

CONFIDENTIAL

Date: _____

A) Contact Information

Company Name: _____

Primary Contact: _____

Street Address: _____

City, State, ZIP Code: _____

Phone: _____ Fax: _____

E-Mail Address: _____

Company Web Site Address: _____

FEIN Number: _____

B) Organization Information

Type of Organization: _____

The year your organization was founded: _____

The year your organization was founded under its present business name: _____

List other or former names under which your organization has operated: _____

If your organization is a corporation, answer the following:

Date of incorporation: _____ State of incorporation: _____

President/CEO/Owner/Principle: _____

C) Work Type

Please list the types of work your organization self-performs: _____

State five-year average sales of work performed: _____ \$

What is your company's backlog amount? _____ \$

Please indicate if your company is: Union Merit Shop

If your company is union, list to which unions you are signatory: _____

If your company is union, list to which agreements you are signatory (e.g., NMA): _____

D) Financial Information – please complete the table below. Include an audited copy of your latest financial statement and a letter from your bonding company:

Bonding Capacity, Aggregate Amount (\$M)		Bond Rate (%)		
Bonding Capacity, Single Project (\$M)				
Three largest contracts in the last three years – Please include client name, project, location, value, and project start / completion:				
Client		Value (\$M)	\$	Start/ Finish
Client		Value (\$M)	\$	Start/ Finish
Client		Value (\$M)	\$	Start/ Finish

A) Safety

1. Provide your company’s safety statistics in the table below. Include a copy of your OSHA 300 log, an EMR confirmation letter and a description of OSHA citations, if applicable, with your submission.

	Current Year	Previous Year	Before Last
Experience Modification Rate (EMR)			
Total Recordable Injury Rate (TRIR*)			
Total Lost Workday Injury Rate (LWIR*)			
Number of Fatalities			
Hours Worked			
OSHA Citations	Yes/No (If Yes Attach Citations)		
<i>*Injury Rate Formula = # of Injuries x 200,000 ÷ Hours Worked</i>			

2. A copy of your safety program must be available for review upon award of contract.

	YES	NO
Written Safety Program	<input type="checkbox"/>	<input type="checkbox"/>

3. List any third-party review programs (ISNetworld, PICS, PEC, etc.) in which your company participates. Provide a certificate of your status for each program.

B) Project Controls

1. Does your company use a software application to develop project schedules? If so, list the software name: _____

C) Quality

1. Please attach a signed copy of your quality program table of contents and policy statement.

	YES	NO
Quality Control System Manual	<input type="checkbox"/>	<input type="checkbox"/>

H) **Market Segments** – Approximate the percentage of work your company performs in each market segment.

Power Industry	_____%	New Generation	_____%
		Environmental Upgrades	_____%
		Nuclear Facilities	_____%
Metals Industry	_____%	Integrated Steel Mill	_____%
		Blast Furnace	_____%
		Coke Battery	_____%
Process Industry	_____%	Refineries	_____%
		Chemical / Food Processing	_____%
		Material Conveyance	_____%
Other	_____%		_____%

I) **Trade Organizations** – List any of which your company is a member:

J) **Geographic Areas** – List all states in which your company is willing to work:
