

In order to be considered for placement on our Approved Bidders List, please fill out the information requested below and return to L.S. Brinker's Office to the attention of **Ted Robinson**.

Send correspondence to:

**L.S. BRINKER COMPANY**

3633 Michigan Ave., Ste. 300, Detroit, MI 48216

Telephone (313) 897-9130 FAX (313) 897-9133

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

INCORPORATED IN: \_\_\_\_\_

[State(s), or Form of Organization]

WEBSITE ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PHONE NO: \_\_\_\_\_ FAX NO: \_\_\_\_\_

CELL PHONE NO: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

TRADES FOR CONSIDERATION: \_\_\_\_\_

**I. PROJECT EXPERIENCE**

- A. Please attach a listing of projects completed in the last five years. Please use the form attached and make as many copies as necessary. (List all references, contract amount, contact names and phone numbers where applicable.)
- B. Design Build Experience:  
Years of experience \_\_\_\_\_ Number of project completed: \_\_\_\_\_  
Please attach a listing of Design Build Projects completed in the last five years. Please use the form attached and make as many copies as necessary.
- C. Attach any company brochure or literature.

**II. FINANCIAL CAPABILITY**

- A. For working capital and current ratio, *please attach a current audited financial statement.*
- B. Bonding — capacity available, bonding company, agency and contact person:  
Bonding Company \_\_\_\_\_  
Bonding Agent: \_\_\_\_\_  
Address \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_  
Bonding Capacity \_\_\_\_\_ Per project \_\_\_\_\_ Aggregate \_\_\_\_\_
- D. Bank reference — bank name, officer handling account and years of service:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- E. Judgments, pending claims and lawsuits — list all:  
\_\_\_\_\_  
\_\_\_\_\_

**III. INSURANCE**

- A. Current Insurance Carrier \_\_\_\_\_  
Current Insurance Agent \_\_\_\_\_  
Address \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_
  
- B. Current Insurance Limits: (Attach copy of current insurance certificate)
  - a. General Liability \_\_\_\_\_
  - b. Auto \_\_\_\_\_
  - c. Umbrella \_\_\_\_\_
  - d. Professional Liability \_\_\_\_\_

**IV. COMPANY ORGANIZATION/CAPACITY:** Firm has been in business for \_\_\_\_\_ years.

- A. Top Management – list President and Officers: Years in Industry:  
\_\_\_\_\_  
Title: \_\_\_\_\_  
\_\_\_\_\_  
Title: \_\_\_\_\_  
\_\_\_\_\_  
Title: \_\_\_\_\_
  
- B. Home office support – list office supervisory support staff to be involved with project:  
\_\_\_\_\_  
Title: \_\_\_\_\_  
\_\_\_\_\_  
Title: \_\_\_\_\_  
\_\_\_\_\_  
Title: \_\_\_\_\_
  
- C. Capacity of active projects:  
No. of current year projects: \_\_\_\_\_ Volume of current year projects: \_\_\_\_\_  
x = No. of projects one year ago \_\_\_\_\_ x = Volume of projects one year ago \_\_\_\_\_  
y = No. of projects two years ago \_\_\_\_\_ y = Volume of projects two years ago \_\_\_\_\_
  
- D. Affiliation with labor and/or trade organizations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- E. Are you a Union Contractor? Yes/No (Circle one)  
If yes, with what trade unions are you signatory? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V. JOB ORGANIZATION/CAPABILITY**

- A. Supervisory project jobsite staff: Years in Industry:  
\_\_\_\_\_  
Title: \_\_\_\_\_  
\_\_\_\_\_  
Title: \_\_\_\_\_  
\_\_\_\_\_  
Title: \_\_\_\_\_
  
- B. Self-performed work – list average percentage of work self-performed (vs. subcontracted): \_\_\_\_\_
  
- C. Field Work Force:  
Current field work force \_\_\_\_\_  
Average field work force one year ago \_\_\_\_\_  
Average field work force two years ago \_\_\_\_\_

VI. QUALITY CONTROL

- A. List the formal quality procedures/policies used in your company:  
\_\_\_\_\_
- B. Is your company ISO certified? \_\_\_\_\_  
*Please provide an uncontrolled copy of your quality manuals.*
- C. Is your company in process or planning for ISO certification? \_\_\_\_\_  
If yes, please indicate anticipated completion/certification schedule. \_\_\_\_\_
- D. What preventive action does your company rely on to assure a quality project? *Explain*  
\_\_\_\_\_
- E. What corrective action implementation does your company provide when quality issues occur on a project? *Explain*  
\_\_\_\_\_

VII. SAFETY AND LOSS CONTROL DATA

- A. List your firm's experience modification rate (EMR) and case ratings for the past four years and current year. Provide a letter from your insurance carrier or state fund (on their letterhead, verifying the EMR data). Case rating= $(\text{Number of recordable cases from most recent MIOSHA 200 form} \times 200,000) / (\text{Number of work hours in the period covered by MIOSHA 200 form})$

EMR		Case Rating	
2007	_____	2007	_____
2006	_____	2006	_____
2005	_____	2005	_____
2004	_____	2004	_____
2003	_____	2003	_____

Are the above rates interstate or intrastate/ if intrastate, which state? \_\_\_\_\_

