

Thank you for your interest in SanDow Construction, Inc. In order to best match your capabilities with upcoming opportunities, please fill out the following information and return to Jocelyn Salguero at jocelyn@sandowconstruction.com or fax 301-322-1449

▶ General Information:

1. Legal Company Name: _____

Federal Tax Id Number: _____

Current Licenses: _____

2. Mailing Addresses: _____

3. Business phone: _____

Business fax: _____

Contact Name and Email: _____

Website: _____

4. Company Established (Month/Year): _____

5. Form of Business (check all that apply):
 Sole Proprietorship Partnership Corporation
 MBE DBE WBE Other: _____

6. Number of Employees: _____

Are Any LEED Accredited: _____

▶ Safety Information:

7. Indicate your EMR for the current year and two previous years: _____
 Current: _____ Last: _____ Prior to Last: _____

8. OSHA:

a. Are your employees 10-hr OSHA Certified. If yes, how many and the positions that are trained: Yes No

b. Are your employees 30-hr OSHA Certified. If yes, how many and the positions that are trained: Yes No

▶ Work Experience:

9a. Experience - Scope of Work (Check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Div. 01 – General Requirements | <input type="checkbox"/> Div. 07 – Roofing/Siding | <input type="checkbox"/> Div. 13 – Special Construction |
| <input type="checkbox"/> Div. 02 – Site Development | <input type="checkbox"/> Div. 08 – Doors/Windows | <input type="checkbox"/> Div. 14 – Elevators/Lifts |
| <input type="checkbox"/> Div. 03 – Concrete | <input type="checkbox"/> Div. 09 – Finishes | <input type="checkbox"/> Div. 21, 22, 23 – Mechanical |
| <input type="checkbox"/> Div. 04 – Masonry | <input type="checkbox"/> Div. 10 – Fixtures | <input type="checkbox"/> Div. 26, 27, 28 – Electrical |
| <input type="checkbox"/> Div. 05 – Metals | <input type="checkbox"/> Div. 11 – Equipment | |
| <input type="checkbox"/> Div. 06 – Carpentry | <input type="checkbox"/> Div. 12 – Furnishings | <input type="checkbox"/> Other (specify below): _____ |

9b. Experience - Overall:

Of the scope of work from question 9a., please complete the following information for further evaluation.
 (You may use the "Additional Blank Pages" at the end of this form)

Division/Trade:	Business Name Under Which Trade is/was Performed:	Years Performing Trade Under this Name:
_____	_____	_____
_____	_____	_____
_____	_____	_____

9c. Experience - Completed Projects:

List five (5) most recent and similar projects completed, starting from the most recent completion date. You may include projects where the bidder (your company) and subcontractor were subcontractors.

1	Project Name:	_____		
	Dollar Amount:	\$ _____	Contract Completion Date:	_____
	Contractor:	_____		
	- Contact Name:	_____	- Contact Phone #	_____
	_____	_____		
2	Project Name:	_____		
	Dollar Amount:	\$ _____	Contract Completion Date:	_____
	Contractor:	_____		
	- Contact Name:	_____	- Contact Phone #	_____
	_____	_____		
3	Project Name:	_____		
	Dollar Amount:	\$ _____	Contract Completion Date:	_____
	Contractor:	_____		
	- Contact Name:	_____	- Contact Phone #	_____
	_____	_____		
4	Project Name:	_____		
	Dollar Amount:	\$ _____	Contract Completion Date:	_____
	Contractor:	_____		
	- Contact Name:	_____	- Contact Phone #	_____
	_____	_____		
5	Project Name:	_____		
	Dollar Amount:	\$ _____	Contract Completion Date:	_____
	Contractor:	_____		
	- Contact Name:	_____	- Contact Phone #	_____
	_____	_____		

9d. Experience - Facilities and Equipment:

List your company's facilities and major equipment, leased or owned.
 (You may use the "Additional Blank Pages" at the end of this form)

► **Regulatory / Contractual:**

10. Recent Occurrences:

If relevant to your company, include an explanation of all occurrences from the list below that have taken place in the last 5 years, or indicate "no" if irrelevant. (You may use the "Additional Blank Pages" at the end of this form, as needed) Provide sufficient and appropriate detail information such as "project name, owner, contact person and contact phone number, and amount of contract, etc."

