

L.S. BRINKER

A **BRINKER** Company

PREQUALIFICATION STATEMENT

In order to be considered for placement on our Approved Bidders List, please fill out the information requested below and return to L.S. Brinker's Office **via email at** prequalifications@brinkergroup.com

COMPANY NAME: _____

ADDRESS: _____

INCORPORATED IN: _____

[State(s), or Form of Organization]

WEBSITE ADDRESS: _____

CONTACT PERSON: _____

PHONE NO: _____

CELL PHONE NO: _____ EMAIL ADDRESS: _____

TRADES FOR CONSIDERATION: _____

I. PROJECT EXPERIENCE

- A. Please attach a listing of projects completed in the last five years. Please use the form attached and make as many copies as necessary. (List all references, contract amount, contact names and phone numbers where applicable.)
- B. Design Build Experience:
Years of experience _____ Number of project completed: _____
Please attach a listing of Design Build Projects completed in the last five years. Please use the attached form and make as many copies as necessary.
- C. Attach any company brochure or literature.

II. FINANCIAL CAPABILITY

- A. For working capital and current ratio, **please attach your most recent CPA prepared financial statement and the most current internal quarterly financial statement. If you do not do a review or audit, please provide internal statements.**

- B. Bonding Information

Bonding Company _____

Bonding Agent _____

Address _____

Phone Number _____

Provide a Surety letter stating the following and fill in the blanks below:

- Bonding capacity \$ _____ Per project limit \$ _____
Aggregate limit \$ _____
- Capacity available as of the date of the letter \$ _____

C. Bank Reference Information

Bank Name: _____
Years with bank: _____
Bank Representative: _____
Address: _____
Phone Number: _____

Provide a bank reference letter stating the following and fill in the blanks below:

- Line of credit renewal / expiration date: _____
- Line of credit limit / facility: \$ _____
- Line of credit facility available as of the date of the letter: \$ _____
- Amount drawn on line of credit: \$ _____

D. Judgments, pending claims, and lawsuits – list all:

(Check one)

- E. Has the Applicant ever defaulted on or failed to finish a project? Yes No
- F. Has the Applicant ever declared for bankruptcy protection? Yes No
- G. Have any of the Applicant's owners ever declared bankruptcy protection? Yes No
- H. Have any of the Applicant's owners been convicted of a felony or other criminal conduct? Yes No
- I. Has the Applicant's Surety ever had to provide funding or take over a project? Yes No
- Please briefly clarify if E-I are yes _____

III. INSURANCE

- A. Current Insurance Carrier _____
Current Insurance Agent _____
Address _____
Contact Person _____
Phone Number _____
- B. Current Insurance Limits: (Attach copy of current insurance certificate)
- a. General Liability \$ _____
 - b. Auto \$ _____
 - c. Umbrella \$ _____
 - d. Professional Liability \$ _____

IV. COMPANY ORGANIZATION/CAPACITY: Firm has been in business for _____ years.

A. Top Management – list President and Officers:

<u>Name:</u>	<u>Title:</u>	<u>Years in Industry:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. Home office support – list office supervisory and support staff to be involved with project:

<u>Name:</u>	<u>Title:</u>	<u>Years in Industry:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. Capacity of active projects:

No. of current year projects: _____ Volume of current year projects: \$ _____
x = No. of projects one year ago _____ x = Volume of projects one year ago \$ _____
y = No. of projects two years ago _____ y = Volume of projects two year ago \$ _____

D. Affiliation with labor and/or trade organizations:

E. Are you a Union Contractor?

Yes No

If yes, with what trade unions are you signatory?

V. JOB ORGANIZATION/CAPABILITY

A. Supervisory project jobsite staff:

<u>Name:</u>	<u>Title:</u>	<u>Years in Industry:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. Self-performed work – list average percentage of work

Self-performed (vs. subcontracted): _____

C. Field Work Force:

Current field work force count _____
Average field work force count one year ago _____
Average field work force count two years ago _____

VI. QUALITY CONTROL

A. List the formal quality procedures/policies used in your company:

B. Is your company ISO certified? Yes or No

Please provide an uncontrolled copy of your quality manuals.

