



R.A. BURCH CONSTRUCTION

SUBCONTRACTOR PREQUALIFICATION FORM

Company General Information

Date: _____

Company Name: _____

Address: _____
Street City State Zip

Phone: (____) _____ Fax:(____) _____ E-mail: _____

Website: _____

Parent Company: _____

Address: _____

President : _____ (____) _____
Name Phone e-mail address

Other Contact: _____ (____) _____
Name Phone e-mail address

List current License and include any out of State: _____

Years in Business: _____ Average Annual Volume (3Yrs): _____

Federal ID No: _____ DUNS# _____

Primary NAICS Code _____ Other NAICS Code _____

Annual Sales:

2010: _____

2009: _____

2008: _____

Ownership:

Corporation- State of Incorporation: _____ Year Incorporated: _____

Sole Proprietorship

Partnership

Other

List Trade and Union Agreements to which your company is signatory. Please state NONE, if not applicable.

Product/Service Description: _____

SMALL BUSINESS:

Small Business Categories:

Small Business (SB)-(Certification not required, may self certify)

Definition: "Small Business" as used in this provision means a business including its affiliates, that is independently owned and operated, not dominant in the field of operation in which it is bidding on government contracts qualified as a small business under the criteria and size standards as established by the US Government. Each company must verify its NAICS code and the appropriate size standard on line or by contacting the US Small Business Administration. (Size Regulations, Section 19.102, may be found at www.sba.gov/size).

Women Owned Small Business (WOSB): ARE NOT CLASSIFIED AS DISADVANTAGED BUSINESS IN FEDERAL CONTRACTING:

Definition: "Woman Owned Small Business" as used in this provision means a small business is at least 51% unconditionally owned by one or more women; or in case of any publicly owned businesses, at least 51% of the stock of which is unconditionally owned by one or more women; and whose management and daily business operations are controlled by one or more women.

Historically Underutilized Business Zone (HUBZone) (Certification is required)

ARE NOT CLASSIFIED AS DISADVANTAGED BUSINESS IN FEDERAL CONTRACTING:

Definition: "HUBZone Small Business" as used in this provision means a small business that appears on the list of qualified HUBZone Small Business maintained by the US Small Business Administration (<http://eweb1.sba.gov/hubzone/internet>) located in a HUBZone area.

Small Disadvantaged Business (SDB) : (Certification not required, may be self-certified)

Definition: "Small Disadvantaged Business" as used in this provision means a small business which is at least 51% owned by one or more socially and economically disadvantaged individuals. Socially disadvantaged individuals are those who have been subjected to racial or ethnic prejudice or cultural bias because of their identity as members of a group without regard to their individual qualities. Business owners who certify that they are members of named groups (Black Americans, Hispanic Americans, Native Americans, Asian Pacific Americans, Asian-Indian Americans) are to be considered socially and economically disadvantaged.

Certified Section 8(a) Contractor (Certification is Required)

Definition: "A firm owned and operated by socially and economically disadvantaged individuals and eligible to receive federal contracts under the Small Business Administration's 8(a) Business Development Program.

Small Veteran Owned Business (VOSB): ARE NOT CLASSIFIED AS DISADVANTAGED

BUSINESS IN FEDERAL CONTRACTING:

Definition: "Veteran Small Business" as used in this provision means a small business is at least 51% unconditionally owned by one or more veteran; or in case of any publicly owned businesses, at least 51% of the stock of which is unconditionally owned by one or more veteran; and whose management and daily business operations are controlled by one or more veteran.

Service Disabled Veteran Owned Small Business (SDVOSB): ARE NOT CLASSIFIED AS DISADVANTAGED BUSINESS IN FEDERAL CONTRACTING:

Definition: "Service Disabled Veteran Small Business" as used in this provision means a small business is at least 51% unconditionally owned by one or more service disabled veteran; or in case of any publicly owned

businesses, at least 51% of the stock of which is unconditionally owned by one or more service disabled veteran; and whose management and daily business operations are controlled by one or more service disabled veteran, in the case of a veteran with permanent and severe disability the spouse or permanent caregiver of such veteran.

