



# CONTRACTOR PREQUALIFICATION FORM

Thank you for your interest in working with V. J. Scozzari & Sons, Inc. In order to develop a more complete knowledge of your company and better match future opportunities to your company's capabilities, please complete this form and return to our main office:

Attn: *Georgette Roth – Estimating Assistant*  
Email: *georgetter@vjscozzariandsons.com*  
Phone: *609-895-1100 x 121*

Date of Response: \_\_\_\_\_  
Name of Company: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_  
Website: \_\_\_\_\_ Phone: \_\_\_\_\_

Is this the address of the:  Main Office  Regional Office  Branch Office

Name of the Parent Company: (if applicable) \_\_\_\_\_  
Address of the Parent Company: \_\_\_\_\_

Person completing this form:  
Name: \_\_\_\_\_ Direct Phone: \_\_\_\_\_  
Title: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Primary contact person for Estimating:  
Name: \_\_\_\_\_ Direct Phone: \_\_\_\_\_  
Title: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Alternate contact person:  
Name: \_\_\_\_\_ Direct Phone: \_\_\_\_\_  
Title: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## COMPANY OWNERSHIP, STAFF, AND HISTORY

Year Company Started: \_\_\_\_\_ Federal ID Number: \_\_\_\_\_  
Type of Company:  Corporation  Partnership  Proprietorship  Sub. S. Corp.  
State of Incorporation: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_  
Contractor's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Exp.: \_\_\_\_\_  
Is your company certified:  Yes  No  
 MBE  WBE  DBE MBE/WBE/DBE Certified by: \_\_\_\_\_

Please submit authorizations/certificates for any of the above.

List the corporate officers, partners, proprietors, members and shareholders of your company:

Name	Position/Title	Email
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How many people does your company presently employ?

Home Office \_\_\_\_\_ Field Supervisor \_\_\_\_\_ Trade/Craft \_\_\_\_\_

Has your company ever operated under a different name or as a subsidiary of a different parent company?

Yes  No

If yes, please list the other name(s)/arrangement(s) and dates of operation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your company changed ownership in the past 5 years?  Yes  No

*For the following five (5) questions, if you answer yes, please provide a detailed explanation of the situation requiring an affirmative response on the lines provided below the questions.*

Has your company, or any of its principals, ever petitioned for bankruptcy or failed in business,?  
 Yes  No

Have any of the owners, officers or major stockholders of your company ever been indicted or convicted of any felony or other criminal conduct?  
 Yes  No

Has your company ever been disbarred or otherwise precluded from pursuing public work or ever been found to be non-responsive by a public agency?  
 Yes  No

Has your company ever defaulted or been terminated (for any reason, including convenience) on a contract awarded to you?  
 Yes  No

Has your company ever had a claim made against it for improper, delayed, defective or non-compliant work or failure to meet warranty obligations?  
 Yes  No

Is your company or any of its owners, officers or major shareholders currently involved in any arbitration or litigation?  
 Yes  No

Does your company have any outstanding judgments or claims against it?  
 Yes  No

Please explain any answers in the affirmative to the preceding questions:

Please list any litigation brought against your company in the past five (5) years asserting that you failed to make payments to anyone (if none, please state NONE):

**WORK PREFERENCES**

Please indicate the trade(s) that your company is interested in bidding.

List the geographical areas in which you work:

Are you a union or non-union contractor?       Union       Non-Union

Do you have any union affiliations?       Yes       No

If yes, list the union(s) that you are signatory with:

Do you bid Prevailing Wage Projects?       Yes       No

Do you bid Davis Bacon Projects?       Yes       No

Has your organization ever been signatory to a collective bargaining agreement?       Yes       No

Is your organization currently signatory to a collective bargaining agreement?       Yes       No

If the response to either of the two questions above is affirmative, list any and all jurisdictions and/or trades which your organization is qualified to perform and/or regularly subcontracts, and proceed with responding to the next question.

List any and all collective bargaining agreements which your organization is currently signatory to:

If your organization is not currently signatory to any collective bargaining agreements or is not affiliated in any way with any international, national, local, or other union (organized labor) affiliations indicate the same by checking off the statement that follows:

- The organization submitting this qualification statement is not currently signatory to any collective bargaining agreements nor is the organization submitting this qualification statement affiliated in any way with any international, national, local, or other union (organized labor) affiliations.

