The information you provide on this form will be treated as confidential and will not be released to any other organization. Please answer all questions as completely as possible by using additional pages and attachments if necessary.

Please complete to the best of your ability and email to representative shown in email.

**A. Organization**

1. General Company / Organization Information**:**

Company Name: Contact:

Address 1: Phone:

Address 2: Fax:

City, State Postal Code: Email:

Country:

2. How long has the organization been in business under the above name?

3. Is the organization a corporation, a partnership, or a sole proprietorship?

Corporation Partnership Sole Proprietorship

Is the organization a subsidiary? Does the organization have subsidiaries? Are any subsidiaries going to be utilized for the project execution? Please name and describe:

4. Is the organization licensed and/or authorized to do business in the state(s) where the project is located (or where work is to be completed)?

Yes No

5. Is the organization pre-qualified with ADOT?

Yes No

6. Has the organization worked with Pulice Construction, Inc., FNF Construction, Inc., and/or Flatiron Constructors, Inc. in the past?

Yes No If yes, which project(s)?

7. Is the organization presently (or within the past 5 years) operating under a trade name, D.B.A. (doing business as), or AKA (also known as)?

Yes No Specify additional operation name(s) here:

8. Is the organization now in full compliance with current applicable Federal and/or State EEO laws and Executive Orders (please see <http://www.eeoc.gov/>)? **If no, explain on a separate sheet.**

Yes No

9. Is the organization presently, or has it ever been certified as a Disadvantaged Business Enterprise (DBE) or Historically Underutilized Business (HUB)?  No  Yes, please complete the following:

Certification: SBE DBE MBE WBE HUB Other:

Certifying Agency: Expiration Date of Certification:

10. **Please include as an attachment** a detailed list of the types of work in which the organization is routinely engaged and/or can perform.

**B. Financial Status**

1. Please attach a copy of the organization’s latest **three years** of audited or reviewed financial statements including Income Statement, Balance Sheet, Statement of Cash Flows and any auditor notes or comments.

2. In the event the successful organization is a subsidiary of another company, we may require a full performance guarantee from the parent or holding company for work performed by the successful bidder. Please provide, if applicable, the name and address of the parent or holding company that will provide such performance guarantee.

Name: Address:

3. What is your organization’s bonding capacity?

4. Bonding Company Name:

(Bonding assistance information is available upon request)

**C. Quality Assurance**

1. Does the organization’s Quality Control/Quality Assurance Plan comply with:

ISO 9000 Standards DOT Specifications Other **If no, explain**

**D. Health, Safety, and Environmental (HSE)**

1. Safety Rates: Provide the information in the table below for the last three consecutive calendar years as pertaining to United States Occupational Safety & Health Administration regulatory requirements. (see [www.osha.gov](http://www.osha.gov) for details)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **2018** | | **2019** | | **2020** | |
| **Exposure Hours** |  | |  | |  | |
| **Recordable Injuries**  **OSHA’s Form 300, Column J Total = Recordable Injuries**  **(Column J Total x 200,000)/Exposure Hours = TCIR** | Recordable Injuries | TCIR | Recordable Injuries | TCIR | Recordable Injuries | TCIR |
|  |  |  |  |  |  |
| **Days Away & Restricted Injuries**  **OSHA’s Form 300, Columns H + I Total = DART Injuries**  **(Columns H + I Total x 200,000)/Exposure Hours = DART** | DART Injuries | DART | DART Injuries | DART | DART Injuries | DART |
|  |  |  |  |  |  |
| **Fatalities**  **OSHA’s Form 300, Column G Total = Fatalities**  **(Column G Total x 200,000)/Exposure Hours = Fatality Rate** | Fatalities | Fatality Rate | Fatalities | Fatality Rate | Fatalities | Fatality Rate |
|  |  |  |  |  |  |
| **Insurance Rate (EMR, WCB, etc.)**  **As evidenced in your Annual Worker’s Compensation Insurance Letter** | Rate | | Rate | | Rate | |
|  | |  | |  | |

1. **Attachments required** with Confidential Subcontractor Pre-Qualification Questionnaire submittal:
   1. Copies of Annual Worker’s Compensation Insurance Letter for the last three consecutive calendar years.
   2. Copies of OSHA 300 Logs for the last three consecutive calendar years.
   3. Copies of safety or environmental citations, notices of violation, or other governmental regulatory agencies relating to HSE for the last three consecutive calendar years.
   4. HSE Program, including, but not limited to: the prequalification of subcontractors based on HSE criteria, pre-task planning, audits and inspections, sustainability, new employee HSE orientation, and supervisor HSE training
2. Is HSE data communicated to the President/CEO of your company on a quarterly basis? Yes No Other:
3. Are individual HSE incidents and associated costs recorded for your company on a quarterly basis? Yes No Other:
4. Do you conduct monthly focused HSE meetings for supervision? Yes No
5. Do you conduct weekly focused HSE meetings for employees? Yes No

**E. Subcontractor Insurance Requirements**

1. We require subcontractors to carry insurance coverage, per the following minimum limits:

|  |  |
| --- | --- |
| **Coverage** | **Limits** |
| Worker’s Compensation (work state) | USD 1,000,000 per Accident and for Bodily Injury by Disease, USD 1,000,000 per Employee |
| Commercial General Liability Insurance | * USD $1,000,000 each occurrence for bodily injury and property damage combined; * USD $1,000,000 personal and advertising injury any one person; * USD $2,000,000 annual general aggregate; * USD $2,000,000 products-complete operations aggregate maintained for a minimum of three (3) years following completion of Contractor’s services. |
| Automobile Liability (any auto, owner, hired, non-owned) | Combined Single Limit of liability for bodily injury and property damage USD $1,000,000 per Occurrence |
| Commercial Umbrella / Excess Liability | \*USD $5,000,000. |

**\*Requirement may change depending on scope of work.**

Please check the appropriate box:

The organization currently has in effect sufficient insurance to satisfy these requirements.

The organization does not currently have in effect sufficient insurance to satisfy these requirements, but agrees to meet these requirements in the event the organization meets all other qualifications required to perform work.

2. Has the coverage indicated on the organization’s present certificate of insurance been reduced by prior claims?

Yes No

3. Present Insurance Carrier: Telephone:

**F. Organization Qualification Signature**

The Information presented here is accurate and complete to the best of my knowledge. Permission is hereby granted to Pulice-FNF-Flatiron Joint Venture, its employees or agents, to make confidential inquiries regarding the information herein provided. *We may require additional information at a later date.*

Applicant Organization:

Printed Name of Person Signing:

Signature of Person Signing: Date:

Title: Telephone: