

CONTRACTOR PRE-QUALIFICATION

Instructions to Contractors:

Please complete this contractor pre-qualification form and return via email either as a scanned image or a PDF document. A facsimile signature is acceptable. (It is not necessary to resubmit this document if you have already completed this form within the past year.)

This is an Adobe Acrobat document. Should you have difficulties writing to this document, first be sure that you have the most updated Adobe program. To download the newest version, please go to www.adobe.com. If the form is being viewed as a PDF/A, you will need to change the viewing mode.

1. Under the Edit tab, choose Preferences. Then select Documents.
2. Choose an option for View Documents in PDF/A Mode: Never, or Only for PDF/A Documents. You should choose "Never" to fill out this form and you can then change the preference setting again once you are complete.

Please fill out this form completely and in its entirety. If a question does not apply to you, do not leave it blank. Circle yes or no or in the case of a blank, type "Not Applicable" (or N/A). Incomplete forms will not be considered or processed and will be returned to you for completion.

Completed qualification forms will be evaluated by Tarlton to establish a list of contractors that are pre-qualified to bid and work.

Resubmission of this form with more current information may be required at a later date.

Any additional information you deem useful for evaluation of your firm's capabilities may be attached.

Submit completed forms to prequal@tarltoncorp.com. If email is unavailable, please mail form to:

Tarlton Corporation
Attn: Contractor Prequalification
5500 West Park Avenue
St. Louis, MO 63110

Privacy Statement:

Pre-qualification information will be held in the strictest confidence and will be used only by the Tarlton Purchasing Group for future projects. The confidential information will be used to determine the ability of the contractor to perform work and for no other purpose.

CONTRACTOR PREQUALIFICATION

GENERAL INFORMATION:	
Firm Name:	President:
Address: Contact:	Contact Phone #:
Contact Email:	Fax:
Federal ID #:	Years Performing Work Specialty:
Former Company name (if any):	
Remittance Address (if different from above)	
BANK / BONDING INFORMATION:	
Bank References:	Bonding:
Bank Name:	Bonding Company:
Bank Contact:	Bonding Agent:
Bank Address:	Bonding Agent Address:
Phone #:	Bonding Agent Contact:
Bonding Agent Phone #:	Bonding Co. Best Rating:
FINANCIALS:	
<u>Please attach a copy of the firm's most recent fiscal year-end financial statements and your current financial statements. This information will be kept strictly confidential.</u>	
Equity / Sales:	Bonding Values:
Current Stock Holders Equity: \$	Total Bonding Capacity: \$
Sales Last Year: \$	Work Currently Bonded: \$

CONTRACTOR PREQUALIFICATION

EEO AND LEGAL:

Is firm in compliance with all EEO requirements?	Y	N
If answer is yes to any of the 4 following questions, please describe in full detail on a separate sheet.		
Has the firm ever failed to complete a contract?	Y	N
Are there any claims against the firm?	Y	N
Has the firm ever been involved in bankruptcy or re-organization?	Y	N
Are there any pending judgments against the firm?	Y	N

MINORITY STATUS

Does your firm qualify as a minority enterprise as noted below?	Y	N		
If answer is yes, please check which types apply:	MBE	SBE	WBE	DBE
MBE – Certified Minority Business Enterprise	SBE – Small Business Enterprise			
WBE – Certified Women’s Business Enterprise	DBE – Disadvantage Business Enterprise			
Please attach a copy of MBE, SBE, WBE, or DBE Business Certification, if applicable.				

INSURANCE: (“CLAIMS-MADE” GENERAL LIABILITY IS UNACCEPTABLE)

Please submit a current sample Certificate of Insurance showing Coverage and Limits for General Liability, Automobile Liability, Excess Umbrella Liability, Worker’s Compensation, Professional Liability (if any), Pollution (if any). (Return a copy with this form).

Agent: Contact	Name:
Contact Phone:	Contact Email:

SAFETY:

Experience Modification Rate (EMR)

List your company’s EMR for the current and previous two years:

Current:	Last Year:	Prior Year:
----------	------------	-------------

PLEASE ATTACH A LETTER FROM YOUR INSURANCE AGENT VERIFYING YOUR CURRENT EMR.
 (Return a copy with this form)

OSHA Injury/Illness Incident Rates

Have you received any OSHA (either State or Federal) citations in the last 3 years?	Y	N
If yes, please explain (attach separate sheet if necessary along with pending citations).		

CONTRACTOR PREQUALIFICATION

SAFETY POLICIES AND RESPONSIBILITIES:

SAFETY PROGRAMS

Does your company have a written Corporate Health and Safety Program? Y N

Does your program include Safety Orientation for Hires? Y N

Does your firm have a Drug Testing Program? Y N

Does your company have a person responsible for compliance
 with safety regulations and requirements? Y N

If yes, please list name and position:

Who will be responsible for employee safety on site?

UNION:

Is your company Union? Y N

PAST PROJECT HISTORY:

List Four (4) or More Most Significant Projects Completed Within the Last Five (5) Years:

Project & Location	Owner	Architect	Contract With	Contract Amount	Type of Work	Dated Completed/ Forecast Completion	Reference Contact & Phone #

PLEASE ATTACH ADDITIONAL SHEET IF NECESSARY

