



The Whiting-Turner Contracting Company
300 East Joppa Road
Baltimore, Maryland 21286

Subcontractor Prequalification Statement

Return to:

Required in advance of consideration to bid. The undersigned certifies that the statements and answers are true and correct.

(Please Type or Print)

Company Name:

Representative:
Title:
Address:

Principal Office:

Phone No.:

Fax No.:

Cell No.:

Email:

Annual Work Capacity (\$):

Last 3 Year Avg. (\$):

Largest Project (\$):

MBE or WBE:

Furnish, Install, or Both:

Open Shop, Merit or Union:

State Sales Tax ID #:

- 1. List the states in which your organization is legally qualified to do business.**
- 2. How many year has your organization been actively engaged in business?**
years

3. Check the types of work that your company performs.

- | | |
|--|--|
| <input type="checkbox"/> 0101 - Professional Services | <input type="checkbox"/> 0330 - Concrete Reinforce. – Setting |
| <input type="checkbox"/> 0102 - Testing and Inspection | <input type="checkbox"/> 0331 - Conc. Sawcut/Core/Joint Supplier |
| <input type="checkbox"/> 0105 - Surveyors/Layout Engineers | <input type="checkbox"/> 0333 - Concrete Post Tensioned |
| <input type="checkbox"/> 0111 - CPM Schedule | <input type="checkbox"/> 0336 - Gunite/Pressure Injected Grout |
| <input type="checkbox"/> 0112 - Photography | <input type="checkbox"/> 0343 - Concrete – Ready Mix |
| <input type="checkbox"/> 0131 - Security | <input type="checkbox"/> 0350 - Specially Finished Concrete |
| <input type="checkbox"/> 0132 - Fuel Delivery | <input type="checkbox"/> 0355 - Installation Equipment/Services |
| <input type="checkbox"/> 0133 - Welding | <input type="checkbox"/> 0386 - Precast Concrete Arch. Panel |
| <input type="checkbox"/> 0134 - Trash Removal | <input type="checkbox"/> 0387 - Precast Structural Concrete |
| <input type="checkbox"/> 0140 - Clean-Up | <input type="checkbox"/> 0390 - Concrete Finishing |
| <input type="checkbox"/> 0161 - Safety Equipment | <input type="checkbox"/> 0395 - Poured Roof Deck |
| <input type="checkbox"/> 0165 - Tools and Equipment | <input type="checkbox"/> 0397 - Cementitious Deck |
| <input type="checkbox"/> 0171 - Hauling, Trucking | <input type="checkbox"/> 0401 - Masonry |
| <input type="checkbox"/> 0190 - Temporary Facilities | <input type="checkbox"/> 0410 - Acid Brick Floors/Refractories |
| <input type="checkbox"/> 0191 - Asbestos Removal | <input type="checkbox"/> 0415 - Masonry Accessories/Suppliers |
| <input type="checkbox"/> 0192 - Office Supplies and Equipment | <input type="checkbox"/> 0420 - Restoration and Clean. |
| <input type="checkbox"/> 0193 - Building Supply | <input type="checkbox"/> 0440 - Cut Stone Suppliers' |
| <input type="checkbox"/> 0207 - Demolition | <input type="checkbox"/> 0501 - Structural Steel Fabrication |
| <input type="checkbox"/> 0219 - Earthwork | <input type="checkbox"/> 0502 - Structural Steel Erection |
| <input type="checkbox"/> 0220 - Clearing and Grubb | <input type="checkbox"/> 0520 - Open-Web Joists-Fabrications |
| <input type="checkbox"/> 0225 - Pest Control | <input type="checkbox"/> 0534 - Metal Decking |
| <input type="checkbox"/> 0237 - Dewatering | <input type="checkbox"/> 0545 - Miscellaneous Steel Fabricate |
| <input type="checkbox"/> 0240 - Subsurface Exploration | <input type="checkbox"/> 0553 - Construction Castings |
| <input type="checkbox"/> 0243 - Piling, Sheet piling, and Shoring | <input type="checkbox"/> 0560 - Ornamental Metals |
| <input type="checkbox"/> 0250 - Caissons | <input type="checkbox"/> 0600 - Rough Carpentry |
| <input type="checkbox"/> 0262 - Site Utilities | <input type="checkbox"/> 0610 - Framing |
| <input type="checkbox"/> 0271 - Asphalt Paving | <input type="checkbox"/> 0620 - Panelized Roof Glulam |
| <input type="checkbox"/> 0272 - Curbs and Gutters/Site Concrete | <input type="checkbox"/> 0630 - Interior Ornamental Panels |
| <input type="checkbox"/> 0276 - Road and Parking Appru. | <input type="checkbox"/> 0640 - Heavy Timber Construction |
| <input type="checkbox"/> 0277 - MDOT Maint. of Traffic Bridge/Road | <input type="checkbox"/> 0660 - Millwork and Cabinetwork |
| <input type="checkbox"/> 0280 - Site Improvements | <input type="checkbox"/> 0701 - Waterproofing and Damp Proofing |
| <input type="checkbox"/> 0285 - Fence Work | <input type="checkbox"/> 0720 - Building Insulation |
| <input type="checkbox"/> 0287 - Lawns and Planting | <input type="checkbox"/> 0725 - Fireproofing |
| <input type="checkbox"/> 0290 - Landscaping | <input type="checkbox"/> 0737 - Metal Siding/Panel - Suppliers |
| <input type="checkbox"/> 0291 - Marine Work | <input type="checkbox"/> 0738 - Metal Siding/Panel – Erectors |
| <input type="checkbox"/> 0292 - Tunneling | <input type="checkbox"/> 0750 - Membrane (Built-Up) Roofing |
| <input type="checkbox"/> 0293 - Railroad Work | <input type="checkbox"/> 0755 - Foam Roofing |
| <input type="checkbox"/> 0310 - Concrete Access/Forms | <input type="checkbox"/> 0760 - Flashing/Sheet Metal Work |
| <input type="checkbox"/> 0315 - Concrete Formwork Only | <input type="checkbox"/> 0780 - Roof Accessories |
| <input type="checkbox"/> 0316 - Concrete Construction – Struct. | <input type="checkbox"/> 0781 - Shingles and Roofing Tiles |
| <input type="checkbox"/> 0317 - Concrete Construction – Slabs (Only) | <input type="checkbox"/> 0786 - Preformed Roofing and Siding |
| <input type="checkbox"/> 0318 - Concrete Construction – Other | <input type="checkbox"/> 0787 - Skylights |
| <input type="checkbox"/> 0320 - Tilt-Up Construction | <input type="checkbox"/> 0790 - Caulking and Sealants |
| <input type="checkbox"/> 0324 - Concrete Reinforce. – Fab. | |

