



**THE JESUIT UNIVERSITY IN CLEVELAND
CONTRACTOR VENDOR PREQUALIFICATION FORM**

Thank you for your interest in John Carroll University. In order to develop a more complete knowledge of your Company and better match future Company opportunities to your Company's capabilities please complete this form and **return to:**

JOHN CARROLL UNIVERSITY

20700 NORTH PARK BLVD

UNIVERSITY HTS , OHIO 44118

Attention: FACILITIES DEPARTMENT; MARTINA FRONCZEK

Phone: 216-397-4313

Fax: 216-397-4675

Date _____ of _____
Response: _____

Name _____ of _____
Company: _____
Street Address: _____

(city) (state) (zip)

Mailing Address: _____

(city) (state) (zip)

Phone: _____ Fax: _____

Contact _____ Phone _____ Cell Phone: _____ E-mail: _____
: _____ : _____

Contact _____ Phone _____ Cell Phone: _____ E-mail: _____
: _____ : _____

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Contact _____ Phone _____ Cell Phone: _____ E-mail: _____

Website: _____

Is your Company:

MBE WBE DBE MBE/WBE/DBE Certified by: _____

Please attach copies of all certifications.

Is this address the: Main Office Regional Office Branch Office

Name of Parent Company: _____

Address of Parent Company: _____

Trades

Please fill-in the trade(s) that your Company is interested in providing services

Year Company Started: _____

Type of Company: Corp. Partnership Proprietorship Sub. S. Corp.

State of Incorporation: _____ Date of Incorporation: _____

Contractor's License Number: _____ State: _____ Expiration: _____ (Attach list if needed)

State Sales Tax Registration Number: _____ (attach list as needed)

State Unemployment Insurance Number: _____ (attach list as needed)

Federal ID Number _____

List the corporate officers, partners, proprietors, members and shareholders of more than 5% of the stock of your Company:

	<u>Name</u>	<u>Year of Birth</u>	<u>Position</u>	<u>Percent Owned</u>
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____
E.	_____	_____	_____	_____

Under what other names has your Company operated? _____

How many people does your Company presently

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employ:

Home Office _____ Field Supervisory _____ Trades people _____

How many people did your Company employ on average for the last 3 years?

Home Office _____ Field Supervisory _____ Trades people _____

Has your Company or any of its principals ever petitioned for bankruptcy, failed in business, defaulted or been terminated on a contract awarded to you? _____ Yes _____ No

If yes, please _____

Have any of the Owners, officers or major stockholders of your Company ever been indicted or convicted of any felony or other criminal conduct? _____ Yes _____ No

If yes, please explain: _____

Has your Company ever been disbarred or otherwise precluded from pursuing public work or ever been found to be non-responsive by a public agency? _____ Yes _____ No

If yes, please explain: _____

Has your Company ever had a claim made against it for improper, delayed, defective or non-compliant work or failure to meet warranty obligations? _____ Yes _____ No

If yes, please explain: _____

Is your Company or any of its owners, officers or major shareholders currently involved in any arbitration or litigation? _____ Yes _____ No

If yes, please _____

Does your Company have any outstanding judgements or claims against it? _____ Yes _____ No

If yes, please explain: _____

Please list any litigation brought against your Company in the past five (5) years asserting that you failed to make payments to anyone. _____

List the geographical areas in which you work : _____

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Indicate the size of project you are most competitive in performing (enter 1). Show in preference order (2,3,...) other size projects you are capable of performing:

Under \$100,000	_____	\$3,000,000 - \$6,000,000	_____
\$100,000 - \$200,000	_____	\$6,000,000 - \$9,000,000	_____
\$200,000 - \$500,000	_____	\$10,000,000 - \$15,000,000	_____
\$500,000 - \$1,000,000	_____	Over \$15,000,000	_____
\$1,000,000 - \$3,000,000	_____		_____

Check all building types on which your Company has worked:

A. High rise Office Building	_____	F. Sports/Entertainment	_____
B. Mid rise Office Building	_____	G. Industrial Bldg.	_____
C. Hotels/Motels	_____	H. High Tech/Laboratories	_____
D. Hospital	_____	I. Correctional Facilities	_____
E. Residential	_____	J. Design Build/Design Assist	_____

List the trades you normally perform with your own forces:

What percentage of the Company's work is normally subcontracted? _____ %

What trades do you normally subcontract?

