

BUSINESS

Company Information

What year was your company founded?

Please enter your business type?



Please attach your **W-9**



Please attach your **articles of incorporation**

Additional Office Locations

Other than your head office, does your company have any additional office locations

No

Yes

If **Yes** is selected, please provide your additional office locations

Office #1

Address

City

State

Postal Code

Office #2

Address

City

State

Postal Code

Office #3

Address

City

State

Postal Code

Business Certifications

Does your company have any business certifications

No

Yes

If **Yes** is selected, please provide your certifications

Certification #1

Certification



Please attach your **supporting document**

Certification #2

Certification



Please attach your **supporting document**

Certification #3

Certification



Please attach your **supporting document**

Construction Licenses

Does your company have any construction licenses

No

Yes



If **Yes** is selected, please attach your **construction licenses**

Related Companies

Do you have any parent, subsidiary, or sister companies? No Yes

If **Yes** is selected, please provide your related company details

Related Company #1

Relationship to you Please specify type

Company Name

Related Company #2

Relationship to you Please specify type

Company Name

Related Company #3

Relationship to you Please specify type

Company Name

Employee Details

What is your current employee count? What was your average employee count over the last year?

Employee Turnover

What % of your workforce has left (for any reason) within the last year?

0 - 5% 6 - 10% 11 - 25% 26 - 50% 51 - 100%

What % of your workforce is new within the last year?

0 - 5% 6 - 10% 11 - 25% 26 - 50% 51 - 100%

Tradespeople and Unions

What was your average number of field workers over the last year?

Is your company Union, Non-Union or Both?

Union

Non Union

Both

What % of your workforce is union?

0 - 5%

6 - 10%

11 - 25%

26 - 50%

51 - 100%



Please attach your **Union Trade Agreement**

Subcontracting

What % of work do you typically subcontract out?

0 - 10%

11 - 25%

26 - 50%

51 - 75%

76 - 100%

What trades do you subcontract out? (separate each with a comma)

Senior Executive Experience

Please provide your CEO details

Name

Years in Role

Years in Industry

Please list any additional senior executives

Senior Executive #1

Name

Title

Year started in Role

Year started in Industry

Senior Executive #2

Name

Title

Year started in Role

Year started in Industry

Senior Executive #3

Name

Title

Year started in Role

Year started in Industry

Legal

Has your company or any related company experienced the following in the past 5 years?

Financial

Become Insolvent or filed for bankruptcy	No	Yes
Been a debtor in a bankruptcy case	No	Yes
Had liens filed against you	No	Yes
Filed a lien against a project or GC	No	Yes

Licenses

Revoked or suspended business license	No	Yes
Changed construction license number?	No	Yes

General

Been involved in litigation, arbitration or mediation?	No	Yes
Changed ownership, control or management?	No	Yes

Contracts and Labor

Violated labor laws?	No	Yes
Terminated (for cause) from a contract?	No	Yes
Failed to complete contract?	No	Yes
Suspended, debarred or disqualified, from bidding on any projects?	No	Yes

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

If **Yes** is selected, enter previous company name

Largest Current Projects

Please provide details of your 3 largest projects

Project #1

Project Name	General Contractor Name	Contract Value
Estimated Substantial Completion Date	Estimated Contract Length (Months)	Project Zip Code

Project #2

Project Name	General Contractor Name	Contract Value
Estimated Substantial Completion Date	Estimated Contract Length (Months)	Project Postal Code

Project #3

Project Name	General Contractor Name	Contract Value
Estimated Substantial Completion Date	Estimated Contract Length (Months)	Project Postal Code

Largest Completed Projects

Please provide details on projects completed in each of the past 3 years

Project #1

Project Name	General Contractor Name	Contract Value
Substantial Completion Date	Contract Length (Months)	Project Postal Code

Project #2

Project Name	General Contractor Name	Contract Value
Substantial Completion Date	Contract Length (Months)	Project Postal Code

Project #3

Project Name	General Contractor Name	Contract Value
Substantial Completion Date	Contract Length (Months)	Project Postal Code

Project #4

Project Name	General Contractor Name	Contract Value
Substantial Completion Date	Contract Length (Months)	Project Postal Code

Project #5

Project Name	General Contractor Name	Contract Value
Substantial Completion Date	Contract Length (Months)	Project Postal Code

Average Contract Value

Please provide details on projects completed in each of the past 3 years

Year

Average Contract Value

Backlog Breakdown

What is your current backlog?