3. Trades (Continued)

- 0801 - Hollow Metal Doors and Frames
- 0805 - Special Metal Doors and Frames
- 0810 - Wood Doors
- 0815 - Plastic Doors and Windows
- 0821 - Sliding Fire Doors
- 0823 - Overhead and Miscellaneous Doors
- 0837 - Steel Windows
- 0838 - Aluminum Windows
- 0850 - Finish Hardware
- 0875 - Glass, Glazing and Storefront
- 0880 - Curtainwall System

- 0901 - Plaster, Stucco, Dryvit
- 0910 - Gypsum Drywall
- 0920 - Ceramic-Quarry Tile Terrazzo
- 0950 - Acoustical Treatment
- 0960 - Wood Flooring
- 0963 - Wood Block Industrial Floors
- 0970 - Resilient Flooring
- 0971 - Carpet Floor
- 0975 - Special Flooring
- 0980 - Special Coatings
- 0985 - Painting/Wall Covering
- 0990 - Painting-Bridge

- 1002 - Toilet Compartments
- 1010 - Demountable Partitions
- 1015 - Retractable Partitions
- 1020 - Lockers
- 1021 - Louvers and Grilles
- 1024 - Toilet Accessories
- 1030 - Miscellaneous Specialties
- 1035 - Flagpoles
- 1040 - Signs and Ident. Devices
- 1065 - Scales
- 1095 - Waste Disposal Units

- 1101 - Bank Equipment
- 1106 - Hospital Equipment
- 1107 - Musical Equipment
- 1109 - Theater Equipment
- 1113 - Audio/Visual Equipment
- 1115 - Parking Equipment
- 1116 - Loading Dock Equipment

- 1117 - Waste Handling
- 1119 - Detention Equipment
- 1120 - Water Sup. and Treatment Equip.
- 1126 - Residential Equipment
- 1130 - Fluid Waste Disposal Equipment
- 1141 - Food Service Equipment
- 1145 - Refrigeration Equipment
- 1147 - Dark Room Equipment
- 1150 - Gymnasium Equipment
- 1160 - Laboratory Equipment
- 1170 - Miscellaneous Equipment
- 1175 - Service Station Equipment
- 1190 - Education Equipment

- 1211 - Blinds and Shades
- 1212 - Carpets and Mats
- 1215 - Cabinets and Furniture
- 1270 - Seating

