



Cathcart Contracting Company

SUBCONTRACTOR PREQUALIFICATION

Date: _____

1. GENERAL INFORMATION

- a. SOLE PROPRIETORSHIP PARTNERSHIP
 CORPORATION SUB-S CORP.

Name of Firm

Address Year Organization Began Operation

City / State / Zip Area Code – Phone Fax Number
Number

b. Corporate Officers – (Please submit resumes)

Name	Position	Yrs. With Firm In this Position	% of Ownership

c. Type of work your firm specializes in: _____

d. List the geographic areas (States) where your firm is licensed to do business. _____

e. State License # _____
Attach copy of current license.

f. Name and Telephone Number Of Estimating Contact: Name: _____ Telephone : _____

Email address: _____

g. President or Local Manager: Name: _____ Telephone : _____

E-mail: _____

2. DIVERSITY

- a. Certified Minority Business Enterprise? YES NO

Date / City and State of certification: _____

Minority Owned: _____ **Veteran Owned:** _____ **Other:** _____

3. BONDING INFORMATION

a. Name of Bonding Company : _____

b. Name, Address and Telephone Number of Bond Agent:

Name Bond Rate: _____
Address Telephone No. _____

c. Largest Bonded Job: Bonding Capacity: Single: \$ _____ Estimated Unused
Aggregate: \$ _____ Bonding Capacity: _____

d. Largest annual volume at any one time: _____ Year _____



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e. Provide letter, signed by bonding company representative, stating bonding eligibility, bonding limits (single and aggregate) and estimated unused capacity.

4. HISTORY / JOB EXPERIENCE

- a. Average Annual Volume _____
- b. Largest Project Completed _____
- c. Current Backlog _____
- d. Work Now Under Contract _____

Please provide resumes of individuals in Senior Leadership as well as Supervisors that may work on a project with Cathcart.

e. Do you offer prompt payment discounts? Yes No If so, please explain the terms _____

5. PROJECT REFERENCES

List below three (3) largest jobs compiled in the past three (3) years; including person to contact and phone no. (please attach more if desired):

A.

Job Name	Owner to Contact	Telephone No.
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Amount of Contract	Work Performed
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B.

Job Name	Owner to Contact	Telephone No.
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Amount of Contract	Work Performed
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C.

Job Name	Owner to Contact	Telephone No.
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Amount of Contract	Work Performed
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6. INSURANCE INFORMATION

a. Experience Modification Rate (EMR): _____

b. Insurance Company Agency (G/L & Workers Compensation)

Name/Contact	Address (include zip code)	Telephone No.
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Provide a copy of your insurance certificate.

7. Please provide a copy of your W9 form.

8. Has your company ever been debarred from work with a government agency? YES NO

If yes, please explain: _____



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The undersigned hereby represents that the statements, declarations, and answers contained in the foregoing survey are true and correct, and further agrees that any material omission of fact, misstatement, misrepresentation or fraud in the completion of this survey shall serve as grounds for the cancellation of any subcontract that may be awarded to the undersigned by Cathcart Contracting Company.

Cathcart Contracting Company is hereby authorized to investigate the references listed pertaining to performance and financial responsibility.

Signed this _____ day of _____, 20_____

Please return this form to:

Cathcart Contracting Company
 ATTN: Amy Pennock- Controller
 1056 Willa Springs Drive
 Winter Springs, FL 32708
 Phone (407) 629-2900
 Fax (407) 677-4212

 Name of Company

By: _____

Title: _____

	2006	2007	2008
1. TOTAL INCIDENT RATE (TIR) AND LOST WORKDAY INCIDENT RATE (LWDIR):	_____	_____	_____
A. Number of employee hours worked in the year	_____	_____	_____
B. Number of Lost Workday cases including restricted days (not number of days). (<i>OSHA Form 300 columns H & I</i>).	_____	_____	_____
C. Number of OSHA recordable cases (<i>OSHA Form 300 columns J and M</i>)	_____	_____	_____
D. Number of fatalities (<i>OSHA Form 300 column G</i>)	_____	_____	_____
E. Total number of recordable cases (Lines B+C+D)	_____	_____	_____
F. Calculate your TIR by using the following formula: <u>Total of Line E (above) x 200,000</u> Manhours worked (Line A)	_____	_____	_____
F. Calculate your LWDIR by using the following formula: <u>Total of Line B (above) x 200,000</u> Manhours worked (Line A)	_____	_____	_____
2. WORKER'S COMPENSATION EXPERIENCE MODIFICATION RATE (EMR):	_____	_____	_____

PROVIDE A STATEMENT FROM YOUR INSURANCE BROKER REGARDING YOUR EMR FOR THE PAST THREE (3) YEARS, ALONG WITH THE CURRENT MODIFIER RATE.



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3. Have you received any OSHA or state citations in the past three years? Explain.

No _____ Yes _____
 No _____ Yes _____

4. Do you have a written Safety Program?

5. Identify the person (name and title) within your company directly responsible for the Safety Program management.

6. Do you hold Employee "Toolbox" meetings? If Yes, how often?

Weekly _____ Biweekly _____ Monthly _____
 Less often, as needed _____

No _____ Yes _____

7. Do you conduct and document project safety inspections? If Yes, who conducts these inspections (title)? How often?

No _____ Yes _____

8. How are accident records and accident summaries kept?

- A. Accidents totaled for the entire company?
- B. Accidents totaled by project?
- C. Subtotaled by superintendent?
- D. Subtotaled by foreman?
- E. Costs of individual accidents?

No	Yes	Monthly	Annually
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. Do you require the OSHA 10-hour course for all supervisors?

No _____ Yes _____

10. Do you have an orientation program for new-hires?
 If Yes, does it include instruction on the following?

No _____ Yes _____

- | | No | Yes |
|--------------------------------|-------|-------|
| A. Head Protection | _____ | _____ |
| B. Eye Protection | _____ | _____ |
| C. Hearing Protection | _____ | _____ |
| D. Respiratory Protection | _____ | _____ |
| E. Safety Harness and Lifeline | _____ | _____ |
| F. Scaffolding | _____ | _____ |
| G. Perimeter Guarding | _____ | _____ |
| H. Housekeeping | _____ | _____ |

- | | No | Yes |
|------------------------------------|-------|-------|
| I. Fire Protection | _____ | _____ |
| J. First Aid Facilities | _____ | _____ |
| K. Emergency Procedures | _____ | _____ |
| L. Hazard Communication | _____ | _____ |
| M. Trenching and Excavation | _____ | _____ |
| N. Signs, barricades, and flagging | _____ | _____ |
| O. Electrical Safety | _____ | _____ |
| P. Rigging and Crane Safety | _____ | _____ |

11. Do you have a written hazard communication program?

No _____ Yes _____

12. Do you have a written drug free program?

No _____ Yes _____

13. Identify the person (name and title) within your company who is directly responsible for the drug program management.

14. Comment on any other areas of your company's safety program and policies that you feel will be appropriate in our evaluation.

Note: If you intend to subcontract any work to others, we must have this form completed for each lower-tiered subcontractor.