



RETURN COMPLETED FORM TO:

Hendrick Construction, Inc.

Attn: Vickie Koppe

Email: vkoppe@hendrickconstruction.com

I. General Information

- A. Name of your business: Tax ID Number:
- B. Business address:
- C. Telephone number / Email address:
- D. Contact name and title:
- E. Applicable SIC code(s)/Trade description(s):
- F. Listed in Dun & Bradstreet? Yes/No Number: If yes, what is your rating?
- G. Is your operation union or non-union or both, please indicate here:

II. Organization

- A. Business type: Corporation, Partnership, Limited Liability Company, Sole Proprietor. If other, please specify:
- B. Date founded: State of formation: Number of Employees:
- C. Please indicate the following information about principals, key officers, managers, principals, AP contact below:

Full Name	Title	Years in position	Total years of experience
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- D. Indicate if your business qualifies as one or more of the following: MBE, WBE, SBE, DBE (attach certificate)
- E. List all other names under which your firm has conducted operations:

III. Licensing Information

- A. Please provide all trade and professional licenses, if any, required for you to perform your services.

Type of License	State	License Number	Name of License
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- B. Has a complaint ever been filed with a Contractor's State License Board against your firm? Yes/No If yes, please describe:

IV. Work Experience

- A. Please attach a list of the major projects your firm has completed in the **last three years**: specify (1) Project Name, (2) Location, (3) Owner, (4) Architect/Engineer, (5) General Contractor, (6) Contract Amount, (7) Completion Date and (8) Contact Person with (9) Telephone Number and email address.
- B. What is your average job size?
- C. Largest job completed in last five years. Please include year?
- D. What is your backlog as of today: \$ As of last yearend financial statement: \$
- E. Has your firm or any other organization with which your officers or owners were involved during the past three years, ever failed to complete any work award or been terminated for cause? Yes/No
If yes, please provide a complete explanation:
- F. Are there any judgments, claims, arbitration proceedings, or suits pending/outstanding against your firm and/or its officers or principals? Yes/No If yes, please provide a complete explanation below. (attach separate sheet(s) if needed)
- G. Has your firm filed any lawsuits or requested arbitration or mediation with regard to construction contracts **within the last three years**? Yes/No If yes, please provide a complete explanation:
- H. Has your firm or any other organization with which your officers or owners were involved during the **past three years**, ever been in bankruptcy or engaged in a voluntary or involuntary re-organization? Yes/No If yes, please provide a complete explanation:
- I. Has your Surety ever finished one of your construction projects? Yes/No If yes, please provide a complete explanation:
- J. Has your firm ever been suspended or debarred from work with the federal government, or any other government entity? Yes/No If yes, please provide a complete explanation:
- K. Has your firm ever been subject to any false claims act investigations? Yes/No If yes, please provide a complete explanation:
- L. Does your firm have a written code of business ethics and conduct? Yes/No
- M. Prior experience with Hendrick Construction:

Project Name	Address	Value	Year

V. Financial Information

- A. Please attach your firm’s most recent financial statement for the entity that will be signing the subcontract.
- B. Please indicate this year’s estimated annual sales volume: \$

C. Please indicate below the annual sales volume **for the last three (3) years**:

Year	Sales

D. Please provide the following financial information from the above and attached financial statement:

1. Working capital: Net worth:
2. Your Current Ratio = current assets divided by current liabilities:
3. Your Leverage Ratio = total liabilities divided by net worth (assets- liabilities)

E. Please attach a list of major projects your firm currently has in progress (including projects awarded, but not started), indicating the: (1) Project Name, (2) Location, (3) Owner, (4) Architect/Engineer, (5) General Contractor, (6) Contract Amount, (7) Percent complete, (8) Scheduled Completion Date, and (9) Contact Person with (10) Telephone Number and email address.

VI. References

A. Bank Name/Address/Phone:
 Amount of Line of Credit: Amount in Use:

B. Surety company: Length of Surety relationship:
 Surety address/telephone number/email address:
 Bonding agent:
 Bonding agent address/telephone number/email address:
 Bonding capacity:
 Single Limit: Total Program Bonding Limit:
 Most recent Bond:
 Amount: Premium:

C. Please attach a letter from your Bonding Company, signed by an attorney-in-fact, verifying the Surety name, length of relationship, and single and aggregate limits reflected above.

D. Please attach a copy of your W-9 form.

E. Insurance:
 Attach a certificate of Insurance from your carrier that outlines all types of coverage carried and limits. Please see Exhibit A for Hendrick Construction, Inc. minimum coverage requirements.

F. References:
 List three of your current major suppliers (must be an account which has been active in the last calendar year):

Name:	Contact:
Address:	Telephone:
Email:	
Name:	Contact:
Address:	Telephone:
Email:	
Name:	Contact:
Address:	Telephone:
Email:	

List three General Contractor/Construction Managers you do business with:

Name:	Contact:
Address:	Email:
Name:	Contact:
Address:	Email:
Name:	Contact:
Address:	Email:

VII. Safety and Health

A. Using data from the OSHA 300A summary log complete the table below. If your company is not required to maintain OSHA logs, the information below must still be provided. For the EMR, list the interstate rate unless only an intrastate rate is available. (TRIR and DART rates equal number of OSHA recordable injuries times 200,000 divided by the total number of man-hours worked.)

If your company is not required to keep OSHA logs, do you keep equivalent information? Yes/No

	Year	Year	Year
Number of fatalities OSHA 300 Log Column G			
Experience Modification Rate (EMR)			
Total Recordable Incidence Rate (TRIR)			
Days Away, Restricted, or Transfer Rate (DART)			
Average No. of Employees			

Is a written Environmental, Health & Safety program available?	Yes/No
Does the EHS program contain an accident reporting policy?	Yes/No
Does the EHS program address pre-project or specific activity task planning?	Yes/No
Is a written Drug and Alcohol Program available?	Yes/No
Do you review and/or pre-qualify your subcontractor's safety performance?	Yes/No
Do you provide EHS training to your employees?	Yes/No
Is a written Employee return to Work Policy available?	Yes/No
Has your activities resulted in an open OSHA citation or in property damage >\$100K in the past 3 years?	Yes/No

B. Do you have a full-time safety representative? Yes/No
 Name: _____ Telephone number: _____ Email: _____

C. Has your firm had any OSHA fines or jobsite fatalities **within the last three years**? Yes/No
 If yes, please describe in detail: _____

D. Please attach copies of your OSHA 300A Log(s) for the **most recent three years**, along with your most current log-to-date of this submission.

E. Please attach copies of your DART Rate (days away, restrictions, and transfers) for the most recent three years including current year-to-date.

Please attach any additional information you feel will help us determine your firm's qualifications and expertise, including owner or general contractor references, locations in which you would like to work, etc.

I hereby certify that the above information is accurate, correct and true.

Completed by (please print): _____

Signature: _____

Title: _____

Date: _____