- 1301 - Computer Floors
- 1305 - Prefabricated Structures
- 1375 - Special Chimney Construction
- 1380 - Storage Vaults
- 1390 - Miscellaneous Special Construction

- 1401 - Dumbwaiters
- 1405 - Elevators and Escalators
- 1415 - Hoists and Cranes
- 1440 - Conveyers

- 1500 - Mechanical
- 1510 - HVAC/Sheetmetal Work
- 1525 - Mechanical Insulation
- 1540 - Plumbing
- 1550 - Fire Protection
- 1565 - Refrigeration
- 1580 - Sheet Metal
- 1581 - Testing Balancing and Adjusting
- 1590 - Mechanical System Controls

- 1600 - Electrical Contractors
- 1610 - Electrical Equipment Supplier
- 1650 - Electrical Lighting
- 1660 - Electrical Special Systems

Other:

4. List the addresses and phone numbers of your branch offices:

5. List any union trade arrangements you presently have in effect. Are all union benefits current?

6. List the construction experience of the principal individuals of your organization (or provide resume).

7. Have you ever failed to complete any work awarded to you? If so, note what, when, where and why.

8. Have you ever performed work for The Whiting-Turner Contracting Company: If so, state project names, locations, work performed and Whiting-Turner representative.

9. Bank References (name, address and phone number):

10. Name of Insurance Company (name, address and phone number of agent, current limits):

11. Name of Bonding Company (name, address and phone number of agent, current limits):

12. List the major construction projects that your organization has completed in the last 5 years. Designate the project name, owner's representative, phone number, architect phone number, your status as prime or subcontractor, General Contractor/Construction Manager reference, contract amount, schedule, type of project (attach separate sheet if necessary)

13. List your company's Worker's Compensation/Interstate Experience Modification Rate for the most recent 3 years Attach authentication from your insurance carrier of state fund (pm their letterhead) verifying the EMR data.

Year	EMR
20	
20	
20	

14. Use your 3 most recent years' OSHA 300A (Summary) forms to fill-in the number of cases for each of the following categories.

a.	Year	20	20	20
	Number of fatalities			
	Line "G" on OSHA 300A Form			
	Number lost workday cases			
	Line "H" on OSHA 300A Form			
	Number of job restriction cases			
	Line "I" on OSHA 300A Form			
	Number of other recordable cases			
	Line "J" on OSHA 300A Form			
	Total worked by all employees			
b.	OSHA Total Recordable Incidence Rate (TRIR)			
	(Line "H" + Line "I" + Line "J") x 200,000, divided by total employee hours worked			
c.	OSHA Lost Workday Incidence Rate (LTIR)			
	Line "H" x 200,000 divided by total employee hours worked			

15. How many OSHA (MOSH) violations has your company received in the last 3 years (include all from parent/subsidiaries as well)?

Year	Violations	
20		
20		
20		

	Yes	No
16. Were any of the citations in section 15 (above) willful or repeat violations?	<input type="checkbox"/>	<input type="checkbox"/>
17. Do you have a full-time qualified person responsible for safety with-in your company?	<input type="checkbox"/>	<input type="checkbox"/>
18. Do you have a written company safety policy and program?	<input type="checkbox"/>	<input type="checkbox"/>
19. Does your company have a substance abuse policy?	<input type="checkbox"/>	<input type="checkbox"/>
20. Do you have a return to work light duty program?	<input type="checkbox"/>	<input type="checkbox"/>
21. Does your company provide safety training for all employees?	<input type="checkbox"/>	<input type="checkbox"/>
22. Does your company have a program recognizing employees for safety performance excellence?	<input type="checkbox"/>	<input type="checkbox"/>
23. Does your company have a written disciplinary program in place for safety violations?	<input type="checkbox"/>	<input type="checkbox"/>
24. Does your company review the safety management systems of your subcontractors?	<input type="checkbox"/>	<input type="checkbox"/>
25. Does your company conduct accident/incident / near miss investigations?	<input type="checkbox"/>	<input type="checkbox"/>
26. Does your company have a formal, written job / task hazard analysis process?	<input type="checkbox"/>	<input type="checkbox"/>

(Whiting-Turner will require at least one of your full-time, on site employees to have taken the 30 hour OSHA training)

27. Attach a dated financial statement or balance sheet for your company.

Name of firm preparing statement

Address:

28. Has your firm ever had financial difficulties that resulted in declaring Chapter 11? Have any vendors put liens against your firm?

29. If your firm is a minority or woman-owned firm, list all locations in which you are certified and the certification numbers.

30. Dated at

This day of ,

Name of Organization:

Address:

By:

Title:

Signature _____