

Franklin County

**CONTRACTOR
PREQUALIFICATION FORM**

Instructions: Please complete the following requested information. Any additional information you deem to be useful for evaluation of your firm's capabilities may be attached to this form. Your completed Prequalification form will be maintained and utilized by Elford, Inc. as a basis for determining bidder selection. This form needs to be updated every two (2) years in order to ensure that the information is current.

PLEASE ATTACH TO THIS FORM A COPY OF YOUR CERTIFICATE OF INSURANCE INDICATING CURRENT LIMITS.

Company Name: _____

Date: _____

Address: _____

Bank Reference: _____

Bank Phone #: _____

Phone #: _____

Bank Contact (if applicable): _____

Fax #: _____

Total bonding capacity: \$ _____

Date Co. began under present name: _____

Work currently bonded: \$ _____

Former Co. name: _____

Bonding Company: _____

Years performing work specialty: _____

Bonding Co.'s Best's Rating: _____

% of work performed by own forces: _____

Bonding Agent: _____

Work now under contract: \$ _____

Bonding Agent Phone #: _____

Work in place last year: \$ _____

Insurance Agent: _____

Average annual sales last 3 years: _____

Insurance Agent Phone #: _____

Federal Tax I.D. _____

Union Affiliations? _____

Merit-Shop? Yes No

Number of Staff Employed: Principals: _____ Project Managers: _____ Estimators: _____ Safety: _____ Field: _____

Is qualified as a Minority Business Enterprise (MBE)? Yes No **Womens' Business Enterprise (WBE)?** Yes No

Encouraging Diversity, Growth, and Equity (EDGE)? Yes No **Veteran Owned Business?** Yes No

Other disadvantaged business group: _____

(Please attach certification of the above status.)

Geographic Area(s) Where firm is interested in bidding work (i.e., City(ies), Region of State, States, etc.):

Contract Interest (That work which firm self-performs or will bid to perform):

(In designating codes, please indicate codes as listed on the last page of this form.)

Does your company bid Prevailing Wage projects? Yes No

Does your company bid Davis Bacon Wage Projects? Yes No

Has your firm had any Affirmative Action Violations in the last 5 years? Yes No **If yes, submit details on a separate sheet. Please provide a copy of your current Certificate of Compliance.**

The Bidder certifies that Bidder provides a health care medical plan for those employees working on the Project, such benefits being a part of the employees' regular compensation and not solely on the Project.

Yes No

The Bidder certifies that Bidder contributes to an employee pension or retirement program for those employees working on the Project, such as benefits being a part of the employees' regular compensation and not solely on the Project.

Yes No

The Bidder certifies that Bidder only uses skilled trade personnel trained or enrolled in a state or federally approved apprenticeship program or personnel with five (5) years' of experience in the specific trade.

Yes No

SAFETY: Attach your OSHA 300 FORM for this year.
 Attach your OSHA 300 and 300A FORMS for last year.

Please provide your firm's Workers' Compensation (WC) Interstate Experience Modification Rate (EMR) on insurance company letterhead; also list your EMR below. For Ohio companies, contact your third-party administrator or the Ohio Bureau of Workers' (6446).

20__ : _____ 20__ : _____ 20__ : _____

If you have an EMR increase, or an EMR of 1.0 or higher, please explain the cause(s), on a separate piece of paper and attach. Please use your prior three years' OSHA 300 Forms to fill in details below:

| YEAR..... | 20__ | 20__ | 20__ |
|--|-------|-------|-------|
| A) Manhours Worked (1)..... | _____ | _____ | _____ |
| B) Total Recordable Cases (2)..... | _____ | _____ | _____ |
| C) Total Recordable Case Rate (3)..... | _____ | _____ | _____ |
| D) Lost Time Incidents (4)..... | _____ | _____ | _____ |
| E) DART Rate (5)..... | _____ | _____ | _____ |
| F) Fatalities (6)..... | _____ | _____ | _____ |

Do you have a written safety program? Yes No
 Is your Firm OSHA-recognized VPP (Voluntary Protection Program)? Yes No
 Have you received any OSHA citations in the last three years? Yes No

If YES, please attach additional sheet indicating citation date(s), description(s), and Corrective Action(s) Taken.