Indicate the size of project you are most competitive in performing (enter 1). Show in preference order (2,3,...) other size projects you are capable of performing:

Under \$100,000 _____	\$1,000,000 - \$2,000,000 _____
\$100,000 - \$200,000 _____	\$2,000,000 - \$5,000,000 _____
\$200,000 - \$500,000 _____	\$5,000,000 - \$10,000,000 _____
\$500,000 - \$1,000,000 _____	\$10,000,000 - \$15,000,000 _____

List the trades you normally perform with your own forces:

\_\_\_\_\_

What percentage of your company's work is normally subcontracted? \_\_\_\_\_ %

What trades do you normally subcontract?

\_\_\_\_\_  
\_\_\_\_\_

What is the largest contract your company has completed?

Amount: \$ \_\_\_\_\_

Year: \_\_\_\_\_

Project Name: \_\_\_\_\_

Scope: \_\_\_\_\_

What is the largest dollar volume job you expect to do during this year?

Amount: \$ \_\_\_\_\_

Project Name: \_\_\_\_\_

Scope: \_\_\_\_\_

What was the average annual volume of work performed over the past 3 years?

2012 \$ \_\_\_\_\_

2013 \$ \_\_\_\_\_

2014 \$ \_\_\_\_\_

Estimated

Actual

### ADDITIONAL DETAILS & VERIFICATION

What is your company's Dun & Bradstreet Number: \_\_\_\_\_

Surety Company: \_\_\_\_\_

Bonding Agent: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Bond Capacity Per Job: \_\_\_\_\_

Aggregate Amount

Bond Rate (%): \_\_\_\_\_

Remaining: \_\_\_\_\_

*Italicized items must be confirmed in a letter from your surety company.*

Check as enclosed

*Please attach a list of current 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) \*REQUIRED\**

*Please attach a list of completed major projects giving name of project, address, owner, architect, general contractor, contract amount, and scope of work. (Include contact people and phone numbers) \*REQUIRED\**

*Please attach a copy of your latest audited financial statement. \*REQUIRED\* (Your financial statement is strictly for V. J. Scozzari and Sons, Inc. and will be held in strict confidence).*

If the attached financial statement is not for the identical company named above, explain the relationship and financial responsibility of the company whose financial statement is provided:

*Please attach a letter from your surety verifying the bonding information provided above and signed by a representative as attorney-in-fact. \*REQUIRED\**

Does your company have a line of credit available at a financial institution?  
If yes, please provide the following information:

Yes  No

Name of bank: \_\_\_\_\_

Amt. of line of credit: \$ \_\_\_\_\_ Amt. available: \$ \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Please provide the following information about your financial institution: \*REQUIRED\*

Name of Bank: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Contact Person: \_\_\_\_\_

List three of your major suppliers: \*REQUIRED\*

Company 1: Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Company 2: Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Company 3: Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

*I, and any others who consulted or assisted with completion of this form, attempted to answer all questions in a full and complete manner so as to insure that our answers are not in any respect misleading, either by ambiguous presentation or omission of information.*

*We recognize that V. J. Scozzari and Sons, Inc. will rely on the accuracy of the information provided in this document and any attachments thereto in deciding whether to permit our company to bid and the award of work to our company.*

*By our signature below, we authorize any third parties, including listed trade and bank references, to provide V. J. Scozzari and Sons, Inc. with information regarding our company.*

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

As agent for  
(Company Name): \_\_\_\_\_

Date: \_\_\_\_\_

## SAFETY PREQUALIFICATION APPLICATION

Company Name: \_\_\_\_\_

### HEALTH AND SAFETY PERFORMANCE

Supporting documentation checklist

Please provide copies of the following:

Check as attached

- OSHA 300 and 300A forms for the last three years
- Verification of EMR for the last three years
- Index or Table of Contents of written Corporate Safety Program
- Certificate of Insurance (requirements, page 10)

### OSHA

Record your company's work related injuries/illness data from your OSHA 300 logs for the last three years.

	20__	20__	20__
a. Fatalities			
b. OSHA recordable cases			
c. Days away from work cases			
d. Total Number of days away from work			
e. Total hours worked			

Have you been inspected by OSHA in the last three years?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Have you been cited by OSHA as a result of these inspections?

If yes, please attach an additional sheet describing the nature of the citation(s).

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Have you been cited by OSHA as a result of any incidents and /or accidents?

If yes, please attach an additional sheet describing the nature of the citation(s).

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Have you been cited by OSHA as a result of a fatality?

