



Thank you for your interest in Environmental Design & Construction, LLC. In order to develop a more complete knowledge of your Company and better match future EDC opportunities to your Company's capabilities please complete this form and return to:

Environmental Design & Construction, LLC  
1108 Good Hope Road, SE  
Washington, DC 20020-6906  
Attention: Purchasing Department  
Phone: 202.266.5200  
Fax: 202.610.3151

Date of Response: \_\_\_\_\_

**SUBCONTRACTOR/VENDOR PREQUALIFICATION STATEMENT**

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: \_\_\_\_\_

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 bidding*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Year Company Started: \_\_\_\_\_ Type of Company:  LLC  Partnership  Proprietorship  Sub. S. Corp.

State of Incorporation: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_

**SUBCONTRACTOR/VENDOR PREQUALIFICATION QUESTIONNAIRE (continued)**

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 employ:  
 Home Office \_\_\_\_\_ Field Supervisory \_\_\_\_\_ Tradespeople \_\_\_\_\_

How many people did your Company employ on average for the last 3 years?  
 Home Office \_\_\_\_\_ Field Supervisory \_\_\_\_\_ Tradespeople \_\_\_\_\_

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 explain: \_\_\_\_\_

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 or any Owners, officers or major stockholders ever been suspended, 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 explain: \_\_\_\_\_

Does your Company have any outstanding judgements or claims against it? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, please explain: \_\_\_\_\_

**SUBCONTRACTOR/VENDOR PREQUALIFICATION QUESTIONNAIRE (continued)**

Has your company or any of its owners, officers or major stock holders been investigated for or charged with alleged labor law violations including alleged violations of the Immigration Control and Reform Act; state or local laws regarding employment of immigrants; prevailing wage laws; wage and hour laws or other federal, state or local labor laws? 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 : \_\_\_\_\_  
 \_\_\_\_\_

List Unions which you have agreements with: None

Local Number	Union Name	Agreement Expiration
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 \_\_\_\_\_

**SUBCONTRACTOR/VENDOR PREQUALIFICATION QUESTIONNAIRE (continued)**

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 \_\_\_\_\_ %

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 EDC Purchasing Dept 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 credit: \_\_\_\_\_ Amount Available: \_\_\_\_\_ Expiration date: \_\_\_\_\_

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 Job \$ \_\_\_\_\_ Aggregate: \_\_\_\_\_  
 Date of Last Bond \_\_\_\_\_ Amount: \_\_\_\_\_  
 Bond Rate \_\_\_\_\_

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

**SUBCONTRACTOR/VENDOR PREQUALIFICATION QUESTIONNAIRE (continued)**

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.	_____	_____	_____

General Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SUBCONTRACTOR/VENDOR PREQUALIFICATION QUESTIONNAIRE (continued)**

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 EDC 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 this \_\_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_\_

Notary Public: \_\_\_\_\_

My commission Expires: \_\_\_\_\_

**Exhibit A**  
**SUBCONTRACTOR Pre-Qualification Form**  
**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)

\_\_\_\_\_

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

/ /	/ /	/ /
/ /	/ /	/ /
/ /	/ /	/ /
/ /	/ /	/ /

Note: Subcontractor's must have a current EMR less than or equal to 1.0 to qualify for EDC Construction's Bid List. Should your EMR exceed 1.0, the Contractor must demonstrate and document that it has or will initiate programs, policies, and attitudes which will result in a safety conscious performance in order to be included on EDC's Approved Contractor List. In this case it is the sole discretion of EDC to approve or disapprove a SUBCONTRACTOR.

