

# Pizzarotti LLC

## VENDOR PREQUALIFICATION STATEMENT

Completion of this annual Pre-Qualification Form allows Pizzarotti LLC to learn more about your company, and better match future Pizzarotti LLC opportunities to your Company's capabilities.

**PLEASE NOTE:** This form is an preview version only, that you may print if needed. This printed document is not to be sent (via fax/email etc.) to Pizzarotti LLC. You must complete the **ONLINE VERSION** and submit it directly on the **SYNERGO PLATFORM** by Pizzarotti LLC, once logged in with your correct login credentials.

## SUBCONTRACTOR PRE-QUALIFICATION FORM

GENERAL RESPONSE INFO	Please provide: Date of first response, Contact person for clarifications, Phone and Email.
<b>GENERAL COMPANY INFORMATION</b>	
COMPANY NAME	Company Name
ADDRESS 1	Street Address
ADDRESS 2	Mailing Address
PARENT COMPANY	Name of Parent Company
PARENT COMPANY ADDRESS	Address of Parent Company
OFFICE TYPE	Which branch have you specified as your correct mailing address?
STATE	State
PHONE	Phone
TYPE OF COMPANY	Type of Company
DATE FOUNDED	Date Founded
STATE OF FORMATION	State of Formation
FEDERAL EIN #	Federal EIN number
YEAR FORMED	Year your company was formed
STATE INCORPORATION	Provide the State of Incorporation
DATE INCORPORATION	Date of Incorporation
CONTRACTOR LICENSE	Provide Contractor's License Number
CONTRACTOR STATE	State
CONTRACTOR EXPIRATION	Expiration of License
TAX REGISTRATION NUMBER	Provide State Sales Tax Registration Number
UNEMPLOYMENT NUMBER	Provide State Unemployment Number
FED ID NUMBER	Provide Federal ID Number
<b>CONTACT INFORMATION</b>	
PRINCIPAL CONTACT NAME	Please provide the name of the main contact person for your company
TITLE	Title
PHONE	Phone
CELL PHONE	Cell Phone
EMAIL	Email
<b>FURTHER COMPANY INFORMATION</b>	
OTHER COMPANY NAMES	Under what other name(s) has your company operated (if N/A insert "none")?
HOME OFFICE	How many people are employed presently at Home Office?
FIELD SUPERVISORY	How many people are employed presently for field supervisory?
TRADESPEOPLE	How many people are employed presently as tradespeople?
HOME OFFICE	How many people did your company employ on average at Home Office for the last 3 years?
FIELD SUPERVISORY	How many people did your Company employ average in field supervisory for last 3 years?
TRADESPEOPLE	How many people did your Company employ on average as Tradespeople for the last 3 years?
POST CONTRACT INFO	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?
POST CONTRACT	If yes, please explain
COMPANY CONDUCT	Have any of the Owners, officers or major stockholders of your Company even been indicted or convicted of any felony or other criminal conduct?
COMPANY CONDUCT EXT	If yes, please explain
PUBLIC WORK CONDUCT	Has your Company or any Owners, officers or major stockholders ever been suspended, disbarred or otherwise precluded from pursuing public work or ever found to be nonresponsive by a public agency?
PUBLIC WORK CONDUCT EXT	If yes, please explain
WARRANTY OBLIGATIONS	Has your Company ever had a claim made against it for improper, delayed, defective or non-compliant work or failure to meet warranty obligations?
WARRANTY OBLIGATIONS EXT	If yes, please explain
ARBITRATION AND LITIGATION	Is your Company or any of its owners, officers or major shareholders currently involved in any arbitration or litigation?
ARBITRATION AND LITIGATION EXT	If yes, please explain
OUTSTANDING CLAIMS	Does your company have any outstanding judgments or claims against it?
OUTSTANDING CLAIMS EXT	If yes, please explain
VIOLATIONS	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?
VIOLATIONS EXT	If yes, please explain
PAST LITIGATION	Please list any litigation brought against your Company in the past five (5) years asserting that you failed to make payments to anyone over \$20K. If none, insert "none"
CORPORATE OFFICER INFORMATION	Please provide contact name, year of birth, position and percentage owned for 3 partners/proprietors/members/shareholders
CORPORATE OFFICER INFORMATION	Please provide contact name, year of birth, position and percentage owned for 3 partners/proprietors/members/shareholders
<b>TRADES</b>	
SPECIFICATION SECTIONS	List specification sections related to Trades
WORK PERFORMED	Specify work performed related to Trades
CODES	NAICS/PSC/FSC/SIC Codes
<b>GENERAL FINANCIAL INFORMATION</b>	
WORK VOLUME LAST YEAR	What was the average annual volume of work performed last year?
WORK VOLUME 2 YEARS AGO	What was the average annual volume of work performed 2 years ago?
WORK VOLUME 3 YEARS AGO	What was the average annual volume of work performed 3 years ago?
WORK VOLUME 4 YEARS AGO	What was the average annual volume of work performed 4 years ago?
WORK VOLUME 5 YEARS AGO	What was the average annual volume of work performed 5 years ago?
MBE	Participation in work which you subcontract (% average participation for the last 3 years)
WBE	Participation in work which you subcontract (% average participation for the last 3 years)