Does your company have a written BWC-approved Drug-Free Workplace Program? Yes No

What is the frequency of drug testing your field employees? _____

Attach separate sheet including three (3) most significant projects presently under construction. Also, attach a listing of six (6) most significant include the following information:

- 1) PROJECT ADDRESS
- 2) ARCHITECT
- 3) CONTRACT WITH
- 4) CONTRACT AMOUNT
- 5) YEAR OF AWARD
- 6) LIST CONTACT AND PHONE # FOR REFERENCE

Please provide three (3) material vendor suppliers:

| COMPANY | CONTACT NAME | PHONE |
|---------|--------------|-------|
| | | |
| | | |
| | | |

- (1) "Manhours Worked" is for all employees. It includes only the actual hours worked, not hours paid for, i.e., do not include vacation, sick leave, holidays, or any other non-work time, even if employees were paid for it.
- (2) "Total Recordable Cases" is the total number of injuries and illnesses: Adding the total number of entries in columns G + H + I + J on the OSHA 300 form.
- (3) "Recordable Case Rate" is the incident rate calculated using the formula: (Totals for columns G + H + I + J) X 200,000/ Manhours Worked.
- (4) "Lost Time Incidents" is the total of column H on the OSHA 300 form.
- (5) "DART Rate" is the incident rate for recordable cases involving days away from work and days of restricted work activity or job transfer (DART). The rate is calculated using the formula: (Totals for columns H + I) X 200,000/ Manhours Worked.
- (6) "Death" is the total for column G.

Has your firm had any lawsuits, claims or demands related to the company or organization's participation on any public contract, whether the lawsuit, claim or demand was initiated against the company or organization in its capacity as a subcontractor. (Y N)

In the past five (5) years has the company or organization ever been requested by a public owner to return to address construction workmanship, performance, or installation issues? (Y N)

The Bidder certifies that Bidder has not been penalized or debarred from any public contracts for falsified certified payroll records or any other violation of the Fair Labor Standards Act in the last five (5) years.

Yes No

The Bidder certifies that Bidder has not been debarred from public contracts or found or determined by the state to have underpaid prevailing wage, whether intentionally or unintentionally, or whether settled subsequent to the finding, more than three (3) times in a two-year period in the last ten (10) years. Aggregating for any single project, no finding of an unpaid amount of less than \$5,000 shall be considered. No single finding based upon a journeyman-to-apprenticeship ratio shall be considered, unless as part of multiple, similar findings.

Yes No

If the answer is yes to either of the preceding two questions, submit details on a separate sheet.

List any general liability losses for the last three (3) years.

20 ____ : _____
 20 ____ : _____
 20 ____ : _____

HAS FIRM, THE OWNER, OR ANY OFFICER: Failed to complete a contract (Y N), been involved in a bankruptcy or reorganization (Y N), had any pending judgments, claims or suits (Y N).

If the answer is yes to any of the preceding three questions, submit details on a separate sheet.

Have you ever been involved in the following:

A judgment or conviction for any business-related conduct constituting a crime under federal, state or local government law including, but not limited to, fraud, extortion, bribery, racketeering, price-fixing or bid collusion or any crime related to truthfulness and/or business conduct. Yes No

A criminal investigation or indictment for any business-related conduct constituting a crime under federal, state or local government law including, but not limited to, fraud, extortion, bribery, racketeering, price-fixing or bid collusion or any crime related to truthfulness and/or business conduct. Yes No

An unsatisfactory judgment, injunction or lien for any business-related conduct obtained by any federal, state, or local government agency including, but not limited to, judgments based on taxes owed and fines and penalties assessed by any federal, state or local government agency. Yes No

An investigation for a civil or criminal violation for any business-related conduct by any federal, state or local agency. Yes No

A grant of immunity for any business-related conduct constituting a crime under federal, state or local governmental law including, but not limited to, fraud, extortion, bribery, racketeering, price-fixing, bid collusion or any crime related to truthfulness and/or business conduct. Yes No

An administrative proceeding or civil action seeking specific performance or restitution in connection with any federal, state or local contract or lease. Yes No

A sanction imposed as a result of judicial or administrative proceedings relative to any business or professional license. Yes No

A consent order with the Ohio Environmental Protection Agency, or federal, state or local government enforcement determination involving a violation of federal, state or local environment laws. Yes No

Please provide us contact information of at least three contacts (Attach a separate page if wish more contacts). Place a check in at least three individuals that you wish bid information to be sent to via e-mail.

| CONTACT NAMES | TITLE | CELL PHONE | E-MAIL ADDRESS |
|---------------|-------|------------|----------------|
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TYPING THE NAME OF THE OFFICER, OR OTHER PERSON SO AUTHORIZED, BELOW CONSTITUTES A SIGNATURE ATTESTING TO THE FACTS CONTAINED HEREIN.

