



The Whiting-Turner Contracting Company
100 West Main Road
Salisbury, Maryland 21801

**Subcontractor Prequalification Statement
For Salisbury University East Campus Athletic Stadium**

Return to: Jennifer Trego –
jen.trego@whiting-turner.com

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.: _____ - _____

Annual Work Capacity (\$): _____

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 years has your organization been actively engaged in business?
-

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

- | | | | |
|-------------------------------|--|-------------------------------|------------------------------------|
| <input type="checkbox"/> 0101 | - Professional Services | <input type="checkbox"/> 0331 | - Conc. Sawcut/Core/Joint Supplier |
| <input type="checkbox"/> 0102 | - Testing and Inspection | <input type="checkbox"/> 0333 | - Concrete Post Tensioned |
| <input type="checkbox"/> 0105 | - Surveyors/Layout Engineers | <input type="checkbox"/> 0336 | - Gunite/Pressure Injected Grout |
| <input type="checkbox"/> 0111 | - CPM Schedule | <input type="checkbox"/> 0343 | - Concrete - Ready Mix |
| <input type="checkbox"/> 0112 | - Photography | <input type="checkbox"/> 0350 | - Specially Finished Concrete |
| <input type="checkbox"/> 0131 | - Security | <input type="checkbox"/> 0355 | - Installation Equipment/Services |
| <input type="checkbox"/> 0132 | - Fuel Delivery | <input type="checkbox"/> 0386 | - Precast Concrete Arch. Panel |
| <input type="checkbox"/> 0133 | - Welding | <input type="checkbox"/> 0387 | - Precast Structural Concrete |
| <input type="checkbox"/> 0134 | - Trash Removal | <input type="checkbox"/> 0390 | - Concrete Finishing |
| <input type="checkbox"/> 0140 | - Clean-Up | <input type="checkbox"/> 0395 | - Poured Roof Deck |
| <input type="checkbox"/> 0161 | - Safety Equipment | <input type="checkbox"/> 0397 | - Cementitious Decking |
| <input type="checkbox"/> 0165 | - Tools and Equipment | | |
| <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"/> 0262 | - Site Utilities | <input type="checkbox"/> 0600 | - Rough Carpentry |
| <input type="checkbox"/> 0271 | - Asphalt Paving | <input type="checkbox"/> 0610 | - Framing |
| <input type="checkbox"/> 0272 | - Curbs & Gutters/Site Concrete | <input type="checkbox"/> 0620 | - Panelized Roof Glulam |
| <input type="checkbox"/> 0276 | - Road and Parking Appru. | <input type="checkbox"/> 0630 | - Interior Ornamental Panels |
| <input type="checkbox"/> 0277 | - MDOT Maint. of Traffic Bridge/Road | <input type="checkbox"/> 0640 | - Heavy Timber Construction |
| <input type="checkbox"/> 0280 | - Site Improvements | <input type="checkbox"/> 0660 | - Millwork and Cabinetwork |
| <input type="checkbox"/> 0285 | - Fence Work | | |
| <input type="checkbox"/> 0287 | - Lawns and Planting | <input type="checkbox"/> 0701 | - Waterproofing and Dampproofing |
| <input type="checkbox"/> 0290 | - Landscaping | <input type="checkbox"/> 0720 | - Building Insulation |
| <input type="checkbox"/> 0291 | - Marine Work | <input type="checkbox"/> 0725 | - Fireproofing |
| <input type="checkbox"/> 0292 | - Tunneling | <input type="checkbox"/> 0737 | - Metal Siding/Panel-Suppliers |
| <input type="checkbox"/> 0293 | - Railroad Work | <input type="checkbox"/> 0738 | - Metal Siding/Panel-Erectors |
| | | <input type="checkbox"/> 0750 | - Membrane (Built-Up) Roofing |
| <input type="checkbox"/> 0310 | - Concrete Access./Forms | <input type="checkbox"/> 0755 | - Foam Roofing |
| <input type="checkbox"/> 0315 | - Concrete Formwork Only | <input type="checkbox"/> 0760 | - Flashing/Sheet Metal Work |
| <input type="checkbox"/> 0316 | - Concrete Construction - Struct. | <input type="checkbox"/> 0780 | - Roof Accessories |
| <input type="checkbox"/> 0317 | - Concrete Construction - Slabs (Only) | <input type="checkbox"/> 0781 | - Shingles and Roofing Tiles |
| <input type="checkbox"/> 0318 | - Concrete Construction - Other | <input type="checkbox"/> 0786 | - Preformed Roofing and Siding |
| <input type="checkbox"/> 0320 | - Tilt-Up Construction | <input type="checkbox"/> 0787 | - Skylights |
| <input type="checkbox"/> 0324 | - Concrete Reinforce. - Fab. | <input type="checkbox"/> 0790 | - Caulking and Sealants |
| <input type="checkbox"/> 0330 | - Concrete Reinforce. - Setting. | | |