If yes, please attach an additional sheet describing the circumstances and what processes were put in place to rectify.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Please calculate your OSHA Incident Rate:

Total Number of Injuries/Illnesses		X (200,000) /	Number of hours worked by all employees	=	OSHA Incident Rate
<input style="width: 100px; height: 20px;" type="text"/>			<input style="width: 100px; height: 20px;" type="text"/>		<input style="width: 100px; height: 20px;" type="text"/>

**WORKERS' COMPENSATION**

List your company's Workers' Compensation Experience Modification Rate (EMR) for the last three years. Please attach verification of these numbers from your insurance carrier or your state's workers' compensation agency.

20	
20	
20	

This can easily be obtained through your insurance agent.

If your company's EMR is equal to or greater than 1.0 for any one or more of the last three years, please attach an additional written explanation.

Has your company ever been named as a party to a lawsuit or legal action as a result of a work-related illness or accident?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If yes, please briefly explain:  
(attach additional sheets as necessary)

**HEALTH AND SAFETY PROGRAM**

Safety program documentation:

Does your company have a written safety program and/or manual?

If yes, date of last revision: \_\_\_\_\_

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

**POLICY AND MANAGEMENT SUPPORT**

Do you have a safety policy statement from an officer of the company?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Do you have a disciplinary process for enforcement of your safety program?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Does management set corporate safety goals?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Do you qualify subcontractors based on safety?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Do you have a written policy on accident reporting and investigation?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Do you have a return-to-work policy?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Do you have a written substance abuse program?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>



If yes, please check each element that is part of your program:

Pre-employment testing \_\_\_\_\_  
Random testing UCIP \_\_\_\_\_  
Reasonable cause testing \_\_\_\_\_  
Post-accident testing \_\_\_\_\_

Return-to-duty testing \_\_\_\_\_  
Disciplinary process \_\_\_\_\_  
Alcohol testing \_\_\_\_\_

**TRAINING AND ORIENTATION**

Are your field supervision currently:

30 hour OSHA trained?

10 hour OSHA trained?

Do you conduct site safety orientation training for every person new to the jobsite?

Does your safety program require designation of competent person(s) onsite in respect to the work activity being performed?

Do you hold toolbox and/or tailgate safety meetings focused on your specific work operations/exposures?

If yes, are they: Weekly \_\_\_\_\_ Daily \_\_\_\_\_

Do you require equipment operation and/or certification testing?

**ADMINISTRATION AND PROCEDURES**

Do you conduct job site safety inspections?

If yes, who is responsible for conducting these? \_\_\_\_\_

Is there a written record maintained? \_\_\_\_\_

Do you have a written policy on accident reporting and investigation?

If yes, please explain the correct reporting procedure:

Do you discuss safety at all preconstruction and progress/coordination meetings?

Identify by name and title the person within your company directly responsible for your Safety Program Management:

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_

**QUALITY CONTROL PROGRAM**

Do you have a written quality control program manual?

Yes  No

If yes, identify by name and title the person within your company directly responsible for your quality control/quality assurance program management:

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_

**INSURANCE REQUIREMENTS**

Please provide a Professional Liability (if applicable) certificate(s) and Standard ISO ACORD Form

Certificate of Insurance (for Information Purposes only) satisfying at least the following limits:

1. **Workers' Compensation and Employers' Liability Insurance** – for full liability in accordance with the laws of the state in which the work is situated.
2. **Commercial General Liability Insurance** written on an ISO Accord Commercial/General Liability occurrence form showing at least these minimum limits:
 

a. Each occurrence limit	\$1,000,000
b. Personal and Advertising Injury Limit	\$1,000,000 (any one person or organization)
c. General Aggregate Limit	\$2,000,000 (per project aggregate)
d. Products/Completed Operations Aggregate Limit	\$2,000,000 (must remain in force for three years following completion)
3. **Business Automobile Liability Insurance** covering all owned, leased, hired and non-owned vehicles with at least a minimum limit of \$1,000,000 per accident for bodily injury (including death) and property damage.
4. **Professional Liability Insurance** (if applicable), which includes a minimum limit of liability of \$2,000,000 for each claim and annual aggregate.
5. **Excess or Umbrella Liability Insurance** (to overlay Employers Liability, Automobile Liability, Commercial General Liability coverages at the limit of \$1,000,000 occurrence/aggregate).

Certificates provided should be "For Information Only," or a sample/specimen for review. Project-specific copies are not necessary for the prequalification process.

Please confirm that your company meets or exceeds the insurance limits indicated.

Yes  No

**CERTIFICATION**

*Please ensure an officer or agent authorized to release your company's credit reference information has reviewed the application for accuracy and completeness, and signed on page six (6), above.*

**--- END OF PREQUALIFICATION FORM ---**