





CONSTRUCTION

List Trade (major suppliers / tier-subcontractors) references, including contact name that we may call.

TRADE REFERENCES		
MAJOR SUPPLIER / TIER SUB	CONTACT NAME	CONTACT'S PHONE / EMAIL

List Owner and/or General Contractor references, including contact name whom we may call.

OWNER   GENERAL CONTRACTOR REFERENCES		
OWNER / GENERAL CONTRACTOR	CONTACT NAME	CONTACT'S PHONE / EMAIL

List current, ongoing projects with approximate contract amount and anticipated completion date (Attach a separate sheet as needed)

WORK IN PROGRESS SCHEDULE			
PROJECT	CONTRACT AMOUNT	PROJECTED COMPLETION	GENERAL CONTRACTOR

Please list major projects undertaken in the last three years. (Attach a separate sheet as needed)

COMPLETED WORK SCHEDULE			
PROJECT	FINAL CONTRACT SUM	COMPLETION DATE	GENERAL CONTRACTOR



State your firm's projected total revenue for 2010 and actual total revenue for each of the previous three years.

2010: \_\_\_\_\_ 2009: \_\_\_\_\_ 2008: \_\_\_\_\_ 2007: \_\_\_\_\_

Has your company or any of its owners, officers or major shareholders ever petitioned for bankruptcy, been terminated on a contract or failed to complete work awarded it?  Yes  No

If YES, explain: \_\_\_\_\_

Is your company or any of its owners, officers or major shareholders currently involved in any arbitration or litigation or have any outstanding judgments or claims against it?  Yes  No

If YES, explain: \_\_\_\_\_

L & I Workers' Compensation Experience Modification Rate (**EMR**) as of the three most recent years:

2010		2009		2008	
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Please indicate any circumstances or unusual events that may have contributed to an elevated EMR (over 1.0) as well as any safety program changes subsequently enacted to enhance the safety of your workers.

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<b>OSHA 300 Information:</b>	<b>2009</b>	<b>2008</b>	<b>2007</b>
Total Number of Recordable Claims			
Total Number of Lost Time Injuries			
Total Number of Employees			
Total Number of Worker Hours			
Total Number of Fatalities			

Does your company have a written safety program?  Yes  No

Does your company have a return to work / light duty program?  Yes  No

Does your company have a written substance abuse / testing program?  Yes  No

Does your company review the safety management systems of your tier-subcontractors?  Yes  No

<b>Safety Program Manager:</b>		
Office Phone:	Cell Phone:	Pager:



**INSURANCE:** Please indicate your current policy limits for each of the following coverages:

Description	Maximum \$ Limit	Carrier   Underwriter	Deductible   S.I.R.	Expiration Date
General Liability				
General Aggregate	_____	_____	_____	_____
Each Occurrence	_____			
Products – Completed Ops	_____			
Personal & Advertising Injury	_____			
Automobile Liability (Any Auto)				
Washington Stop Gap (ER Liability)				
Excess   Umbrella Liability				
Professional Liability				
Contractors Pollution Liability				
Does this policy specifically include coverage for mold /fungi (microbial matter) related claims <input type="checkbox"/> Yes or <input type="checkbox"/> No				

- Does your policy’s general aggregate limit apply separately to each project?  Yes  No
- Are defense costs excluded from the general aggregate limit?  Yes  No
- Please indicate your General Liability Policy form:  Claims Made  Occurrence
- Does your current General, Excess **and** Auto Liability policies allow endorsement to name GLY and the Project Owner as additional insured stipulating the insurance afforded the additional insureds shall apply as **Primary** to any other insurance carried by them?  Yes  No
  - If no, please indicate if this is available by endorsement for an additional fee.  Yes  No
  - If yes, please indicate the charge per named insured for this endorsement. \$ \_\_\_\_\_
- Does your policy provide “completed operations” coverage to additional insureds?  Yes  No
  - If no, please indicate if this is available by endorsement for an additional charge.  Yes  No
  - If yes, please indicate the charge for this endorsement. \$ \_\_\_\_\_

Please indicate who within your firm is the primary point of contact for insurance related issues

Contact, Title:	Email:
Phone:	Fax:

Please provide the contact information for your Insurance Agent / Broker

Contact, Company:	Email:
Phone:	Fax:

**IMPORTANT:** To complete the prequalification process the following documents must be submitted:

- SAMPLE CERTIFICATE OF INSURANCE** - Evidencing all coverages stated above.
- SAMPLE ADDITIONAL INSURED ENDORSEMENT(s)** - Demonstrating your policy’s language as it applies to named additional insureds (i.e. primary, non-contributory, etc.) and completed operations.
- FINANCIAL STATEMENTS** - Please attach your last 2 years' audited, compiled or reviewed financial statements to the end of this form **IF** you anticipate bidding work packages whose values will be in excess of \$100,000.