MINORITY	Minority workforce participation (% average utilization for the last 3 years)
FEMALE	Female workforce participation (% average utilization for the last 3 years)
<i>CURRENT PROJECTS</i>	<i>Attach a list of CURRENT MAJOR projects giving name of project, address owner, architect, general contractor, contract amount, scope of work and scheduled completion. (Please include contact people and phone numbers)</i>
<i>COMPLETED PROJECTS</i>	<i>Attach a list of COMPLETED MAJOR projects giving name of project, address owner, architect, general contractor, contract amount, scope of work and scheduled completion. (Please include contact people and phone numbers)</i>
<i>AUDIT STATEMENT</i>	<i>Attach a copy of your latest audited financial statement (for PZ Accounting dept and will treated confidentially)</i>
AUDIT DATE	Date of last Audited Statement
<b>FINANCIAL RESPONSIBILITY</b>	
FINANCIAL RESPONSIBILITY	(IF APPLICABLE) If the financial statement is NOT for the identical company named above, please explain the relationship and financial responsibility of the Company whose financial statement is provided.
BANK NAME	(IF APPLICABLE) Name of Bank
BANK ADDRESS	(IF APPLICABLE) Address of Bank
CONTACT PERSON	(IF APPLICABLE) Contact person
PHONE NUMBER	(IF APPLICABLE) Phone number
CREDIT LINE	(IF APPLICABLE) Amount of Credit Line
CREDIT AMOUNT	(IF APPLICABLE) Amount available
EXPIRATION DATE	(IF APPLICABLE) Expiration Date
QC REPRESENTATIVE	(IF APPLICABLE) UCC Filing?
CREDIT SECURITY	(IF APPLICABLE) How is Credit secured?
D&B NUMBER	(IF APPLICABLE) Please indicate your Company's Dunn & Bradstreet Number
D&B RATING	(IF APPLICABLE) Please indicate D&B Rating
PAY RECORD	(IF APPLICABLE) Please indicate Pay Record
DATE OF RATING	(IF APPLICABLE) Please indicate Date of Rating
REMARKS	(IF APPLICABLE) Please add remarks
<i>TRADE / LABOR INFORMATION</i>	<i>Please attach Trade / Labor Information document</i>
<b>COMPETITIVE MARKET</b>	
BUILDING TYPES	Check all building types on which your Company has worked
FEDERAL BUILDINGS	If your company has worked on a Federal building in the past, please list which Federal Building(s):
FEDERAL AGENCIES	List all federal agencies with which your company has worked:
MARKET TRADES	List the trades you normally perform with your own forces:
SUBCONTRACTED TRADES	What trades do you normally subcontract?
SUBCONTRACTED WORK	What percentage of the Company's work is normally subcontracted?
LARGEST CONTRACT	What is the largest contract your company has completed? Please indicate: 1. The amount (\$) 2. Year completed, 3. Project name 4. Scope of work
LARGEST VOLUME	What is the largest dollar volume job you expect to do during the course of this year? Please indicate: 1. The amount (\$) 2. Project name 3. Scope of work
EXPECTED VOLUME	What is your expected annual volume this year (\$)?
EXPECTED PROJECTS	Indicate the number of projects your company expects to complete this year?
<b>SAFETY PROGRAM</b>	
JOB HAZARD ANALYSIS	Does your company typically prepare Job Hazard Analysis (JHA)?
ACCIDENT INVESTIGATIONS	Does your company conduct accident / incident investigations?
