



HUDSPETH

ENVIRONMENTAL, REMEDIATION AND CONSTRUCTION SERVICES

Company Information:	
Contractor Name	Date
Project Name (if applicable)	
Scope of Work	
Method of Performing Work (i.e., piece work, hourly employees, subcontractor, etc.)	Contact Name
Contractor's State License #	Contact Phone #

Corporation Information:			
Full Legal Name of Firm			
Other Trade Names			
Parent Company			
Federal ID #			
Business Address			
City	State	Zip	
Company E-Mail Address			
Phone #	Fax #		

Form of Business:	Corporation	Partnership	Sole Proprietorship	LLC	Joint Venture	Other: _____
	Date Business Started					
Special Ownership Status? If "Yes", Provide Copy of Certification(s).	SBE	MBE	WBE	Other:		

Principal Information:			
Proprietorship or Partnership: List All Owners and/or Partners			
Corporation or Limited Liability Corporation: List All Officers, Directors, Members & Major Stockholders			
Name	Position	Time at Position	Time With Firm



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Individual Contact Information:			
Department	Name	Phone Number	E-Mail Address
Estimating			
Project Management			
Safety			
Accounts Receivable			
Certified Payroll			
Contracting			

Regional Working Area	Front Range	Western Slope	Mountains	New Mexico	Wyoming
Years Working in Colorado					

Bonding & Insurance Information:			
Bonding Company			
Contact Name		Contact Phone #	
Payment & Performance Bond Rate			
If You Cannot Provide a Bond, Will You Personally Guarantee?	Yes	No	

Name of Insurance Broker			
Contact Name		Contact Phone #	
General Liability Limits		Carrier	
Auto Liability Limits		Carrier	
E&O Limits (if Design/Build)		Carrier	
Workers Compensation Limits		Carrier	

(Please provide an Insurance Certificate, together with endorsement from the carrier, confirming information listed in the Certificate.)



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Safety Statistics:

Record the number of injuries and illnesses for the last three (3) years. Please note that Hudspeth requires all subcontractors to provide incident statistics, even though certain companies may not be statutorily required to keep OSHA 300 logs.

	2016	2017	2018
Total Number of Employees on Your Payroll			
Total Number of Hours Worked			
Total Number of Recordable Injury Cases			
Total Recordable Incident Rate (TRIR)			$\frac{\text{Number of OSHA Recordable Cases} \times 200,000}{\text{Number of Hours Worked}}$
Number of Fatalities			
Total number of days away injuries			
Days Away/Restricted or Job Transfer (DART) Incident Rate			$\frac{\text{Number of DART Cases} \times 200,000}{\text{Number of Hours Worked}}$

List your company's Worker's Compensation Experience Modification Rate (EMR) for the three (3) most recent years:

YEAR	EMR
2016	
2017	
2018	

Provide a letter from your WC insurance carrier certifying the above EMRs. If your WC carrier has not issued your company an EMR because you have not accrued enough WC costs, provide copy of your WC Loss Run (available from your WC carrier). If your current EMR is greater than 1.0, provide a written explanation of the safety methods implemented by your company to reduce this rate.

Performance:

Will you subcontract work to other subcontractors?		
<i>If yes, please detail what portion of work:</i>		
Has your company received an OSHA (or State OSHA) citation within the last three (3) years?		
<i>If yes, provide copies of the citation(s) and detail the specific corrective actions taken to prevent further penalties/injuries.</i>		
Has your company experienced a workplace fatality within the last five (5) years?		
<i>If yes, provide the following information below:</i>		
	<i>The number and type of fatality</i>	
	<i>What specific corrective actions were taken to prevent further fatality?</i>	
Does your company have a written Alcohol and Substance Abuse Program?		
<i>If yes, does it include the following?</i>		
	<i>Pre-employment?</i>	
	<i>Post-accident drug and alcohol testing?</i>	
	<i>Random testing?</i>	
	<i>Reasonable suspicion drug and alcohol testing?</i>	
<i>If yes, please provide the written program as an attachment.</i>		



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Does your company have an orientation program for new hires?	
If yes, provide an outline of topics covered.	
Do you have a short-service employee program?	
If yes, provide a copy of the policy.	
Does your company have a program in place to discipline workers that perform unsafe work or violate policy?	
If yes, please provide as an attachment.	

Policy/Procedures:

Identify the hazards that you anticipate will be encountered in performing the work: (Include the policy document, or company statement that describes your company's control measures for each hazard – Items with * are required.)

