



VENDOR PRE-QUALIFICATION FORM

PART I: GENERAL INFORMATION

1. Company's Legal Name: _____

DBA: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact: _____

Cell Phone: _____ Email: _____

Website: _____

Federal I.D. (FEIN) or SSN #: _____ Years in Business: _____

2. Has your company operated under any other names? If so, identify each name and period of time that it operated under the name.

3. Type of Entity: Corporation Partnership Sole Proprietorship Limited Liability Company
 Joint Venture - Name: _____ Other: _____

Current Partner(s) / Party Name	FEIN (or SSN)	% of Ownership

4. Type of Company - Please check all that apply:



- Subcontractor
- Manufacturer / Fabricator
- Material Supplier/Regular Dealer
- Broker/Manufacturer's Representative
- Service Provider (including professional, technical, consulting, etc.)
- Trucker

5. Does the Company have an active state contractor's license(s)? Yes No

- a. If so, State of Incorporation:
- b. Contractor's License Number:
- c. Expirations Date:

6. Have you quoted or done work for Halmar International LLC. or Railworks Transit, Inc. before?
If yes, please provide relevant information (e.g. project, scope, dollar value, etc.) Yes No

7. Company's Business Specialty/What type of work or trades does the Company usually perform, or what type of materials, supplies or equipment does the Company generally furnish?

8. List the geographical areas in which you work:

9. Is the Company affiliated with any union(s)? If so, which one(s)?

10. How many employees does your Company presently employ?

- Office
- Field Supervisory
- Tradesperson

Attach a list of your key company personnel and field supervisor (attach resume).

11. List any Industry Awards or Honors your Company has earned:

Year	Awards / Honors

Experiences / Financial Information

1. List the two contracts your company has completed in the past five years from the signature date:

I - Agency/Owner	
Project Name and Contract Number	



Contact Person and current Telephone Number	
Location	
Award and Completion Date	
Contract \$Amount	
Scope of Work Performed	

II - Agency/Owner	
Project Name and Contract Number	
Contact Person and current Telephone Number	
Location	
Award and Completion Date	
Contract \$Amount	
Scope of Work Performed	

3. List two current contracts your company is working on:

I - Agency/Owner	
Project Name/Contract Number	
Contact Person and current Telephone Number	
Location	
Total \$Amount of Company's Contract	
\$Amount Subcontracted to others	
Scope of Work Performed	

II - Agency/Owner	
Project Name and Contract Number	
Contact Person and current Telephone Number	
Location	
Total \$Amount of Company's Contract	



\$Amount Subcontracted to others	
Scope of Work Performed	

4. What is the annual volume of work performed over the past five years?

Year		Average Volume \$	
Year		Average Volume \$	
Year		Average Volume \$	
Year		Average Volume \$	
Year		Average Volume \$	

5. Indicate the size of project you are most competitive in performing:

<input type="checkbox"/> Under \$100,000	<input type="checkbox"/> \$500,000 - \$1,000,000	<input type="checkbox"/> \$6,000,000 - \$9,000,000
<input type="checkbox"/> \$100,000 - \$200,000	<input type="checkbox"/> \$1,000,000 - \$3,000,000	<input type="checkbox"/> \$10,000,000 - \$15,000,000
<input type="checkbox"/> \$200,000 - \$500,000	<input type="checkbox"/> \$3,000,000 - \$6,000,000	<input type="checkbox"/> Over \$15,000,000

6. List the trades you normally perform with your own forces:

7. Will the Company subcontract any of the work to another firm? Yes No

If yes, please explain below:

Scope of Work to be Subcontracted	Reason for Subcontracting the Work	Anticipated % of Contract Value to be Subcontracted	Subcontracted firm is certified M/W/D/SDVOBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Bond/Surety Information

Are you bondable? Yes No

- If so, bonding capacity per job: \$
- Aggregate: \$
- The name of the bonding company:
- Key bonding contact person/phone:

Please attach a letter from your Bonding Company confirming the information below.



