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CONTRACTOR'S PRE-QUALIFICATION FOR BID FORM

TRADE(S), BID PACKAGE(S) OR SPECIFIC PROJECT(S) YOUR COMPANY IS INTERESTED IN BIDDING:

Contact Information

FIRM NAME: _____ FEIN #: _____ DATE: _____

President's Name: _____

Contact's Name: _____ Contact's Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Email: _____

Bonding Information

BONDING:

Single Project Capacity: _____ Aggregate Capacity: _____

What is your bond rate: _____

Bonding Agency and Contact Information:

Agency Name: _____

Phone Number: _____ Fax Number _____



Business Information

How many years has your organization been in business under its current ownership? _____

COMPANY SIZE:

Provide information which would indicate the size and capacity of your organization, including the number of permanent employees engages in (do not count the same employee twice):

Estimating: _____ Field Supervision: _____ Accounting: _____
Clerical: _____ Management: _____

Is your organization currently registered with Dun and Bradstreet? ___Yes ___No

If yes, what is your D&B #: _____

Has your firm ever failed to complete a contract? ___Yes ___No

Has your firm had any subcontractors fail to complete a contract in the last five years? ___Yes ___No

Are there any judgments, claims or suits pending or outstanding against your firm? ___Yes ___No

Has your firm been a party to any lawsuits or requested arbitration with regard to Construction projects in the last five years? ___Yes ___No

(If answer to any of the above four questions is yes, please provide explanation)

PRIMARY FUNCTION: ___ Supplier ___ Contractor ___ Service Firm
___ Other – Specify: _____

Trade Areas: _____

Union Affiliations: _____

Union Locals: _____

References

SIMILAR PROJECT SCOPE:

Please list four different general contractors for whom you have performed similar scopes of work:

A. _____
(Project Name)

B. _____
(Project Name)

(General Contractor) (Phone Number)

(General Contractor) (Phone Number)

C. _____
(Project Name)

D. _____
(Project Name)

(General Contractor) (Phone Number)

(General Contractor) (Phone Number)



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Project History

Five Largest Projects Completed in Last Five Years:

<u>Project</u>	<u>General Contractor & Phone Number</u>	<u>Contract Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Average annual billing for last five years:		\$ _____

Average Project Size: _____ Project Sales (Last Year): _____
 Largest Contract: _____ Project Sales (2 Years Ago): _____

Current Projects

Major Projects Under Contract:

<u>Project</u>	<u>% Complete</u>	<u>Completion Date</u>	<u>Contractor</u>	<u>Contract Amount</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
Total projects under contract: (including those not listed above):				\$ _____

M/W/DBE Status

Ethnicity of Owner(s):

_____ African American _____ Asian _____ Caucasian
 _____ Hispanic _____ Native American
 _____ Other - Specify _____

Gender of Owner(s): _____ Female _____ Male

Certifications: Attach Copy of Current Certifications

_____ MBE (Chicago) _____ MBE (State) _____ DBE (State) _____ IDOT
 _____ WBE (Chicago) _____ WBE (State) _____ CMBDC _____ No Certifications
 _____ Other -Specify _____



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Safety

FCL Builders is dedicated to maintaining a safe and healthful work environment. In an effort to submit a qualifying bid for any FCL project, all subcontractors must submit the following information:

- Insurance EMR (Experience Modification Rate)
- OSHA "DART" Case Rate ("Days Away Restricted or Transferred"-please provide last 3 complete years)
- OSHA "DAFW" Case Rate ("Days Away From Work" - please provide last 3 complete years)
- OSHA History of Inspections (please provide 3 year window from current date)

Explanations of the OSHA injury rate formulas are explained below

DART & LOST DAY RATE EXAMPLES:

- 5 DART (Days Away, Restricted, or Transferred) Cases
- 2 DAFW (Days Away From work) Cases (LWR = Lost Work Day Injury Rate)
- 156,250 Total Hours Worked in Previous Year

DART RATE

$$\text{DART RATE} = \frac{\text{No. of DART Cases} \times 200,000}{\text{Total Hours Worked}}$$

$$\text{DART RATE} = \frac{5 \times 200,000}{156,250}$$

$$\text{DART RATE} = 64$$

DAFW RATE

$$\text{LWR} = \frac{\text{\# of LWR Cases} \times 200,000}{\text{Total Hours Worked}}$$

$$\text{LWR} = \frac{2 \times 200,000}{156,250}$$

$$\text{LWR} = 2.56$$

THE ANSWERS TO THE FOREGOING QUESTIONS AND ALL STATEMENTS HEREIN CONTAINED ARE TRUE AND CORRECT.

(Firm name)

(Signature)

(Date)

(Printed Name and Title)

****FCL Builders reserves the right to request Audited Financials which is defined as a Balance Sheet, an Income Statement, an Auditor's Report and Footnotes.****

- Upon completion of this form – Please return via one of the following methods:
- Mail to: 1150 Spring Lake Drive, Itasca, IL 60143 – ATTN: Diane Rossiter
 - E-Mail to: drossiter@fclbuilders.com
 - Fax to: 630-773-4030

FOR FCL USE ONLY:

Administration _____ Estimating _____ Production _____ Safety _____
 Approved _____ Rejected _____