

Anderson School District No. 3

Pre-Qualification Form (PQF) For Contractors

Prospective Bidders

ROOF REPLACEMENT PROJECT

Please submit all Pre-Qualification Forms to:

Dr. David Nixon

Deputy Superintendent

PO Box 118

Iva, SC 29655

General Information

*Required fields must be filled out completely to be submitted for approval.

*Company Name:	*Telephone:	*Fax:						
*Street Address:	*Mailing Address:							
*Date:	E-Mail Address:							
<p>1. *Officers</p> <p style="margin-left: 40px;">President:</p> <p style="margin-left: 40px;">Vice President:</p> <p style="margin-left: 40px;">Treasurer:</p>								
<p>2. *How many years has your organization been in business under your present firm name? <u>Proof that the submitting contractor has been in business a minimum of five years as a Roofing Contractor.</u> Include a copy of your organizations South Carolina Roofing Contractors License, include dollar limit, or unlimited if applicable.</p>								
<p>3. *Parent Company Name:</p>								
City:	State:	Zip:						
<p>4. *Under Current Management Since (Date):</p>								
<p>5. *Contact for Insurance Information:</p>								
Title:	Telephone:	Fax:						
<p>6. *Insurance Carrier(s)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%; text-align: center;">Name</th> <th style="width: 33%; text-align: center;">Type of Coverage</th> <th style="width: 33%; text-align: center;">Telephone</th> </tr> </thead> <tbody> <tr> <td style="height: 30px;"></td> <td></td> <td></td> </tr> </tbody> </table>			Name	Type of Coverage	Telephone			
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7. *Are you self insured for Worker's Compensation Insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>		
8. *Contact for Requesting Bids:		
Title:	Telephone:	Fax:
9. *Pre-Qualification Form completed By:		
Title:	Telephone:	Fax:

Organization

1. Form of Business: Sole Owner: <input type="checkbox"/> Partnership: <input type="checkbox"/> Corporation: <input type="checkbox"/>
2. Describe Services Performed: <input type="checkbox"/> Construction <input type="checkbox"/> Construction Design <input type="checkbox"/> Original Equip. Manufacturer & Installer <input type="checkbox"/> Project Maintenance <input type="checkbox"/> Maintenance <input type="checkbox"/> Service Work (e.g. janitorial, clerical) <input type="checkbox"/> Other
3. Describe Additional Services Performed:
4. List other types of work within the services you normally perform that you subcontract to others:
5. Attach a list of major equipment (e.g. cranes, JLGs, forklifts) your company has available for work at this facility and the method of establishing competency to operate:
6. Do you normally employ <input type="checkbox"/> Union Personnel <input type="checkbox"/> Non-Union Personnel If union, list trades/locals:
7. Do you have or provide Company Paid Benefits – Please List:
8. Annual Dollar Volume for the Past Three Years:

20_____	20_____	20_____
\$	\$	\$
9. Largest Job During the Last 3 Years: \$		
10. Your Firm's Desired Project Size:		
Maximum:	Minimum:	
11. D & B Financial Rating: Current audited financial statement is requested. If not submitted with this package, CMU will require submission of this document before award of contracts \$2,000,000 and greater.		
Annual Sales \$	Net Worth \$	
12. Bank Line of Credit (amt):	Bank Reference(s):	
13. Bonding Capacity: \$		

Work History

1. Largest dollar valued jobs in progress:				
Customer/Location	Type of Work	Size - \$M	Contact	Telephone
2. Largest dollar valued jobs in the past three years:				
Customer/Location	Type of Work	Size - \$M	Contact	Telephone
3. Are there any judgements, claims or suits pending or outstanding against your company?				
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach details				
4. Are you or have you ever been involved in any bankruptcy or reorganization proceedings?				
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach details				