Aerial Man Lift		Crystalline Silica		Elevated Loads		Electrical/Live Energy*		Eye Impact*		Excavation*	
Explosive material/Tools		Falling/Flying Objects		Falls from Height*		Fires		Foot Impact*		Hot Work*	
Heat/Cold Stress		Hearing Loss*		Heavy Lifting/Rigging		Head Impact*		Housekeeping		Overhead work	
Heavy Equipment Operation		Hand/Arm Impact*		Hazardous Material*		Inclement Weather/Wind/Lightning*		Manual Lifting Pushing/Pulling		Visibility of Personnel*	
Pressurized Lines		Power Tools		Respiratory Exposure*		Sharp Objects		Scaffold/Ladder work			

Does your company conduct field safety inspections to determine compliance with regulations and procedures?

If yes:

Who conducts these inspections? (Position/Title)

How often are safety inspections conducted?

Please provide a sample copy of inspection form.

Does your company have written Emergency Response and Accident Investigation Procedures?

If yes, please provide such as an attachment.

Does your company maintain a program in compliance with applicable state "Right to Know" laws and the OSHA HAZCOM/GHS Standard?

If yes, please provide such as an attachment.

Does your company hold "tailgate/toolbox" safety meetings?

If yes, please provide sample copies.

Does your company perform work that requires confined space entry?

If yes, please attach your written Confined Space Entry Program.

Does your company have first aid/CPR certified workers on each job site?

Does your company perform pre-task hazard analysis such as AHA/JSA?

If yes, please attach a copy.

Are all of your workers instructed and authorized to stop work and intervene when unsafe conditions or behavior exist on the work site?



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Financial Information:				
Dun & Bradstreet Member? If "Yes", provide DUNS number.	Yes	No	DUNS #	
Does your company accept credit card payments?	Yes	No		
Does your company accept electronic (ACH) payments?	Yes	No		
If Yes, please complete below:				
Primary Bank				
Address				
City		State		Zip
Financial statements provided?	Yes	No		

Supplier References:				
1. Name				
Address				
City		State		Zip
Contact Name		Contact Phone #		
Supplier Type				

2. Name				
Address				
City		State		Zip
Contact Name		Contact Phone #		
Supplier Type				



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Project Experience:			
List the two (2) largest projects completed by Contractor within the last two (2) years			
1. Project Name			
Prime Contractor		Contact Name	
Start Date		Finish Date	
Did you provide a bond?	Yes	No	Contact Phone #
	Bond Rate: _____ %		
Type of Project		Manpower Range	
2. Project Name			
Prime Contractor		Contact Name	
Start Date		Finish Date	
Did you provide a bond?	Yes	No	Contact Phone #
	Bond Rate: _____ %		
Type of Project		Manpower Range	

Work Experience:	
Number of contracts that you have completed in the volume ranges indicated below in the last three (3) years	
Under \$10,000	
\$10,000 to \$25,000	
\$25,000 to \$50,000	
\$50,000 to \$100,000	
\$100,000 to \$200,000	
\$200,000 to \$500,000	
\$500,000 to \$1,000,000	
\$1,000,000 to \$5,000,000	
Over \$5,000,000	

(Attach a current work in progress schedule.)

Number of projects completed in construction types indicated below in the last five (5) years			
Multi-Family (1-4 stories)		Hotel/Motel	
Multi-Family (5+ stories)		Schools/Institutional	
Office (1-4 stories)		Retail/Tenant Finish	
Office (5+ stories)		Residential	
Design/Build		Other:	_____



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General:

If a "Yes" response is entered, please attach additional pertaining information

Description	Yes	No
Has any license ever been denied or revoked?		
Does the work description and volume fit within your scope of license?		
Has your company ever filed for bankruptcy, failed in a business endeavor, or been terminated on a contract awarded to you?		
Has your surety ever finished one or more of your construction projects?		
Has your company ever been disbarred or precluded from public work?		
Are there any judgments, claims, or suits pending against your company?		
Has any entity made a claim against your company for failing to make payments to that or any other entity?		
Does your company E-Verify its employees including both office and field labor staff? (THIS IS A REQUIRED FIELD)		

Hudspeth & Associates, Inc. participates in the E-Verify program. While we do not require our subcontractors to participate, there are some projects that require any subcontractors we use to participate in the program and, as such, will be subject to potential verification and audit. Non-participation will NOT disqualify you from overall prequalification but will prohibit you from work on any contracts that require such.

The undersigned certifies that the above information is correct and complete, and further understands that Hudspeth & Associates, Inc. and/or any of its affiliate companies will rely on this information for contractor pre-qualification. The above contractor and its principals authorizes Hudspeth & Associates, Inc. and/or any of its affiliates at any time, and from time to time to obtain credit reports on contractor or any individuals listed on this form. The contractor further agrees to supply such additional information as may be required by Hudspeth & Associates, Inc. to warrant future extension of contracts.

Applicant(s):

Signature _____
Printed Name _____
Title _____
Date _____

Signature _____
Printed Name _____
Title _____
Date _____

Hudspeth – Reviewed By:

Printed Name _____
Title _____
Date _____

Printed Name _____
Title _____
Date _____