- B. Provide your company's injury experience for the past four years using OSHA No. 300 logs. Furnish copies. If you do not complete OSHA 300 forms, explain why. \_\_\_\_\_
- C. Has your company been cited by OSHA in the past five years?  
Yes \_\_\_\_\_ No \_\_\_\_\_ How Often \_\_\_\_\_  
If yes, for what? \_\_\_\_\_
- D. Name of your senior site representative who reviews safety compliance (safety representative) List the locations, OSHA incident frequency rates, and lost time frequency rates for each of his/her last three projects.  
Safety Representative \_\_\_\_\_  
1). \_\_\_\_\_  
2). \_\_\_\_\_  
3). \_\_\_\_\_
- E. Does your company have a written safety policy? \_\_\_\_\_ Yes \_\_\_\_\_ NO
- F. Does your company required drug testing of employees? \_\_\_\_\_ Yes \_\_\_\_\_ NO  
If yes, how often? \_\_\_\_\_
- G. Does your company participate with MUST or a similar program? \_\_\_\_\_ Yes \_\_\_\_\_ NO Details \_\_\_\_\_

Prequalification Statement

L.S. Brinker Co.

Page Four

**VIII. SAFETY AND LOSS CONTROL DATA CONTINUED**

H. Will your insurance company's loss control specialist visit the project site?

Yes \_\_\_\_\_ No \_\_\_\_\_

I. Worker's Compensation Insurance: Most recent Modifier Factor \_\_\_\_\_ %

J. Do you require documented safety meetings be held for:

1). Field Supervisors Yes \_\_\_\_\_ No \_\_\_\_\_ Frequency \_\_\_\_\_

2). Employees Yes \_\_\_\_\_ No \_\_\_\_\_ Frequency \_\_\_\_\_

3). New Hires Yes \_\_\_\_\_ No \_\_\_\_\_ Frequency \_\_\_\_\_

4). Subcontractors Yes \_\_\_\_\_ No \_\_\_\_\_ Frequency \_\_\_\_\_

H. Do you conduct documented safety inspections?

Yes \_\_\_\_\_ No \_\_\_\_\_

I. Do you have some office safety representatives who visit/audit the job?

Yes \_\_\_\_\_ No \_\_\_\_\_

**IX. EQUAL OPPORTUNITY EMPLOYMENT — Minority Business Enterprise (MBE) / Women Owned Business Enterprise (WBE) / Detroit Small Business (DSB) / Detroit Based Enterprise (DBE) / Detroit Headquartered Business (DHB) / Small Business Enterprise (SBE)**

A. MBE/WBE participation — list actual average percentages of Subcontracted work awarded to MBE and WBE firms over the last three years: \_\_\_\_\_

B. Detroit resident work force — list actual average percentage utilization for Detroit resident work force over the last Three years: \_\_\_\_\_

C. Minority work force — list actual average percentage utilization for minority work force over the last three years: \_\_\_\_\_

D. Female work force — list actual average percentage utilization for female work force over the last three years: \_\_\_\_\_

E. If your firm is a MBE/WBE, which entity are you certified by (i.e. MMBDC, MUCP, Wayne County, City of Detroit, etc.)? \_\_\_\_\_ (attach certificate)

F. Is your firm a certified Detroit Based Business, Detroit Headquartered or Small Business as defined under Executive Order No. 4 \_\_\_\_\_ (attach certificate)

**X. TAX INFORMATION**

A. Michigan State Sales Tax Registration Number \_\_\_\_\_ or

B. Michigan Business Tax Number (IBT) \_\_\_\_\_

The above information is true to the best of my knowledge and belief.

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

L.S. Brinker Review and Approval:  
(President/VPO/MPE)  
\_\_\_\_\_  
Signature/Date

Prequalification Statement

L.S. Brinker Co.

Page Five

**PROJECT EXPERIENCE**

**Project Name** \_\_\_\_\_ **Year Completed** \_\_\_\_\_

**Trade work performed** \_\_\_\_\_ **Type of Contract:**  Lump Sum  Design Build  Cost Plus

**Dollar amount of contract** \_\_\_\_\_ **Bonded:**  Yes  No

**Contract with** \_\_\_\_\_

**Contact Name and Phone Number** \_\_\_\_\_

**Project Name** \_\_\_\_\_

**Trade work performed** \_\_\_\_\_ **Type of Contract:**  Lump Sum  Design Build  Cost Plus

**Dollar amount of contract** \_\_\_\_\_ **Bonded:**  Yes  No

**Contract with** \_\_\_\_\_

**Contact Name and Phone Number** \_\_\_\_\_

**Project Name** \_\_\_\_\_

**Trade work performed** \_\_\_\_\_ **Type of Contract:**  Lump Sum  Design Build  Cost Plus

**Dollar amount of contract** \_\_\_\_\_ **Bonded:**  Yes  No

**Contract with** \_\_\_\_\_

**Contact Name and Phone Number** \_\_\_\_\_

**Project Name** \_\_\_\_\_

**Trade work performed** \_\_\_\_\_ **Type of Contract:**  Lump Sum  Design Build  Cost Plus

**Dollar amount of contract** \_\_\_\_\_ **Bonded:**  Yes  No

**Contract with** \_\_\_\_\_

**Contact Name Phone Number** \_\_\_\_\_