- Any judgments, claims or suits pending or outstanding against your company? Yes No
 If yes, include a brief explanation of each.
- Any judgments, claims or suits pending or outstanding against a client or general contractor? Yes No
 If yes, include a brief explanation of each.
- Any citations by OSHA for violations in the last five (5) years? Yes No
 If yes, please include list of violations, status, and fine amount.
- State or Federal Prevailing Wage violations or judgments? Yes No
 If yes, please include list of violations and status.

► **Company Policies and Statistics:**

11. Does your company provide health insurance for all employees? Yes No

“ Employer pays directly, or through an agent, a portion of premium on behalf of their employees into a bona fide administrator.”

12. Does your company have workers compensation through the State of Maryland? Yes No

If yes, please include your current certificate. If no, please explain. (You may use the "Additional Blank Pages" at the end of this form)

13. Insurance Information:

Insurance Type	Insurance Company	Limits	Date of Renewal
Automobile			
Employers Liability			
General Liability			
Excess Insurance			
Bonding Company		Bonding Capacity	

Please include your current bonding certificate(s) of insurance.

14. Does your company have:

- An Affirmative Action Plan for employees? Yes No
- Training/orientation on sexual harassment in the workplace? Yes No
- A written Disciplinary Policy? Yes No
- A written Hazardous Communication Program? Yes No
- Safety orientation for new hires? Yes No
- Mandatory weekly safety meetings? Yes No
- A designated Safety Officer for your company? Yes No
- A Substance Abuse Policy? Yes No
- Pre-hire Testing? Yes No
- Post-hire/Random Testing? Yes No

15. Employee Compliance:

Are you willing to require your employees to be subjected to site, project, or Owner specific drug and/or alcohol testing programs? Yes No

► **Company Associations:**

(You may use the "Additional Blank Pages" at the end of this form as needed, or include your own documents.)

16. Has your company:

- Been required to issue joint party checks to you and your suppliers or subcontractor? Yes No
If yes, include a brief explanation of each. You can use "Additional Blank Pages" at the end of this form .
- Been assessed liquidated damages for late completion of a project within the last three (3) years? Yes No
If yes, include a brief explanation of each.
- Been associated with or worked for SanDow Construction, Inc. Corp. under your current or another company name? Yes No
If yes, under which company name? _____
- Previously worked on a SanDow Construction, Inc. Corp. project? Yes No

If yes, list up to five (5) most recent projects.
Add additional pages if desired.

1. _____
2. _____
3. _____
4. _____
5. _____

► **Financial:**

17. Projected Annual Sales: \$ _____	18. Current Uncompleted Backlog \$ _____
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19. Are you willing to provide the following information, if required?

- a. An annual financial statement prepared within the 12 months prior to the prequalification request by an independent licensed accounting firm; and the name, address, contact person and phone number of the bank normally used by the Bidder for its primary banking; Yes No
- b. A financial report generated from Standard and Poor, Dun and Bradstreet or a similar company acceptable to SanDow Construction, Inc. Corp. documenting the financial condition of the Bidder; and the name, address, contact person and phone number of the bank normally used by the Bidder for its primary banking; Yes No

► **Signature:**

I certify that the information in this questionnaire is correct and complete.

Name of Company Principal (print)

Signature of Company Principal

Date

Thank you for completing the Subcontractor Prequalification Questionnaire for SanDow Construction, Inc. Corp.



Subcontractor Prequalification Questionnaire

Additional blank page

Please precede your responses with the question number you are addressing.



A series of horizontal lines providing a space for writing responses.