_____ does hereby state that the above information is true and correct to the best of our knowledge.
(Company Name)

Type of Firm: Corporation Partnership Sole Proprietorship Limited Liability Corporation

Typed Name & Title of Authorized Company Officer

CSI Divisions - Master List

| <u>CODE</u> | <u>DESCRIPTION</u> | <u>CODE</u> | <u>DESCRIPTION</u> | <u>CODE</u> | <u>DESCRIPTION</u> | <u>CODE</u> | <u>DESCRIPTION</u> |
|-------------|-------------------------|-------------|------------------------|-------------|--------------------------|-------------|--------------------------|
| 00010 | General Contractors | 05400 | Lt gauge Metal Frmg | 09200 | Stucco | 11170 | Waste Handling Equip. |
| 00020 | Architects | 05500 | Metal Fabrications | 09250 | Drywall/Mtl Studs (Acc.) | 11200 | Water Supply & Trtmt |
| 00030 | Interior Design | 05700 | Ornamental Metals | 09260 | Premfd. Column Cvr. | 11400 | Food Service Equip. |
| 00040 | Surveyors | 05710 | Prefab Metal Stairs | 09300 | Tile & Marble | 11450 | Residential Equipment |
| 00060 | Equipment Rental | 05750 | Decorative Handrails | 09310 | Ceramic Tile | 11460 | Unit Kitchens |
| 00070 | Engineers | 05800 | Expansion Control | 09340 | Marble Sills | 11470 | Darkroom Equipment |
| 00080 | Printing & Misc. Srvcs. | 05900 | Metal Finishes | 09400 | Terrazzo | 11500 | Ind'l & Process Equip. |
| 00170 | Cleaning Services | 05910 | Galvanizing | 09500 | Acoustic Ceilings | 11600 | Laboratory Equipment |
| 00800 | Minority Bus. Ent. | 06100 | Rough Carp. & Frmrs. | 09510 | Spray Acoustical Trtmt | 11700 | Medical/surgery |
| 01170 | Pest Control | 06101 | Lumber | 09550 | Wood Flooring | 11900 | specialty Equipment |
| 00159 | Field Office Trailers | 06102 | Wood Truss Manuf. | 09650 | Resilient Floors, Base | 12300 | Mnf'd Casework |
| 01660 | Testing | 06130 | Heavy Timber Constr. | 09680 | Carpet | 12400 | Furnishings & Access. |
| 01890 | Final Clean-Up | 06170 | Prefab Structural Wood | 09700 | Epoxy Floors | 12500 | Furniture |
| 02060 | Conc. Cutting/Boring | 06200 | Millwork & Cabinetry | 09900 | Painting | 12700 | Systems Furniture |
| 02100 | Site Preparation | 06201 | Finish Carpentry | 09950 | Wallcovering | 13030 | Audiometric Rooms |
| 02110 | Demolition | 06400 | Architectural Wdwrk. | 09800 | Special Coatings | 13036 | Clean Rooms |
| 02180 | Asbestos Removal | 06500 | Prefab Struct. Plastic | 10110 | Chalk & Tackboards | 13080 | Snd/Vibration/Seismic |
| 02200 | Sitework | 06600 | Plastic Fabrications | 10150 | Compartmts & Cubicles | 13090 | Radiation protection |
| 02250 | Underpinning | 07100 | Waterproofing | 10160 | Toilet Partitions | 13100 | Lightning Protection |
| 02300 | Earthwork | 07150 | Dampproofing | 10190 | Hospital Cubicles | 13120 | Pre-Eng'd Structures |
| 02410 | Manhole Materials | 07200 | Insulation | 10200 | Louvers | 13130 | Bleachers |
| 02490 | Site Furnishings | 07214 | Foam-in-Place Insul. | 10240 | Grilles & Screens | 13140 | Vaults |
| 02600 | Paving | 07300 | fireproofing | 10260 | Wall & Corner Guards | 13150 | Swimming Pools |
| 02630 | Cement Brick Pavers | 07400 | Wall & Roof Pnls, Sdg | 10270 | Access Flooring | 13160 | Sauna |