Provide a breakdown of backlog for the next three years (minimum three years)

Year Backlog

Year Backlog

Year Backlog

Total



Please attach your **work on hand schedule**

Diversification by General Contractor

Over the past few years, which General Contractors have roughly made up the largest portion of your revenue

General Contractor #1

General Contractor Name

Estimated % of Revenue

General Contractor #2

General Contractor Name

Estimated % of Revenue

General Contractor #3

General Contractor Name

Estimated % of Revenue

Diversification by State

Over the past few years, which states have roughly made up the largest portion of your revenue

State #1

State

Estimated % of Revenue

State #2

State

Estimated % of Revenue

State #3

State

Estimated % of Revenue

Contract Size Expertise

Please provide the total number of contracts completed over the past 3 years

Please provide an estimated breakdown by contract size

< \$100k	\$2.5M - \$4.9M
\$100k - \$250k	\$5M - \$9.9M
\$250K - \$499k	\$10M - \$24.9M
\$500K - \$999k	\$25M - \$49.9M
\$1M - \$2.49M	> \$50M

Project Type Expertise

What are the 3 most common project types that you work on?

Most Common Project Type

2nd Most Common Project Type

3rd Most Common Project Type

Trade Scope Expertise

What are the Scopes of Work you work on?

Most Common Scope of Work

2nd Most Common Scope of Work

3rd Most Common Scope of Work

ISO Certification

Does your Company have International Organization for Standardization (ISO) certification? No Yes



If **Yes** is selected, please attach your **company's ISO Certification**

FINANCE

Fiscal Year End

What is your fiscal year end?

When are your external financial statements normally ready?

Balance Sheet and Income Statement

Please provide details for your latest full year end externally prepared financial statements

Audit Type

Fiscal Year

Currency

Balance Sheet Details

Assets

Cash and Short Term Investments

Net Recievables

Current Assets

Shareholder Loan Receivables

Total Assets

Liabilities and Owners Equity

Account Payable

Short Term Debt

Current Liabilities

Shareholder Loan Payable

Long Term Debt

Total Liabilities

Total Equity

Income Statement Details

Revenue

Cost of Goods Sold

Net Interest Expense

Earnings Before Tax

Net Income

Revenue Growth

Please provide historical revenue for the past two years.

Year Revenue

Year Revenue

Please provide expected revenue for the next two years

Year Revenue

Year Revenue

Financial Statement Attachments

Please provide external financial statements for the past 3 years

Year 1

Year

Select the statements you will be providing

Balance Sheet

Income Statement

Cash Flow Statement



Please attach your **financial statements**

Year 2

Year

Select the statements you will be providing

Balance Sheet

Income Statement

Cash Flow Statement



Please attach your **financial statements**

Year 3

Year

Select the statements you will be providing

Balance Sheet

Income Statement

Cash Flow Statement



Please attach your **financial statements**

Please provide your most recent interim/quarterly statement (Optional)

As of Date

Select the statements in the file

Balance Sheet

Income Statement

Cash Flow Statement



Please attach your **files**

Banking

What is the name of your primary bank?

What year did you start using them?

Do you have a line of credit?

No

Yes

If **Yes** is selected, please provide your line of credit details

Total Capacity

Amount Drawn



Please attach your **operating line of credit letter from your bank referencing the above values**

Bonding

Do you have a bonding company?

No

Yes

If **Yes** is selected, what is the name of your Bonding Company?

What year did you start with your Bonding Company?

Provide details of your current bonding limits.

Single Limit

Aggregate Limit

Amount used

Expiration Date



Please attach your **bonding reference letter from your surety company referencing the above values**. If you only have your bonding reference letter from your broker, please attach **it as well as the power of attorney**

Has any Company made claims against your bond?

No

Yes

Insurance Policies

Please provide details of all your current insurance policies

Insurance Company #1

What is the name of your insurance company?

What year did you start with them?

Please enter details of your existing Insurance policies

Insurance Type

Limit

Expiration Date

Insurance Type

Limit

Expiration Date

Insurance Type

Limit

Expiration Date



Please attach your **insurance certificate(s)**

Insurance Company #2

What is the name of your insurance company?

What year did you start with them?

Please enter details of your existing Insurance policies

Insurance Type	Limit	Expiration Date
----------------	-------	-----------------

Insurance Type	Limit	Expiration Date
----------------	-------	-----------------

Insurance Type	Limit	Expiration Date
----------------	-------	-----------------



Please attach your **insurance certificate(s)**

Insurance Company #3

What is the name of your insurance company?

What year did you start with them?

Please enter details of your existing Insurance policies

Insurance Type	Limit	Expiration Date
----------------	-------	-----------------

Insurance Type	Limit	Expiration Date
----------------	-------	-----------------

Insurance Type	Limit	Expiration Date
----------------	-------	-----------------



Please attach your **insurance certificate(s)**

HEALTH AND SAFETY

Health and Safety Lead

Do you have a qualified person responsible for Health & Safety within your company? No Yes

If **Yes** is selected, please provide Contact Information

Name	Title
Email	Phone

What percentage of their time is dedicated to H&S Duties?

