



**COMPANY INFORMATION** (Attach list if more than one State)

<b>Type of Company</b> <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other _____ <i>(please specify)</i>	_____	_____	_____
	Year Company Formed	Contractor's License Number	State Sales Tax Registration Number
	State of Incorporation	State	State Unemployment Number
	_____	_____	_____
	Date of Incorporation	Expiration	Federal ID Number

**CORPORATE OFFICER INFORMATION** (Please include partners, proprietors, members, and/or shareholders)

Name	Year of Birth	Position	Percent Owned

**COMPANY INFORMATION**

Under what other name(s) has your Company operated?		
How many people does your Company presently employ?	Home Office: _____ Tradespeople: _____	Field Supervisory: _____ Other: _____
How many people did your Company employ on average for the last 3 years?	Home Office: _____ Tradespeople: _____	Field Supervisory: _____ Other: _____
Has your Company or any of its principals ever petitioned for bankruptcy, failed in business, defaulted or been terminated on a contract awarded to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, please explain:</i>
Have any of the Owners, officers or major stockholders of your Company ever been indicted or convicted of any felony or other criminal conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, please explain:</i>
Has your Company or any Owners, officers or major stockholders ever been suspended, disbarred or otherwise precluded from pursuing public work or ever found to be non-responsive by a public agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, please explain:</i>
Has your Company ever had a claim made against it for improper, delayed, defective or non-compliant work or failure to meet warranty obligations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, please explain:</i>
Is your Company or any of its owners, officers or major shareholders currently involved in any arbitration or litigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, please explain:</i>
Does your Company have any outstanding judgments or claims against it?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, please explain:</i>
Has your company or any of its owners, officers or major stock holders been investigated for or charged with alleged labor law violations including alleged violations of the Immigration Control and Reform Act; state or local laws regarding employment of immigrants; prevailing wage laws; wage and hour laws or other federal, state or local labor laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, please explain:</i>

COMPANY INFORMATION			
Please list any litigation brought against your Company in the past five (5) years asserting that you failed to make payments to anyone.			
GEOGRAPHICAL AREA			
List the geographical areas in which you work.			
UNION AFFILIATIONS			
List Unions which you have agreements with	Local Number	Union Name	Agreement Expiration
COMPETITIVE MARKET			
Indicate the size of project you are most competitive ( <i>enter 1</i> ). Show in preference order (2,3,...) other size projects you are capable of performing.		<input type="checkbox"/> Under \$100,000 <input type="checkbox"/> \$3,000,000 - \$6,000,000 <input type="checkbox"/> \$100,000 - \$200,000 <input type="checkbox"/> \$6,000,000 - \$9,000,000 <input type="checkbox"/> \$200,000 - \$500,000 <input type="checkbox"/> \$9,000,000 - \$15,000,000 <input type="checkbox"/> \$500,000 - \$1,000,000 <input type="checkbox"/> Over \$15,000,000 <input type="checkbox"/> \$1,000,000 - \$3,000,000	
Check all building types on which your Company has worked.		<input type="checkbox"/> K-12 <input type="checkbox"/> Athletic Facilities <input type="checkbox"/> Higher Education <input type="checkbox"/> Industrial Bldg <input type="checkbox"/> Government <input type="checkbox"/> Laboratories <input type="checkbox"/> Hospitals <input type="checkbox"/> Housing (Dormitories) <input type="checkbox"/> Federal <input type="checkbox"/> Design Build/Design Assist List Federal Building Types: _____	
List all Federal Agencies with which your company has worked.			
List the trades you normally perform with your own forces.			
What trades do you normally subcontract?			
What percentage of the Company's work is normally subcontracted?		_____ %	
What is the largest contract your Company has completed?	Amount: \$ _____	What is the largest dollar volume job you expect to do during this year?	Amount: \$ _____
	Year Completed: _____		Project name: _____
	Project name: _____		Scope of work: _____
What is your expected annual volume this year.		Amount: \$ _____ # of Projects: _____	