Small Business Classifications:

- | | |
|---|---|
| <input type="checkbox"/> Small Business | <input type="checkbox"/> Veteran Owned Business |
| <input type="checkbox"/> Woman-Owned Business | <input type="checkbox"/> Disadvantaged Veteran Owned Business |
| <input type="checkbox"/> HubZone | <input type="checkbox"/> Alaskan Native Corporation (ANC) |
| <input type="checkbox"/> Small Disadvantaged Business | <input type="checkbox"/> Indian Tribe or Tribally Owned Corporation |

If the answer is “yes” to any of the questions listed below please attach details.

Has your firm ever defaulted on a contract? Yes No

Has your firm experienced reorganization within the past year? Yes No

Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers? Yes No

Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the last five years? Yes No

Within the last five years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract? Yes No

Total number of employees: _____
Home Office Field Office

Staff Breakdown

Engineering: _____	Project Manager: _____
Shop: _____	Construction Supervision: _____
Administration: _____	Field Engineers: _____
Fabrication Shop: _____	Laborers: _____

Safety Information

Name of Safety Director/Officer: _____ Company: _____

Address: _____
Street City State Zip

(_____) _____
Phone e-mail address

Experience Modification Rate – (last 3-years) 2010: _____
2009: _____
2008: _____

OHSA Days Away from Work, Restricted Duty, or Job Transfer (DART) Rate
(last 3-years) 2010: _____
2009: _____

2008: _____

Does your Firm have a written Safety Plan? Yes No

Has your Firm been cited for any serious OSHA violations Yes No
In the past three (3) years? If so, under separate cover please
Submit violations and how you corrective action taken..

Does your Firm have drug testing policy? Yes No

Insurance

Under a separate cover submit a sample certificate of insurance showing coverage and limits for general liability, automobile liability, and excess umbrella liability and workers compensation.
Under separate cover please submit a log and summary of occupational injuries and illnesses as required by the US Department of Labor (previous 12 months).

Experience List

List at least three major projects in the past 3 years; include the following information (attach separate sheet for additional information):

_____		_____	
<i>Name of project</i>		<i>Type of building</i>	
_____		_____	
<i>City</i>	<i>State</i>	<i>Contract Amount</i>	
_____		_____	
<i>Contractor /Client Contact</i>	<i>(____) Phone</i>	<i>e-mail</i>	
_____		_____	
<i>Subcontractor Project Manager</i>		<i>Subcontractor Foreman</i>	
_____		_____	
<i>Award/Start Date</i>		<i>Completion Date</i>	

Comments: _____

#02:

_____		_____	
<i>Name of project</i>		<i>Type of building</i>	
_____		_____	
<i>City</i>	<i>State</i>	<i>Contract Amount</i>	
_____		_____	
<i>Contractor /Client Contact</i>	<i>(____) Phone</i>	<i>e-mail</i>	
_____		_____	

Subcontractor Project Manager

Subcontractor Foreman

Award/Start Date

Completion Date

Comments: _____

#03

Name of project

Type of building

City

State

Contract Amount

(____)

Contractor /Client Contact

Phone

e-mail

Subcontractor Project Manager

Subcontractor Foreman

Award/Start Date

Completion Date

Comments: _____

Bonding and Bank Information:

Bonding Company Name: _____

Address: _____

Street

City

State

Zip

Phone: (____) _____

Fax: (____) _____

Website: _____

President: _____ (____)

Name

phone

e-mail address

Contact:

Name

Phone

e-mail address

Aggregate Bonding Capacity: \$ _____ Single project Bonding Capacity: \$ _____

Total Number of Projects Currently Bonded: _____ Total current Bonding: \$ _____

Bank: _____

Address: _____
Street City State Zip

Phone: (____) _____

Fax: (____) _____

Website: _____

Account No.: _____

President: _____ (____) _____
Name Phone e-mail address

Contact: _____ (____) _____
Phone e-mail address

SIGNATURE

PRINT NAME

DATE