



TRADE CONTRACTOR PREQUALIFICATION STATEMENT

To develop a better understanding of your company and better match future opportunities to your company's capabilities, please complete this form and return it to our Design Build Coordinator, Jessi Clark at jessi@brumbaughconstruction.com.

Date: _____

Name of Company: _____

Street Address: _____

Mailing Address: _____

Phone: _____ Website: _____

Is this office the: Main Office Regional Office Branch Office

Representatives

Contact: _____ Title: _____

Cell Phone: _____ Email: _____

Contact: _____ Title: _____

Cell Phone: _____ Email: _____

Contact: _____ Title: _____

Cell Phone: _____ Email: _____

Contact: _____ Title: _____

Cell Phone: _____ Email: _____

Contact: _____ Title: _____

Cell Phone: _____ Email: _____

Is Your Company...

MBE WBE DBE EDGE VOB

Please attached copies of all certifications.

Please fill in the trades that your company is interested in bidding:

List the geographical areas in which you work:

List Unions in which you have agreements with:

Local Number	Union Name	Agreement Expiration

List the building types on which your company has worked:

List the trades you normally perform with your own forces:

What percentages of the company's work is normally subcontracted? _____

What is the largest contract your company has completed:

Amount: \$ _____ Year: _____ Project Name & Scope: _____

Provide the following safety information for the past three (3) years:

	2023	2022	2021
Experience Modification Factor (EMR)	_____	_____	_____
OSHA Recordable Incidents	_____	_____	_____
Lost Workday Cases	_____	_____	_____
Total Lost Workdays	_____	_____	_____
Number of OSHA Citations	_____	_____	_____
Number of Fatalities	_____	_____	_____

Does your company have a qualified person responsible for safety? Yes No

Does this person do safety inspections on all your projects? Yes No

Do you have a written Company Safety Policy and Program? Yes No

If yes, will you provide copies if requested? Yes No

Does your company have a written substance abuse policy? Yes No

If yes, please check which are included in the policy:

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Pre-hire / Initial Employment | <input type="checkbox"/> Random |
| <input type="checkbox"/> Cause | <input type="checkbox"/> Periodic |
| <input type="checkbox"/> Post Accident / Incident | |

Please provide 5 recently completed projects

#1: Project: _____

Address: _____

General Contractor: _____ Contract Amount: _____

Scope of Work: _____

#2: Project: _____

Address: _____

General Contractor: _____ Contract Amount: _____

Scope of Work: _____

#3: Project: _____

Address: _____

General Contractor: _____ Contract Amount: _____

Scope of Work: _____

#4: Project: _____

Address: _____

General Contractor: _____ Contract Amount: _____

Scope of Work: _____

#5: Project: _____

Address: _____

General Contractor: _____

Contract Amount: _____

Scope of Work: _____