What is the largest contract your Company has completed?

Amount: \$ _____ Year: _____ Project name and scope: _____

What is the largest dollar volume job you expect to do during this year?

Amount: \$ _____ Project name and scope: _____

What is your expected annual volume this year: \$ _____ # of Projects _____

What was the average annual volume of work performed over the past 5 years:

Yr./Vol.	_____	Yr./Vol.	_____	Yr./Vol.	_____
Yr./Vol.	_____	Yr./Vol.	_____		

MBE/WBE Participation in work which you subcontract (average participation for last 3 years)	MBE	_____ %	WBE	_____ %
Minority/Female workforce participation (average percentage utilization for last 3 years)	MIN	_____ %	FEM	_____ %

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Attach a list of current major projects giving name of project, address, owner, architect, general contractor, contract amount, scope of work and scheduled completion. (Include contact people and phone numbers)

Attach a list of completed major projects giving name of project, address, owner, architect, general contractor, contract amount and scope of work. (Include contact people and phone numbers)

Attach a copy of your latest audited financial statement. (Your financial statement is strictly for John Carroll University Facility Department use and will be treated confidentially).

If the attached financial statement is not for the identical Company named above, explain the relationship and financial responsibility of the Company whose financial statement is provided: _____

Name of your Bank: _____
 Address: _____
 Phone: _____ Contact Person: _____

Amount of line of \$ _____ Amount Available: \$ _____ Expiration date: _____
 credit: _____

UCC Filing? ___ Yes ___ No ___ How is credit secured: _____

What is Company's Dunn & Bradstreet Number: _____
 D&B Rating: _____ Pay Record: _____ Date of Rating: _____
 Remarks: _____

Bonding Company: _____
 A. Name of Surety _____ Key Contact Person/Phone _____

B. Bonding Capacity: Per \$ _____ Aggregate: \$ _____
 Job _____

Date of Last Bond _____ Amount: \$ _____
 Bond Rate _____ %

C. Please list the persons or entities who provide indemnification to your Surety: _____

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List three of your major suppliers:

A. Name: _____
 Address: _____ Telephone: _____
 Contact _____
 :

B. Name: _____
 Address: _____ Telephone: _____
 Contact _____
 :

C. Name: _____
 Address: _____ Telephone: _____
 Contact _____
 :

List three contractors that you do business with:

A. Name: _____
 Address: _____ Telephone: _____
 Contact _____
 :

B. Name: _____
 Address: _____ Telephone: _____
 Contact _____
 :

C. Name: _____
 Address: _____ Telephone: _____
 Contact _____
 :

Trade Association Memberships: _____

List local or national accredited training programs in which you participate (craft or management training): _____

List key office personnel and field supervisors (attach resumes):

	<u>Name</u>	<u>Position</u>	<u>Year of Birth</u>	<u>Years Experience</u>	<u>Previous Employer</u>
A.	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____
D.	_____	_____	_____	_____	_____
E.	_____	_____	_____	_____	_____

List any subsidiaries and affiliates of your Company:

	<u>Company Name</u>	<u>Ownership</u>	<u>Type of Company</u>
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____

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General Remarks: _____

We have attempted to answer all questions in a full and complete manner to assure that our answers are not in any respect misleading, either by expressing ourselves in a misleading or ambiguous manner or omitting information. We recognize that Turner will be relying on the accuracy of the information and our responses in this questionnaire in deciding whether to permit us to bid and in awarding work to our Company.

Dated at _____ this _____ day of Two Thousand _____ ()
and _____

Name _____ of _____
Company: _____
Completed by: _____ (must be an officer of the
Company)

Title: _____

Title: _____

_____ being duly sworn, deposes and says that the information provided
herein
is true and sufficiently complete so as to not be
misleading.

Subscribed and sworn before me _____ Day of _____, 2
this _____

Notary Public: _____
My commission Expires: _____

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Safety Prequalification Form

1. Please list your Company's Workers' Compensation Interstate/Intrastate Experience Modification Rate for the most recent three years. (Attach a copy of your insurance carrier or state fund (on their letterhead) verifying the EMR data.

