**Referred by**

Date: / /

Robins & Morton Contact: Robins & Morton Project:

Have you worked with R & M before? Yes No

**I. General Information**

Company Federal ID Number

Address Year Business Started

Main Contact

City Contact Title

State Zip Code **Contractor’s License(s), States and Numbers**

Phone

Fax

Email

Website

State Contract Number Exp Date

Union Yes No Subcontractor Vendor/Supplier

**II. Organization**

**Business Type:** Corporation Partnership Limited Liability Company Sole Proprietor Joint Venture

|  |  |  |  |
| --- | --- | --- | --- |
| List the name, title, years with company and percent of ownership of the company’s principals: |  | Number of |  |
| Name Title |  | Yrs w/ Co |  | % Ownership |

Is your company owned or controlled by a parent company or other organization? Yes No

Provide name of parent company:

Provide number of: Office Field Average Field Average Shop

Staff Supervisors Labor Labor

**II. Organization (continued)**

Check applicable certification(S): **ATTACH COPIES OF CERTIFICATIONS FOR EACH QUALIFYING SBA CLASSIFICATION.**

Large business (no special classification) Small Business enterprise (SBE Minority Business Enterprise (MBE) Veteran Owned Small Business (VOSB)

HUBZone Small Business Service Disabled Veteran Owned small Business (SDVOSB)

Small Disadvantages Business (SDB) Women Owned small Business (WOSB)/(WBE)

8(a) Certified Small Disadvantaged Business Alaskan native Corporation (ANC)

Native American/Indian Tribe Other

**III. Legal Information**

• Are there any judgments, claims, arbitration proceedings or suits pending/outstanding against your firm, its officers, or principals?

Yes No If yes, please attach a complete explanation.

• Has your company filed any lawsuits or requested arbitration or mediation with regard to construction contracts within the last three (3) years?

Yes No If yes, please attach a complete explanation.

• Has your company or any organization with which your officers were involved during the last three (3) years ever been in bankruptcy or a voluntary or involuntary reorganization?

Yes No If yes, please attach a complete explanation.

**IV. Financial Information**

**Annual Volume**

What was the average annual revenue from work completed in the last five (5) years and what is next year’s forecasted revenue?

Year Year Year Year Year Year

Revenue Revenue Revenue Revenue Revenue Forecasted Revenue

**To prequalify for a contract of any value, attach copies of your most recent annual financial statements (balance sheet, income statement and cash flow, as well as a current work in progress report). If your annual statements are more than six months old, please also include your most recent quarterly statement. R & M uses this information strictly for prequalification purposes and will not disclose this information to any third parties.**

Previous experience with Textura-CPM? Yes No

Textura-CPM is an online construction payment management system used by R&M to facilitate the payment process. Visit [www.texturallc.com](http://www.texturallc.com/) for more information.

**V. Safety**

**OSHA Record**

Has your firm had any OSHA citations, fines, or jobsite fatalities within the most recent three (3) years?

Yes No If yes, please attach a detailed description of the incident (include – location, date, type or inspection, standard(s) cited, violation type (other, serious, repeat, willful), current status and steps taken to prevent a recurrence.)

**Workers’ Compensation**

Please list your firm’s workers’ compensation experience modification rate (EMR) for the last three (3) years and attach written

documentation from your insurance broker confirming these rates.

|  |  |  |  |
| --- | --- | --- | --- |
| Year | Year |  | Year |
| Rate | Rate |  | Rate |

Employee hours worked the last three years:

**OSHA 300 Log Information** (List the last three years of information shown below.) Year

No. of Fatalities (Column G)

No. of Cases Days Away From Work (Column H) No of Job Transfer or Restriction (Column I)

No. of Other Recordable Cases (Column J)

**VI. Experience**

**Trade Categories**

Please list the PRIMARY categories of work your firm performs.

Preferred contract size Up to $250K Up to $500K Up to $1M Up to $5M $5M+

**Geographic Areas of Work**

Please check only those states where you will do work.

AK AL AR AZ CA CO CT DE FL GA HI IA ID IL IN KS KY LA MA MD ME MI MN MO MS MT NC ND NE NH NJ NM NV NY OH OK OR PA PR RI SC SD TN TX UT VA VT WA

WI WV WY

Please attach a list of any other branch office locations.

**Contract Method**

Please indicate the percentage of your work load for each contract method.

Competitive Bid Negotiated/Design Assist Design Build IPD

R e v i s i o n 1 / 1 9 / 1 2 Form OE-040

**VII. Performance References**

Provide four references below. Each reference should be from a different general contractor. These references should be for work completed in the last five years and should be representative of the work you are trying to prequalify for now. **One must be for your largest project within the last two years**. **NOTE: The contact provided must have *direct* knowledge of your performance on that project. Leaving out any requested contact information including email address will delay processing of your form.**

**1.** Project Name General Contractor Subcontract Value

Contact Name Contact E-Mail Contact Phone Contact Fax

**1.** Project Name General Contractor Subcontract Value

Contact Name Contact E-Mail Contact Phone Contact Fax

**3.** Project Name General Contractor Subcontract Value

Contact Name Contact E-Mail Contact Phone Contact Fax

**2.** Project Name General Contractor Subcontract Value

Contact Name Contact E-Mail Contact Phone Contact Fax

**VIII. References**

**Banking**

Name Contact Phone

City State Zip Code Since

**Bonding** Attach formal letter from bonding company

Bonding Company Surety Broker/Agent

Contact Person Phone Time with Bond Co? Bond Capacity per Aggregate

Project

Bond Co. Rating **Last Bond Issued:** Date Amount Rate %

**Insurance** Attach current copy of insurance certificate

General Liability Carrier Effective Expiration

Limit Insurance Broker/Agent Phone

Please provide Dunn & Bradstreet Number

**1.** Supplier Name Location

Contact Name Phone

**3.** Supplier Name Location

Contact Name Phone

**2.** Supplier Name Location

Contact Name Phone

**IX. Additional Information**

Please attach any additional information to help us determine your company’s qualifications and expertise.

**X. Signature**

By signing this form, I certify that the information provided therein is accurate, correct, and true. By submitting a valid bid, the subcontractor or vendor authorizes Robins & Morton to obtain a written or oral credit report on the subcontractor’s or vendor’s business entity from any credit-reporting agency. The subcontractor or vendor authorizes any bank, commercial business, or bonding company with whom the subcontractor or vendor has current or inactive experience to give any and all necessary information to Black Horse Group, which will assist Black Horse Group in the Subcontractor/Vendor Evaluation. The subcontractor or vendor further authorizes Black Horse Group to reinvestigate the status from time-to-time, as Black Horse Group deems necessary.

Printed Name Date Signature Phone Title

Prepared By