- C. Is your company in process or planning for ISO certification? Yes or No
If yes, please indicate anticipated completion/certification schedule. _____
- D. What preventive action does your company rely on to assure a quality project? *Explain*

- E. What corrective action implementation does your company provide when quality issues occur on a project? *Explain*

VII. SAFETY AND LOSS CONTROL DATA

- A. List your firm's Experience Modification Rate (EMR) and case ratings for the past four years and current year. Provide a letter from your insurance carrier or state fund (**on their letterhead, verifying the EMR data**). Case rating= $(\text{Number of recordable cases from most recent MIOSHA 200 form} \times 200,000) / (\text{Number of work hours in the period covered by MIOSHA 200 form})$

EMR	Case Rating
Current _____	Current _____
Year 20__ _____	Year 20__ _____
Year 20__ _____	Year 20__ _____
Year 20__ _____	Year 20__ _____
Year 20__ _____	Year 20__ _____

Are the above rates interstate or intrastate/ if intrastate, which state? _____

- B. Provide your company's injury experience for the past four years using OSHA No. 300 logs. Furnish copies. If you do not complete OSHA 300 forms, explain why.

- C. Has your company been cited by OSHA in the past five years? Yes No
How Often _____ If yes, for what? _____
- D. Name of your senior site representative who reviews safety compliance (safety representative). List the locations, OSHA incident frequency rates, and lost time frequency rates for each of his/her last three projects.
Safety Representative _____
1). _____
2). _____
3). _____
- E. Does your company have a written safety policy? Yes No
- F. Does your company require drug testing of employees? Yes No
If yes, how often? _____
- G. Does your company participate with MUST or a similar program? Yes No
Details _____

VIII. SAFETY AND LOSS CONTROL DATA CONTINUED

- A. Will your insurance company's loss control specialist visit the project site? Yes No
- B. Worker's Compensation Insurance: Most recent Modifier Factor _____ %
- C. Do you require documented safety meetings be held for:
- | | | | |
|-----------------------|------------------------------|-----------------------------|-----------------|
| 1). Field Supervisors | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Frequency _____ |
| 2). Employees | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Frequency _____ |
| 3). New Hires | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Frequency _____ |
| 4). Subcontractors | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Frequency _____ |
- D. Do you conduct documented safety inspections? Yes No
- E. Do you have office safety representatives who visit/audit the job? Yes No

IX. EQUAL OPPORTUNITY EMPLOYMENT – Minority Business Enterprise (MBE) / Women Owned Business Enterprise (WBE) / Detroit Small Business (DSB) / Detroit Based Enterprise (DBE) / Detroit Headquartered Business (DHB) / Small Business Enterprise (SBE)

- A. MBE participation – list average percentage of Subcontracted work awarded to MBE firms over the last three years: _____
- B. WBE participation – list average percentage of Subcontracted work awarded to WBE firms over the last three years: _____
- C. If your firm is a MBE/WBE, which entity are you certified by (i.e. MMBDC, MUCP, Wayne County, City of Detroit, etc.)? _____ (attach certificate)
- D. Detroit resident work force – list average utilization percentage for Detroit resident work force over the last three years: _____
- E. Minority work force – list average utilization percentage for minority work force over the last three years: _____
- F. Female work force – list average utilization percentage for female work force over the last three years: _____
- G. Is your firm a certified Detroit Based Business, Detroit Headquartered or Small Business as defined under Executive Order No. 4 _____ (attach certificate)

X. TAX INFORMATION

- A. Michigan State Sales Tax Registration Number _____ or Michigan Business Tax Number (MBT) _____
- B. Provide IRS Form W-9 Request For Taxpayer Identification Number and Certification (most recent form Rev. October 2018)

The above information is true to the best of my knowledge and belief.

NAME: _____ **TITLE:** _____

SIGNATURE: _____ **DATE:** _____

L.S. Brinker Review and Authority:

Signature/Date

PROJECT EXPERIENCE

Project Name _____ Year Completed _____

Trade work performed _____

Type of Contract: Lump Sum ___ Design Build ___ Cost Plus ___ Other ___

Dollar amount of contract \$ _____ Bonded: Yes No

Contract with _____

Contact Name and Phone Number _____

Project Name _____ Year Completed _____

Trade work performed _____

Type of Contract: Lump Sum ___ Design Build ___ Cost Plus ___ Other ___

Dollar amount of contract \$ _____ Bonded: Yes No

Contract with _____

Contact Name and Phone Number _____

Project Name _____ Year Completed _____

Trade work performed _____

Type of Contract: Lump Sum ___ Design Build ___ Cost Plus ___ Other ___

Dollar amount of contract \$ _____ Bonded: Yes No

Contract with _____

Contact Name and Phone Number _____

Project Name _____ Year Completed _____

Trade work performed _____

Type of Contract: Lump Sum ___ Design Build ___ Cost Plus ___ Other ___

Dollar amount of contract \$ _____ Bonded: Yes No

Contract with _____

Contact Name and Phone Number _____