Quality Control					
Please list the person who is responsible for coordinating your company's quality control program.					
Name:		Title:		Email /Phone:	
Does your company utilize project specific QC checklists to document and ensure the quality of your product or service?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your company identify a project specific QC representative for each project?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
FINANCIAL					
What was the average annual volume of work performed over the past 5 years.				Year/Vol. _____ Year/Vol. _____ Year/Vol. _____ Year/Vol. _____ Year/Vol. _____	
MBE/WBE participation in work which you subcontract (average participation for last 3 years)				MBE _____% WBE _____%	
Minority/Female workforce participation (average percentage utilization for last 3 years)				MIN _____% FEM _____%	
Attach a list of <b>current</b> major projects giving name of project, address, owner, architect, general contractor, contract amount, scope of work and scheduled completion. (Include contact people and phone numbers)					
Attach a list of <b>completed</b> major projects giving name of project, address, owner, architect, general contractor, contract amount and scope of work. (Include contact people and phone numbers)					
<b>Attach a copy of your latest audited financial statement.</b> (Your financial statement is strictly for HESS' Accounting Dept use and will be treated confidentially.)					
FINANCIAL RESPONSIBILITY (If applicable)					
<i>If the attached financial statement is not for the identical Company named above, please explain the relationship and financial responsibility of the Company whose financial statement is provided:</i>					
Name of Bank:		Address:			
Contact Person:		Phone:			
Amount of Credit Line:		Amount Available:		Expiration Date:	

FINANCIAL RESPONSIBILITY <i>(If applicable)</i>				
UCC Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No		How is Credit Secured?	
What is your Company's Dunn & Bradstreet Number?			D&B # _____ D& B Rating _____ Pay Record _____ Date of Rating _____	Remarks:
BONDING COMPANY				
Name of Surety:			Contact Person/Phone:	
Bonding Capacity:	Per Job \$ _____		Aggregate \$ _____	
	Date of Last Bond _____	Amount \$ _____	Bond Rate _____ %	
List the persons or entities who provide indemnification to your Surety.				
EXPERIENCE MODIFICATION RATE				
Experience Modification Rate (EMR for past five (5) years) <i>*Attach Insurance Broker/NCCI verification of most current EMR</i> <i>*If current EMR is above 1.00, attach letter of explanation</i>		2010	2009	2008
		_____	_____	_____
BUILDING INFORMATION MODELING				
Does your firm model its systems in three-dimensions in order to minimize potential construction conflicts and /or assist in the prefabrication process?				<input type="checkbox"/> Yes <input type="checkbox"/> No
SAFETY PROGRAM				
Please list the person who is responsible for coordinating your company's safety program.				
Name:		Title:		Email /Phone:
Does your company have a written safety program or policy?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company have a safety reward program for employees?				<input type="checkbox"/> Yes <input type="checkbox"/> No

SAFETY PROGRAM	
Does your company typically prepare Job Hazard Analysis (JHA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company conduct accident / incident investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is it your company policy to have first aid / CPR certified persons on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you implemented 100% fall protection?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you perform any asbestos or lead abatement activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your safety program enforceable upon your lower tier subcontractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company review the safety management systems of your subcontractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company require lower tier subcontractors to conduct and report incident investigations to your firm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company have a written substance abuse program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to the above question, does your program include post accident, pre-employment, and random testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many full-time safety professionals does your company employ?	
Does this person / or these people perform safety inspections on all of your projects?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to the above question, what is the frequency of the inspections?	
Does your company have a return to work / light duty program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company have a "near miss" reporting program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company have a disciplinary program in place for safety violations?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>SAFETY STATISTICS</b>							
Please provide the following statistics for the past five years.							
<b>Year</b>	<b>Man Hours Worked</b>	<b>Number of Fatalities</b>	<b>Number of Lost Time Injuries</b>	<b>Number of Recordable Injuries</b>	<b>Number of First Aid Injuries</b>	<b><u>Recordable Rate</u></b>	<b><u>Lost Time Rate</u></b>
2009							
2008							
2007							