

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

**E) 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			
<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.
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## F) Project Controls

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

## G) 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	_____%
Gas Infrastructure	_____%	Utility Stations / Storage	_____%
		Distribution & Transmission Gas Pipelines	_____%
Other	_____%		_____%

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

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

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