How many years of Health and Safety experience do they have?

Please select the designations that apply to this individual

- Certified Safety professional (CSP)
- Certified Hazardous Material Manager (CHMM)
- Certified Health and Safety Manager (CSHM)
- Gold Seal
- Other

If you choose **Other**, please specify the designation

Experience Modification Rate (EMR)

Please provide your EMR for the past 3 Years

Year	EMR
------	-----



Please attach your **company's EMR letter from your insurance carrier certifying these rates**

In the past 3 years, has your company had an EMR over 1.0? No Yes



Please provide appropriate information that clarifies EMR history and attach **written explanation of the methods implemented by your company to reduce the rate.**

OSHA 300

Please provide the following incident information for the last 3 available years

Year #1

Year

Total Hours Worked	First Aid Cases	OSHA Recordable Incidents	Days Away, Restricted or Transferred	
OSHA Lost Time	Fatalities	Average Number of Employees	OSHA Inspections	OSHA Violations / Citations



Please attach your **OSHA 300**



Please attach your **OSHA 300A**

Year #2

Year

Total Hours Worked	First Aid Cases	OSHA Recordable Incidents	Days Away, Restricted or Transferred	
OSHA Lost Time	Fatalities	Average Number of Employees	OSHA Inspections	OSHA Violations / Citations

 Please attach your **OSHA 300**

 Please attach your **OSHA 300A**

Year #3

Year

Total Hours Worked	First Aid Cases	OSHA Recordable Incidents	Days Away, Restricted or Transferred	
OSHA Lost Time	Fatalities	Average Number of Employees	OSHA Inspections	OSHA Violations / Citations

 Please attach your **OSHA 300**

 Please attach your **OSHA 300A**

Convictions or Fines

Has your company received an OSHA (or State OSHA) or MSHA citation within the last 5 years? No Yes

If **Yes** is selected, please provide details below

Conviction/Fine #1

Date	Type	State
------	------	-------

Explanation

Conviction/Fine #2

Date Type State

Explanation

Conviction/Fine #3

Date Type State

Explanation

Health and Safety Program

Does your company have a formal Health & Safety Program? No Yes

Please check of all the procedures included in the Health & Safety program

- | | | |
|---------------------------------|--|-------------------------------|
| Corporate HSE Policy | Pandemic Policy | Statistics and Records Policy |
| Emergency Procedures | Personal Protective Equipment Policy | Substance Abuse Program |
| Environmental Procedures | Project Specific Safety Orientation Plan | Vehicle Operations |
| Equipment and Maintenance | Respiratory Plan | Violence & Harassment Policy |
| Hazard Assessment Process | Return to Work Program | Waste Management |
| Hazard Communication Program | Safety Audits, Inspections & Meetings Policy | Other |
| Incident Reporting & Management | Safety Rules and Procedures | |
| Joint Health & Safety Policy | Silica Prevention Plan | |



Please attach the **full Health and Safety Program, or the table of contents**

Orientation Program

Does your company have a formal project Health and Safety Orientation program? No Yes

Please check off procedures included in the orientation program

<input type="checkbox"/> Alcohol & Drug Program	<input type="checkbox"/> Hand Tools	<input type="checkbox"/> Preventative Maintenance
<input type="checkbox"/> Confined Spaces	<input type="checkbox"/> Hazard Reporting	<input type="checkbox"/> Rights & Responsibilities
<input type="checkbox"/> Company Rules	<input type="checkbox"/> Ladder Safety	<input type="checkbox"/> Modified Work Program
<input type="checkbox"/> Defective Tools	<input type="checkbox"/> Life Saving Procedures	<input type="checkbox"/> Personal Protective Equipment
<input type="checkbox"/> Electrical Safety	<input type="checkbox"/> Injury Reporting	<input type="checkbox"/> Safe Limits of Approach
<input type="checkbox"/> Emergency Procedures	<input type="checkbox"/> Signs and Barricades	<input type="checkbox"/> Progressive Discipline
<input type="checkbox"/> Environmental	<input type="checkbox"/> Trenching & Excavation	<input type="checkbox"/> Rigging & Crane Safety
<input type="checkbox"/> Fire Protection	<input type="checkbox"/> Vehicle Safety	
<input type="checkbox"/> Fall Protection Plan	<input type="checkbox"/> Violence & Harassment	

 Please attach the **full HSE Orientation Program, or the table of contents**

Do you have a Substance Abuse Program? No Yes

If **Yes** is selected, please select which panel drug test your company uses

Does your company conduct a pre-employment and random drug test? No Yes

Does your company conduct a post incident drug testing? No Yes

Does your company have a for cause or reasonable suspicion drug testing policy? No Yes

Other Health and Safety Documents

Are there any other National or State Health & Safety documents you would like to upload?

 Please attach your **files**