Insurance Information

Agent/Broker:
 Main Contact Person:
 Address:
 Phone Number:
 Email Address:
 Fax Number:

1. Commercial General Liability Information:

Insurance Carrier:

	Current
General Aggregate	\$
Products – Completed Ops Aggregate	\$
Personal/Adv. Injury	\$
Per Occurrence	\$
Fire Damage (any one fire)	\$
Medical Expenses (any one person)	\$
Deductible Amount	\$

2. Umbrella/Excess Liability Information:

Insurance Carrier:

	Current
Each Occurrence	\$
Aggregate	\$

3. Workers Compensation and Employer’s Liability Information:

Insurance Carrier:

	Current
Workers Comp Risk ID #	
Limits	\$
Employers Liability Each Accidents	\$
Employers Liability Disease-Policy Limit	\$
Employers Liability Disease Each Employee	\$

4. Automobile Liability Information:

Auto Insurance Carrier:



	Current
Combined Single Limit	\$
Bodily Injury (per person)	\$
Bodily Injury (per accident)	\$
Property Damage	\$

5. Professional Liability Insurance Information:

Insurance Carrier:

	Current
Office Policy Limit	\$
Deductible	\$
Extended Reporting Period (tail) Years:	
Prior Acts	<input type="checkbox"/> Yes <input type="checkbox"/> No

Safety Information

1. Will the Company be performing work on-site? Yes No

2. Current EMR Rates for the past three years:
Attach a copy of Company's insurance carrier or state fund (on their letterhead) verifying the EMR date.

State	Year	Rate

3. How many OSHA violations has the Company received in the last three years?
Attach a copy of the Company's last three years OSHA 300 logs.

 = = =
Year #Violations Year #Violations Year #Violations

4. Does your Company have a qualified person responsible for safety? Yes No

Name	Position	Contact Info

5. Does this person perform safety inspections on all of your projects? Yes No



If so, how often?

6. **Do you have a written Company Health & Safety Policy/Program and will provide copies when requested?** Yes No

7. **Does your Company have a substance abuse testing policy?** Yes No
If yes, please check which are included in the policy:
 - Pre-Employment
 - Cause
 - Random
 - Periodic

8. **Do you practice 100% fall protection?** Yes No

9. **Does the Company provide training for all employees?** Yes No
If yes, please list training provided:

10. **Does the Company have a program recognizing your employees for safety performance excellence?**
Yes No

11. **Does the company have a disciplinary program in place for safety violation?** Yes No

Legal Information

1. **Is the Company or any of its owners, officers, or major shareholders currently involved in any arbitration or litigation?** Yes No
If yes, please explain why:

2. **Does the Company have any outstanding judgments or claims against it?** Yes No
If yes, please explain why:

3. **Within the past five years, have any of the Company owners, officers, or major shareholders been the subject of any criminal indictment or judgment of conviction for any business-related conduct constituting a crime under state or federal law?** Yes No - *If yes, please explain:*

4. **Within the past five years, have any of the Company owners, officers, or major shareholders been the subject of any state or federal suspension or disbarment or otherwise precluded from pursuing public work by a public agency?** Yes No
If yes, please explain why:

5. **Has your Company ever had a claim against it for improper, delayed, defective or non-compliant work or failure to meet warranty obligations?** Yes No
If yes, please explain why:



6. Is the Company a certified minority, woman owned, disadvantaged, small, veteran owned or locally based business or other designated classification enterprise? Yes No
 If yes, please indicate certifications in table below and complete Part II of the Pre-Qualification Form.

Indicate Certifications: DBE, MBE, WBE, SBE, LBE, SDVOBE, etc. - Other Federal by NAIC

Certification Type	Certifying Agency	Expiration Date	NAICS CODE(S) & DESCRIPTION(S)

PART II: TO BE COMPLETED BY M/W/DBE CERTIFIED FIRMS

1. M/W/DBE Management and Supervision:

- a. Will the Company be responsible for the management and supervision of the scope of work/operation?
 Yes No
- b. Is the person supervising the job a regular employee of the Company? Yes No
- c. Does the Company share any office space with any other business or organization? Yes No
 If yes, please provide description of share:
- d. Is the owner of the Company or an authorized representative negotiating the contracts with the Prime?
 Yes No - If no, please explain who is negotiating the contracts:

2. M/W/DBE’s Work and Workforce:

- a. Does the Company share any staff or employees with any other business or organization?
 Yes No - If yes, please provide description of share:
- b. Does the owner of the Company prepare and submit payrolls, hire and fire employees? Yes No
 If no, please provide explanations:
- c. Do you intend to manage and supervise the work with your own employees, project managers and/or superintendents? Yes No
 If no, please provide explanation on who will manage and supervise the work:

3. M/W/DBE’s Equipment:



- a. Does the Company own the equipment it needs to perform its work? Yes No
- b. If leased, is there a formal agreement identifying the terms and parties? Yes No
- c. Is the equipment under the direct supervision of your company? Yes No
- d. List the major equipment owned/leased applicable to this project:
If you prefer, you can attach a copy of the list of equipment owned/leased by your company along with proof of ownership or lease.

Description	Owned / Leased	VIN/SN
	<input type="checkbox"/> Owned <input type="checkbox"/> Leased	
	<input type="checkbox"/> Owned <input type="checkbox"/> Leased	
	<input type="checkbox"/> Owned <input type="checkbox"/> Leased	
	<input type="checkbox"/> Owned <input type="checkbox"/> Leased	
	<input type="checkbox"/> Owned <input type="checkbox"/> Leased	
	<input type="checkbox"/> Owned <input type="checkbox"/> Leased	

- e. Is there any equipment that the Company does not own and that the Company needs to perform the work? Yes No
If yes, please provide explanations:
- f. How many vehicles or truck do you own?
- g. Is the company name displayed on the equipment? Yes No
- h. How is the company's name displayed? Magnetic sign(s) Painted on Decal Other
- i. Can the markings/emoles be easily removed/replaced? Yes No

4. M/W/DBE's Materials and Supplies:

- a. Is the work to be performed by the Company to furnish or install of work? Install Furnish
- b. Do you negotiate the price of materials and/or supplies? Yes No
- c. Is the Company ordering and purchasing the materials and/or supplies? Yes No
If so, is the vendor a manufacturer, regular dealer, or neither?
- d. Will the Company make arrangement for delivery of materials and/or supplies? Yes No
If no, please provide explanation on how the delivery will be made:

5. Please complete if you are a Trucking Company:

- a. Does the Company use its own trucks? Yes No



- b. How many trucks do you own?
- c. How many trucks do you lease?
- d. If leased, is there a formal agreement identifying the terms and parties? Yes No
- e. Is the operator of the leased truck(s) the Company employee? Yes No
- f. Is the company name displayed on the Company truck(s)? Yes No
- g. How is the name displayed? Magnetic sign(s) Painted on Decal Other:
- h. Will the Company subcontract any of the trucking work to another firm? Yes No
If yes, please provide the name of the subcontracted trucking company:

Please provide the following documentation along with the vendor questionnaire:

- *Proof of ownership by insurance, title and registration for each vehicle to be used on the project.*
- *List of truck drivers on your payroll.*

6. Please complete if you are a Regular Dealers/Suppliers/Broker:

- a. Does the Company have an established storage facility and inventory? Yes No
If yes, please provide the address of the storage facility:
- b. Will the Company negotiate price and terms of the goods, materials, supplies or equipment?
 Yes No
- c. Will the Company order and pay for goods, materials, supply or equipment out of Company's own funds? Yes No
- d. Who is delivering and unloading the material?
- e. Is distribution equipment: Owned Leased from:
- f. Is the quality of the material controlled by the M/W/DBE? Yes No

7. Please complete if you are a Regular Dealers of Bulk Items:

- a. Are you a regular dealer of bulk item such as steel, cement, gravel, stone, petroleum products or asphalt? Yes No - *If yes, which bulk item you are supplying?*
- b. Do you own, operate or maintain a place of business from where the bulk item is made or shipped?
 Yes No
- c. Do you own the distribution equipment/truck(s)? Yes No



d. Do you employ the driver/operators of the vehicle(s)? Yes No

CERTIFICATION
(Must be signed by an Officer of the Company)

We certify, under penalty of perjury, that all the information contained in the responses to the questions in this pre-qualification forms, and all of the attached and required documents are true and accurate. We recognize that Halmar International L.L.C will be relying on the accuracy of the information and our responses in this questionnaire in deciding whether to permit us to bid in awarding work to our Company.

Signature: _____

Name: _____

Title: _____

Date: _____