y ___ N ___

8. Is your company signatory to any collective bargaining agreements? Please list.

Past Performance

9. Please list the 5 largest projects completed within the last 5 years

<u>Project</u>	<u>Year</u>

10. Please list current or previous projects completed for the project owner.

<u>Project</u>	<u>Year</u>

11. Please list your current backlog of projects. Please note the projects that are bonded.

<u>Project</u>	<u>Bonded</u>

Compliance, Regulatory, and Tax Information

12. Does your company have a written affirmative action plan? Y ___ N ___ If so, is the company in compliance? Y ___ N ___

13. Is the company currently in good standing with the Ohio Secretary of State? Y ___ N ___

14. Does the company or do any owners or officers have any federal, state, local payroll, withholding or other tax violations?
Y ___ N ___

15. Does the company have any outstanding citations, violations, assessments, legal judgments, garnishments, liquidated damages or other penalties or assessments pending against it at this time or within the last 5 years? Y ___ N ___

Safety

16. Has your company had any OSHA fines or jobsite fatalities in the last 5 years? Y ___ N ___

17. Please attach the company's OSHA NO. 300A logs for the past 3 year. (ATTACH/UPLOAD PDF FILE)

18. Please list the company's experience modification ratings (EMR) for the past 5 years.

Year: _____
 EMR: _____

19. Does your company have a written safety and health policy? Y ___ N ___

20. Does your company have comprehensive general liability, auto liability, and professional liability in effect at this time?
 Y ___ N ___ If so, please provide proof of insurance. (ATTACH/UPLOAD PDF FILE)

21. Please attach your current workman's compensation certificate. (ATTACH/UPLOAD PDF FILE)

22. Does your company have a site specific safety plan? Y ___ N ___ If so please attach the table of contents.
 (ATTACH/UPLOAD PDF FILE)

23. Does your company perform jobsite safety inspections? Y ___ N ___

24. Does your company use an outside consultant to perform safety inspections? Y ___ N ___

25. Does your company meet all Ohio BWC Drug Free Workplace Requirements? Y ___ N ___

26. List any and all OSHA citations, violations or fines over the last 5 years.

<u>Citation / Violation / Fine</u>	<u>Year</u>
_____	_____
_____	_____
_____	_____

Diversity

27. List the 3 largest contracts you have issued to minority and female businesses within the last 5 years.

<u>Minority / Female Business Name</u>	<u>Amount</u>	<u>Year</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

28. List the number and percentage of full time minority and female employees.

	<u>Number</u>	<u>%</u>
Minority	_____	_____
Female	_____	_____

29. List all projects that required the use of BIM.

<u>Project</u>	<u>Year</u>
_____	_____
_____	_____
_____	_____

30. List all LEED registered projects.

<u>Project</u>	<u>Year</u>
_____	_____
_____	_____
_____	_____

Financial

31. Can your company provide a payment and performance bond? Y ___ N ___ If so, what is the name of your bonding company, bonding agent, and what is your overall and current bonding capacity?

<u>Bonding Company</u>	<u>Agent</u>	<u>Capacity</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

32. What is your DUNS number and current DUNS rating?

<u>DUNS Number</u>	<u>DUNS Rating</u>
_____	_____

33. What is your primary bank and what is your maximum credit capacity?

<u>Bank</u>	<u>Credit Line Amount</u>
_____	_____

34. Can you finance this project? Y ___ N ___

35. Please list all past and current litigation (last 5 years)

36. Please attach the most recent audited balance sheet and income statement. If the most recent statements are greater than six months old, please also provide the most recent income statement. (ATTACH/UPLOAD PDF FILE)

37. Please attach an equipment list. (ATTACH/UPLOAD PDF FILE)

38. Please identify any consultants working for the company or its parent, subsidiaries, joint venture partners or affiliates.

<u>Firm Name</u>	<u>Services</u>
_____	_____
_____	_____

Legal

39. Please list the name and contact information for the company's attorney(s).

Firm Name	_____
Address	_____
Contact Name	_____
Phone	_____
Email	_____

40. For the company, its parent, subsidiary, joint venture partner, and affiliates please list the following for the last 5 years:

a. State or federal prevailing wage violations, delinquencies, or assessments

<u>Violation / Delinquencies / Assessments</u>	<u>Year</u>
_____	_____
_____	_____

b. Affirmative action, MBE, FBE, SBA, or other violations or citations (please attach a current Certificate of Compliance issued by the State of Ohio)

<u>Violation / Citation</u>	<u>Year</u>
_____	_____
_____	_____

c. Contract termination, failure to complete, notice of default, assignment, assessment of liquidated or other damages, claims filed, or other problems completing a contract.

<u>Contract</u>	<u>Year</u>
_____	_____
_____	_____

d. Debarment by any local, state or federal agency.

<u>Local, State or Federal Agency</u>	<u>Year</u>
_____	_____
_____	_____

e. State or federal EPA, OSHA, or other laws

<u>Year</u>

f. Drug Free Workplace violations.

Violation

Year

<u>Violation</u>	<u>Year</u>

g. Has the firm or any owners, officers, agents, consultants, joint venture partners, project managers, guarantors, investors, attorneys or other key personnel been formally charged with or convicted of any municipal state or federal misdemeanor, felony, or other criminal offense (excluding traffic violations) or been party to a plea bargain, information statement, or other legal process that resulted in reduction or dismissal of charges? Y ___ N ___

If yes, please explain:

h. Has the firm or any owners, officers, agents, joint venture partners, project managers, guarantors, investors, attorneys or other key personnel filed bankruptcy within the last 10 years? Y ___ N ___

If yes, please explain:

i. Please list all claims pending against owners, architects, or other contractors.

j. Please list any and all tax, mechanic's liens, material men's liens, or other liens against any of your projects, or personal assets of key personnel and guarantors

k. Please list any actual or potential conflicts of interests or ethical violations that would result from your receipt of this contract.

Statement of Further Assurances

Now comes _____, authorized representative of _____ and hereby represents and warrants that the company and its officers will do the following in exchange for the opportunity to bid this project:

1. We will provide any and all supplemental information regarding the prequalification process.
2. We will advise Ozanne of any changes in our responses, our financial condition, or any other issue that may affect our performance on this contract
3. We agree not to discuss the bidding process or in any way cooperate, collude, exchange information, price fix, or engage in non-competitive activity with any of our competitors on this project directly or indirectly.
4. We will adhere to all federal, state and local laws.
5. We will not object if our prequalification status is terminated for any misrepresentations of information in this application for prequalification.
6. We agree not to protest or complain to Ozanne, the owner, or anyone else if we are not the successful bidder.
7. We give permission to Ozanne and its bonding and insurance agent to contact our bank, surety, or insurance agent to verify any information in this prequalification application.
8. We will comply with the contract documents.
9. We will provide a notarized affidavit containing these terms and conditions if requested.

AUTHORIZED SIGNATURE

I hereby certify that the information in this entire Contractor Qualification form, including all attachments and referenced information, is factual and complete.

Name _____ Title: _____
please print or type *please print or type*

Signature Date: _____