3. Trades, (Continued)

_____ 0801	- Hollow Metal Doors and Frames	_____ 1117	- Waste Handling
_____ 0805	- Special Metal Doors and Frames	_____ 1119	- Detention Equipment
_____ 0810	- Wood Doors	_____ 1120	- Water Sup. & Treatment Equip.
_____ 0815	- Plastic Doors and Windows	_____ 1126	- Residential Equipment
_____ 0821	- Sliding Fire Doors	_____ 1130	- Fluid Waste Disposal Equip.
_____ 0823	- Overhead and Miscellaneous Doors	_____ 1141	- Food Service Equipment
_____ 0837	- Steel Windows	_____ 1145	- Refrigeration Equipment
_____ 0838	- Aluminum Windows	_____ 1147	- Dark Room Equipment
_____ 0850	- Finish Hardware	_____ 1150	- Gymnasium Equipment
_____ 0875	- Glass, Glazing and Storefront	_____ 1160	- Laboratory Equipment
_____ 0880	- Curtainwall System	_____ 1170	- Miscellaneous Equipment
_____ 0901	- Plaster, Stucco, Dryvit	_____ 1175	- Service Station Equipment
_____ 0910	- Gypsum Drywall	_____ 1190	- Education Equipment
_____ 0920	- Ceramic-Quarry Tile-Terrazzo	_____ 1211	- Blinds and Shades
_____ 0950	- Acoustical Treatment	_____ 1212	- Carpets and Mats
_____ 0960	- Wood Flooring	_____ 1215	- Cabinets and Furniture
_____ 0963	- Wood Block Industrial Floors	_____ 1270	- Seating
_____ 0970	- Resilient Flooring	_____ 1301	- Computer Floors
_____ 0971	- Carpet Floor	_____ 1305	- Prefabricated Structures
_____ 0975	- Special Flooring	_____ 1375	- Special Chimney Construction
_____ 0980	- Special Coatings	_____ 1380	- Storage Vaults
_____ 0985	- Painting/Wall Covering	_____ 1390	- Miscellaneous Special Constr.
_____ 0990	- Painting-Bridge		
_____ 1002	- Toilet Compartments	_____ 1401	- Dumbwaiters
_____ 1010	- Demountable Partitions	_____ 1405	- Elevators and Escalators
_____ 1015	- Retractable Partitions	_____ 1415	- Hoists and Cranes
_____ 1020	- Lockers	_____ 1440	- Conveyers
_____ 1021	- Louvers & Grilles	_____ 1500	- Mechanical
_____ 1024	- Toilet Accessories	_____ 1510	- HVAC/Sheetmetal Work
_____ 1030	- Miscellaneous Specialties	_____ 1525	- Mechanical Insulation
_____ 1035	- Flagpoles	_____ 1540	- Plumbing
_____ 1040	- Signs and Ident. Devices	_____ 1550	- Fire Protection
_____ 1065	- Scales	_____ 1565	- Refrigeration
_____ 1095	- Waste Disposal Units	_____ 1580	- Sheetmetal
_____ 1101	- Bank Equipment	_____ 1581	- Testing Balancing and Adjusting
_____ 1106	- Hospital Equipment	_____ 1590	- Mechanical System Controls
_____ 1107	- Musical Equipment	_____ 1600	- Electrical Contractors
_____ 1109	- Theater Equipment	_____ 1610	- Electrical Equipment Supplier
_____ 1113	- Audio/Visual Equipment	_____ 1650	- Electrical Lighting
_____ 1115	- Parking Equipment	_____ 1660	- Electrical Special Systems
_____ 1116	- Loading Dock Equipment		

_____ Other _____

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4. List the address and phone numbers of your branch offices:
 5. List any union trade agreements you presently have in effect.
Are all your 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: Is so, state project names, locations, work performed and W-T 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 five (5) years. Designate the project name, owner's representative, phone #, architect phone #, 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 (on 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

	YEAR	20____	20____	20____
14a. Number of fatalities <i>Line "G" on OSHA 300A Form</i>		_____	_____	_____
Number of lost workday cases <i>Line "H" on OSHA 300A Form</i>		_____	_____	_____
Number of job restriction cases <i>Line "I" on OSHA 300A Form</i>		_____	_____	_____
Number of other recordable cases <i>Line "J" on OSHA 300A Form</i>		_____	_____	_____
Total hours worked by all employees		_____	_____	_____
14.b OSHA Total Recordable Incidence Rate (TRIR) <i>(Line "H" + Line "I" + Line "J") x 200,000, divided by total employee hours worked</i>		_____	_____	_____
14c. OSHA Lost Workday Incidence Rate (LTIR) <i>Line "H" X 200,000 divided by total employee hours worked</i>		_____	_____	_____

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

Year	Violations
2014____	_____
2013____	_____
2012____	_____

16. Were any of the citations in section 15 (above) willful or repeat violations? YES____ NO____
17. Do you have a full-time qualified person responsible for safety with-in your company? YES____ NO____
18. Do you have a written company safety policy and program? YES____ NO____
19. Does your company have a substance abuse policy? YES____ NO____
20. Do you have a return to work light duty program? YES____ NO____
21. Does your company provide safety training for all employees? YES____ NO____
22. Does your company have a program recognizing employees for safety performance excellence? YES____ NO____
23. Does your company have a written disciplinary program in place for safety violations? YES____ NO____
24. Does your company review the safety management systems of your subcontractors? YES____ NO____
25. Does your company conduct accident/incident / near miss investigations? YES____ NO____
26. Does your company have a formal, written job / task hazard analysis process? YES____ NO____

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

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

Name of firm preparing statement: _____

Address: _____

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

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

30.0 Dated at _____
this _____ day of _____,
Name of Organization: _____
Address _____
By _____
Title _____

Signature _____