Interstate (Yr./Rate)

List 3-year EMR rating:

_____/_____/_____

Intrastate (Yr./Rate/Name state(s) with abbreviations next to modification rate)

_____/_____/_____	_____/_____/_____	_____/_____/_____
_____/_____/_____	_____/_____/_____	_____/_____/_____
_____/_____/_____	_____/_____/_____	_____/_____/_____
_____/_____/_____	_____/_____/_____	_____/_____/_____

2. Please use the three most recent years's OSHA No. 300/200 Log to fill in the number of cases for each of the following categories: (attach a copy of your last three years of OSHA 300/200 logs.)

	Year	_____	_____	_____
A.	Number of fatalities (Total Columns 1 & 8)	_____	_____	_____
B.	Number of lost and restricted workday cases (Total Columns 2 & 9)	_____	_____	_____
C.	Number of medical treatment cases (Total Columns 6 & 13)	_____	_____	_____
D.	Number of lost workday cases (Total Columns 3 & 10)	_____	_____	_____
	Employee Hours Worked	_____	_____	_____
	OSHA Recordable Incidence Rate	_____	_____	_____
	OSHA Lost Workday Incidence Rate	_____	_____	_____

Note: --Items in parenthesis come from your OSHA 200 Log
 --Recordable Incidence Rate = [(A+B+C) x 200,000/Employee Hours Worked]
 --Lost Workday Incidence Rate = [(D) x 200,000/Employee Hours Worked]
 --Employee Hours Worked = total number of hours worked during the year by all employees

3. How many OSHA violation(s) has your Company received in the last three years?

(Yr. = # violations)

_____ = _____ _____ = _____ _____ = _____

Any willful OSHA violations: _____ Yes _____ No

Please give a brief description of the violation(s); use additional paper if necessary

Any employee deaths in the past 3 years? _____ Yes _____ No

If yes, please give a brief description of the circumstances: _____

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4. Do you have a qualified person responsible for safety within your Company: Yes No
 Please describe his/her qualifications: _____

5. Does this person do safety inspections on all of your projects: Yes No Frequency _____

6. Do you have a written Company Safety Policy and Program and will you provide copies if requested: Yes No

7. Does your Company have a substance abuse policy: Yes No
 If Yes, please check which are included in the policy:
 Pre-hire/Initial Employment
 Cause
 Post Accident/Incident
 Random
 Periodic

8. Do you have a return to work/light duty program? Yes No
 If yes, please describe: _____

9. Have you ever implemented 100% fall protection Yes No
 If requested can you provide us with a site-specific program addressing the fall hazards in your work? Yes No

10. Do you require documented safety meetings for your employees? Indicate which, and how often.
 Field Supervisors: Yes No Frequency _____
 New Hires: Yes No Frequency _____
 Employees: Yes No Frequency _____
 SUBCONTRACTOR/VENDORS: Yes No Frequency _____

11. Does your Company provide safety training for all employees: Yes No

If yes, please list training provided.

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12. Do you have home office representatives (not directly involved in the project) who will visit and audit the project for safety:
 Yes No Frequency _____

13. Does your Company set annual safety goals? Yes No
 If yes, please list training provided.

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

15. Does your Company have a disciplinary program in place for safety violations? Yes No

16. Does your Company review the safety management systems of your sub-subcontractors? Yes No

17. Does your Company conduct accident/incident investigations? Yes No

18. List all supervisory employees who have completed an OSHA 30 Hour Training Program.

Employee Name	OSHA 30 Hour Date of Certification
---------------	--

The undersigned warrants and represents the data provided is accurate in all respects.

Name of Company: _____
 Prepared By: _____
 Signature: _____
 Title: _____
 Date: _____

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- 1. Limits \$ _____
- 2. E.L. Each Accident \$ _____
- 3. E.L. Disease-Policy Limit \$ _____
- 4. E.L. Disease-Each Employee \$ _____

D. Automobile Liability

Insurance Carrier:

- | | Current
\$ _____ | Max Obtainable
\$ _____ |
|---------------------------------|---------------------|----------------------------|
| 1. Combined Single Limit | \$ _____ | \$ _____ |
| 2. Bodily Injury (per person) | \$ _____ | \$ _____ |
| 3. Bodily Injury (per accident) | \$ _____ | \$ _____ |
| 4. Property Damage | \$ _____ | \$ _____ |

E. Professional Liability Insurance

Insurance Carrier:

- 1. Office Policy Limit: \$ _____ Deductible: \$ _____

- 2. Project Specific Limit \$ _____ Extended Reporting Period (tail) _____ yrs.
 Proir Acts: Yes _____ No _____