2. Please use the three most recent year'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.)

	2010	2009	2008
Year			
No. of fatalities (Column G from 300) or (Columns 1 + 8 from 200)			
No. of lost & restricted workday cases (Column H + I) or (Columns 2 + 9)			
No. of medical treatment cases (Column J) or (Columns 6 + 13)			
No. of lost workday cases (Column H) or (Columns 3 + 10)			
Employee Hours Worked			
OSHA Recordable Incidence Rate			
OSHA Lost Workday Incidence Rate			

Note: --Items in parenthesis come from your OSHA 300/200 Log  
--Recordable Incidence Rate = [G, H, I, & J] or [1,2,6,8,9,13] x 200,000 / Employee Hours Worked  
--Lost Workday Incidence Rate = [H] or [3 + 10] 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)

2010 = \_\_\_\_\_ 2009 = \_\_\_\_\_ 2008 = \_\_\_\_\_

Any willful OSHA violations: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Safety Prequalification Form (Continued)

Any employee deaths in the past 3 years?  Yes  No

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

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. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(EDC will require that at least one full time on-site person must have completed the 30 hour OSHA training)**

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 \_\_\_\_\_



## Safety Prequalification Form (Continued)

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

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

Name of Company: \_\_\_\_\_  
 Prepared By: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date \_\_\_\_\_

**Exhibit B**  
**ENVIRONMENTAL DESIGN & CONSTRUCTION, LLC**  
**Subcontractor Prequalification**  
**Insurance Questionnaire**

Agent/Broker: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**A. Commercial General Liability**

Insurance Carrier:

1. Policy Form \_\_\_\_\_ Policy Number \_\_\_\_\_ Policy Period From \_\_\_\_\_ to \_\_\_\_\_ Occurrence Based \_\_\_\_\_  
 Claims Made \_\_\_\_\_
2. Any exclusion from Standard CGL Policy? (Y/N) \_\_\_\_\_
3. Limits:
 

	Current	Max Obtainable
General Aggregate	\$ _____	\$ _____
Products-Comp/Op Agg.	\$ _____	\$ _____
Personal/Adv. Injury	\$ _____	\$ _____
Each Occurrence	\$ _____	\$ _____
Fire Damage (any one fire)	\$ _____	\$ _____
Med. Exp (any one person)	\$ _____	\$ _____
4. Deductible: \$ \_\_\_\_\_
5. Per Project limits Yes \_\_\_\_\_ No \_\_\_\_\_

**B. Excess Liability**

Insurance Carrier:

1. Policy Form \_\_\_\_\_ Policy Number \_\_\_\_\_ Policy Period From \_\_\_\_\_ To \_\_\_\_\_ Occurrence Based \_\_\_\_\_  
 Claims Made \_\_\_\_\_
2. Umbrella \_\_\_\_\_  
 Or Excess: \_\_\_\_\_
3. Each Occurrence
 

	Current	Max Obtainable
Each Occurrence	\$ _____	\$ _____
Aggregate:	\$ _____	\$ _____

**C. Worker's Compensation and Employer's Liability**

Insurance Carrier:

1. Policy Form \_\_\_\_\_ Policy Number \_\_\_\_\_ Policy Period From \_\_\_\_\_ To \_\_\_\_\_
2. Limits \_\_\_\_\_
3. E.L. Each Accident \_\_\_\_\_
4. E.L. Disease-Policy Limit \_\_\_\_\_
5. E.L. Disease-Each Employee \_\_\_\_\_

## Insurance Questionnaire

### D. Automobile Liability

Insurance Carrier:

	Policy Form	Policy Number	From	Policy Period To
			Current	Max Obtainable
2.	Combined Single Limit		\$ _____	\$ _____
3.	Bodily Injury (per person)		\$ _____	\$ _____
4.	Bodily Injury (per accident)		\$ _____	\$ _____
5.	Property Damage		\$ _____	\$ _____

### E. Professional Liability Insurance

Insurance Carrier:

	Policy Form	Policy Number	From	Policy Period To
2.	Office Policy Limit:	_____	Deductible:	_____
3.	Project Specific Limit available:	\$ _____	Extended Reporting Period (tail)	_____ yrs.
			Prior Acts:	Yes _____ No _____

**F. Submit Rate Pages for Worker's compensation, Commercial General Liability and Umbrella Insurance for current policy year.**