5. Has your organization ever failed to complete any work awarded to it?		
6. Has your organization been involved in any law suits or arbitration with regard to construction contracts within the last five years?		
7. Within the last five years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract? (If the answer is yes, please attach details)		
8. Provide the following information on five owners that have used your services. Educational owners preferred. Anderson County School Districts preferred.		
a) Firm Name:	Contact Name:	Project:
Address:	Telephone:	Fax:
b) Firm Name:	Contact Name:	Project:
Address:	Telephone:	Fax:
c) Firm Name:	Contact Name:	Project:
Address:	Telephone:	Fax:
d) Firm Name	Contact Name:	Project:
Address:	Telephone:	Fax:
e) Firm Name	Contact Name:	Project:
Address:	Telephone:	Fax:
9. Provide the following information on five architects that you have worked with in the past five years. Educational projects preferred.		
a) Firm Name	Contact Name:	Project:
Address:	Telephone:	Fax:
b) Firm Name	Contact Name:	Project:
Address:	Telephone:	Fax:
c) Firm Name	Contact Name:	Project:
Address:	Telephone:	Fax:
d) Firm Name	Contact Name:	Project:
Address:	Telephone:	Fax:
e) Firm Name	Contact Name:	Project:
Address:	Telephone:	Fax:

Safety and Health Performance

<p>1. Workers Compensation Experience Modification Rate (EMR) Data:</p> <p>a) EMR is:</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Interstate Rate <input type="checkbox"/> Intrastate Rate <input type="checkbox"/> Monopolistic State Rate <input type="checkbox"/> Dual Rate </p> <p>c) State or Origin:</p>		<p>b) EMR for last three years:</p> <p style="margin-left: 20px;"> _____ 20 _____ _____ 20 _____ _____ 20 _____ </p> <p>d) EMR Anniversary Date:</p>
<p>2. Injury and Illness Data:</p> <p>a) Employee hours worked last three years (excluding subcontractors)</p>		
Year: 20_____	Hours:	
Year: 20 _____	Hours:	
Year: 20 _____	Hours:	
<p>b) Provide the following data (excluding subcontractor) using your OSHA 200 Forms for the past three (3) years: <i>(Notes: Data should be the best available data applicable to the work in this region or area. If your company is not required to maintain OSHA 200 forms, please provide information from your Worker's Compensation Insurance carrier itemizing all claims for the last three years).</i></p>		
<p>Injury related fatality:</p> <p>2006 Number: Rate:</p> <p>2005 Number: Rate:</p> <p>2004 Number: Rate:</p>		
<p>Lost workday cases injuries involving days away from work, or days of restricted work activity or both:</p> <p>2006 Number: Rate:</p> <p>2005 Number: Rate:</p> <p>2004 Number: Rate:</p>		
<p>Lost workday case injuries involving days away from work:</p> <p>2006 Number: Rate:</p> <p>2005 Number: Rate:</p> <p>2004 Number: Rate:</p>		

Injuries involving medical treatment only:	
2006 Number:	Rate:
2005 Number:	Rate:
2004 Number:	Rate:
Total OSHA Recordable Injury Rate:	
2006 Number:	Rate:
2005 Number:	Rate:
2004 Number:	Rate:
3. Have you received any regulatory (EPA, OSHA, etc.) citations in the last three years?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

Safety and Health Programs and Procedures

1. Highest ranking safety/health professional in the company:		
Title:	Telephone:	Fax:
2. Do you have or provide the following:		
a) Full time Safety/Health Director.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) Full time Safety/Health Supervisor:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c) Full time Job Safety/Health Coordinator:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Do you have or provide the following:		
a) Safety/Health incentive program:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) Company paid safety/health training:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Do you have a written Safety & Health Program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please submit		
5. Do you have a substance abuse program including Testing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Do your employees read, write and understand English such that they can perform their job tasks safely without an interpreter?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, provide a description of your plan to assure that they can safely perform their jobs.		

* _____
Print Firm Name/Principal

* _____
Signature/Principal

* _____
Date

Please submit all Pre-Qualification Forms to:

Dr. David Nixon

Deputy Superintendent

Anderson School District No. 3

PO Box 118

Iva, SC 29655

DO NOT FILL OUT - OWNER USE ONLY

The Contractor is:

- Acceptable for Approved Contractor List
- Conditionally Acceptable for Approved Contractor List

Conditions:

Date Contractor Notified _____

Approved By: _____ Date: _____

Reviewer: _____ Date: _____

Reviewer: _____ Date: _____