

Company Information

General Information

Is this prequalification form for a specific project? If so, please state the name of the project.

Legal Name of Company:

Street Address:

Mailing Address:

Phone:

Fax:

Email Address:

Web Address:

Skanska Office Most Closely Affiliated With:

National Contractor / Vendor: If no, Regional:

Geographic Work Areas:

Former Names Your Organization Has Operated Under (if applicable):

Federal ID Number:

SIC Code:

Type of Company:

State of Incorporation:

Date of Incorporation:

Business Classification

MBE:

WBE:

SBE:

DBE:

HUB:

Work Performed

CSI Codes:

Resource Information

Company Contact:

Employee Resources (# of Personnel)

Office Employees: _____ Field Mechanics: _____

Shop Labor: _____ Field Supervision: _____

% of Work by Own Forces: _____

Labor Force Characteristics

Union Shop: Merit Shop: Prevailing Wage:

Union Information

Local No.: _____ Union Name: _____ Geographic Area: _____ Agreement Exp. Date: _____

Financial Information

Financial Data

Size of work most competitive in performing:

D & B Number:

D & B Rating:

Expected annual volume this year:

Current Backlog:

Largest Contract Completed:

Year:

Amount:

Project Name:

Year:

Annual volume of work performed over the past 3 years:

Largest contract completed in each of the past 3 years:

Bank Information

Bank Name:

Contact:

Line of Credit:

Telephone:

Bank Name:

Contact:

Line of Credit:

Telephone:

Credit References

Name:

Telephone:

Fax:

Name:

Telephone:

Fax:

Name:

Telephone:

Fax:

Insurance Information

Insurance Company:

Contact:

Phone:

Reference Information

Skanska Project References

Project Name #1: Location: Contract Amount:

Owner: Skanska Contact: Date Completed:

Project Name #2: Location: Contract Amount:

Owner: Skanska Contact: Date Completed:

Project Name #3: Location: Contract Amount:

Owner: Skanska Contact: Date Completed:

Project References (if none from Skanska)

Project Name #1: Location: Contract Amount: Project Type:

Owner: A / E: CM / GC: Date Completed:

Project Name #2: Location: Contract Amount: Project Type:

Owner: A / E: CM / GC: Date Completed:

Project Name #3: Location: Contract Amount: Project Type:

Owner: A / E: CM / GC: Date Completed:

Safety and Risk Information

OSHA 300 Log Information

Year:

Experience Modification Rating:

No. of Fatalities:

No. of Lost Workday Cases:

No. of Injuries/Illness without lost workdays:

Total Employee Hours Worked:

General Description of Work Performed:

General Questions

1. How often are jobsite foremen's meetings held and are they documented?

2. How often are "toolbox" safety meetings held and are they documented?

3. Are regular safety/housekeeping inspections conducted and documented? Who conducts the inspections?

4. Do you have an incident investigation procedure?

5. Do you have drug free workplace program? Please describe.

6. Do you have a safety orientation program for new hires? If yes, what does it cover?

7. How many OSHA serious, repeat, or wilful citations have you received over the last 3 years and what were they for?

8. Does your company have a documented safety program?

9. Do you have a full time safety supervisor on staff?

10. Does your company set safety goals? Please explain.

11. Do you provide any level of specialty safety training other than new hire orientations? If so, explain.

12. Has your company ever received any fines or citations from the EPA, state regulatory authority, or local government agency? If so, explain.

13. Does your company apply any sustainable or “green” building practices to minimize the environmental impacts related to your work? If so, explain.

14. List any safety or environmental awards or recognition your company has received, and identify any voluntary initiatives you apply to your work.

15. Are you aware of Skanska’s safety and environmental policies and are you prepared to be in full compliance with them?

Required Attachments

EMR Explanation (Required for Contract Values Over \$250,000)

Please attach a letter from your insurance carrier verifying the EMR rates, and provide a written explanation for any EMR rating over 1.00.

CPA-Prepared Financial Statement (Required for Contract Values Over \$1,000,000)

Please attach an audited financial statement for the most current year. Your financial statement is strictly for Skanska’s internal review and will be treated confidentially.

Letter of Surety from Bonding Company (Required for Contract Values Over \$250,000)

Please attach a letter from your bonding company, signed by an attorney in fact.

Table of Contents from Safety Program (Required for Contract Values Over \$250,000)

Please attach a copy of the Table of Contents from your documented safety program.

Reference Letter

Please attach a credit reference letter (if available).