| 02700 | Fencing | 07410 | Preformed Siding | 10340 | Prefab Steeples, Spires | 13200 | Liquid/Gas & Water Tanks |
| 02710 | Piped Utilities | 07420 | EIFS | 10350 | Flagpoles | 13510 | Rest. Undergrnd Pipeline |
| 02740 | Irrigation Systems | 07500 | Roofing Membrane | 10400 | Signage | 13700 | Security Access/Surv. |
| 02800 | Landscaping | 07510 | Built-Up Roof System | 10450 | Pedestrian Control Dev. | 13850 | Fire Alarm |
| 03010 | Concrete Finishing | 07600 | Flashing & Sheet Metal | 10500 | Lockers | 14100 | Dumbwaiters |
| 03100 | Concrete Formwork | 07810 | Skylights | 10520 | Fire Ext., Cabs, Access. | 14200 | Elevators & Lifts |
| 03200 | Concrete Reinforcing | 07820 | Entrance Canopy | 10530 | Canopies & Awnings | 14310 | Escalators |
| 03220 | Post-Tensioning | 07900 | Caulking & Sealants | 10550 | Postal Specialties | 14400 | Lifts |
| 03250 | Concrete Accessories | 07950 | Window Wall Panel | 10555 | Misc. Specialties | 14450 | Vehicle Lifts |
| 03300 | concrete Subs | 08100 | HM Doors & Frames | 10605 | Wire Mesh Partitions | 14500 | Material Handling Sys. |
| 03330 | Concrete Sidewalks | 08200 | Wood Doors | 10620 | Folding Partitions | 14560 | Chutes |
| 03340 | Concrete curbs | 08210 | Plastic Lam. Doors | 10650 | Operable Partitions | 14580 | Pneumatic Tube Sys. |
| 03350 | Conc. Sawing & Drill | 08300 | Special Doors | 10670 | Storage Shelving | 15086 | Pipe Insulators |
| 03400 | Precast Concrete | 08310 | Rolling Steel Doors | 10750 | Telephone Enclosures | 15300 | Fire Prot. & Sprinklers |
| 03410 | Precast Conc. Material | 08330 | Coiling Doors | 10800 | Toilet Accessories | 15400 | Plumbing |
| 03450 | Precast Conc. Suppl. | 08360 | Overhead Doors | 10900 | Closet Specialties | 15500 | HVAC |
| 03500 | Concrete Suppliers | 08400 | Entrances/Storefronts | 11020 | Security & Vault Equip. | 15600 | Refrigeration Equip. |
| 03700 | Conc. Rest. & Cleaning | 08450 | Revolving Doors | 11030 | Checkroom Equipment | 15720 | Air Handling Units |
| 04200 | Masonry | 08490 | Auto Door Operators | 11040 | Ecclesiastical Equip. | 15800 | Air Distribution |
| 04201 | Masonry Acc. & Supp. | 08500 | Windows | 11050 | Library Equipment | 15900 | Controls & Instrmnts |
| 04500 | Masonry Restoration | 08600 | Wood & Plstc Wndws | 11060 | Stage Equipment | 16000 | Electrical Contractors |
| 04650 | Mausoleum Crypts | 08610 | Labor to Hang Doors | 11070 | Musical Equipment | 16120 | Cabling & Conductors |
| 05020 | Metal Bldg. Erectors | 08650 | Special Windows | 11100 | Mercantile Equip. Inst. | 16300 | CCTV |
| 05030 | Rigging Contractors | 08700 | Glass Coating & Tint | 11110 | Comm. Lndry/Dry Cln | 16600 | Special Systems |
| 05100 | Structural Steel | 08710 | Finish Hardware | 11130 | Audio/Visual Equip. | 16700 | Communications |
| 05110 | Stainless Steel | 08800 | Glass, Glazing & Alum. | 11140 | Service Station Equip. | 16720 | Nurse Call System |
| 05150 | Steel Erectors | 08900 | Glazed Curtain Walls | 11150 | Parking Equipment | | |
| 05200 | Metal Joist | 09100 | Metal Support System | 11160 | Loading Dock Equip. | | |