<i>RESPONSIBLE</i>	<i>Does your company have a qualified person responsible for safety? If yes, please attach a resume or description of qualifications.</i>
INSPECTIONS	Does this person / or these people perform safety inspections on all of your projects?
FIRST AID	Is it your company policy to have first aid / CPR certified persons on site?
FALL PROTECTION	Have you implemented 100% fall protection?
ABATEMENT ACTIVITY	Do you perform any asbestos or lead abatement activities?
ENFORCEMENT	Is your safety program enforceable upon your lower tier subcontractors?
SAFETY REVIEWS	Does your company review the safety management systems of your subcontractors?
LOWER TIER SUBCONTRACTORS	Does your company require lower tier subcontractors to conduct and report incident investigations to your firm?
SUBSTANCE ABUSE	Does your company have a written substance abuse program?
TESTING	If yes to the above question, does your program include post accident, pre-employment, and random testing?
SAFETY PROFESSIONALS	How many full-time safety professionals does your company employ?
FREQUENCY	If yes to the above question, what is the frequency of the inspections?
PROGRAMS	Does your company have a return to work / light duty program?
OTHER PROGRAMS	Does your company have a "near miss" reporting program?
DISCIPLINARY PROGRAM	Does your company have a disciplinary program in place for safety violations?
RESPONSIBLE SAFETY	Please list name and title of the person responsible for coordinating your company's safety program
CONTACT SAFETY	Please provide the email address and phone number of the person responsible for coordinating your company's safety program
WRITTEN SAFETY PROGRAM	Does your company have a written safety program or policy?
WRITTEN SAFETY	Does your company have a safety reward program for employees?
<b>SAFETY STATISTICS</b>	
MAN HOURS PREVIOUS YEAR	Please provide the number of man hours worked total last year
MAN HOURS 2 YEARS AGO	Please provide the total number of man hours worked 2 years ago
MAN HOURS 3 YEARS AGO	Please provide the total number of man hours worked 3 years ago
FATALITIES PREVIOUS YEAR	Please provide the total number of fatalities last year
FATALITIES 2 YEARS AGO	Please provide the total number of fatalities 2 years ago
FATALITIES 3 YEARS AGO	Please provide the total number of fatalities 3 years ago
LOST TIME INJURIES LAST YEAR	Please provide the total number of lost time injuries last year
LOST TIME INJURIES 2 YEARS AGO	Please provide the total number of lost time injuries 2 years ago
LOST TIME INJURIES 3 YEARS AGO	Please provide the total number of lost time injuries 3 years ago
RECORDABLE INJURIES LAST YEAR	Please provide the total number of recordable injuries last year
RECORDABLE INJURIES 2 YEARS AGO	Please provide the total number of recordable injuries 2 years ago
RECORDABLE INJURIES 3 YEARS AGO	Please provide the total number of recordable injuries 3 years ago
FIRST AID INJURIES LAST YEAR	Please provide the total number of first aid injuries last year
FIRST AID INJURIES 2 YEARS AGO	Please provide the total number of first aid injuries 2 years ago
FIRST AID INJURIES 3 YEARS AGO	Please provide the total number of first aid injuries 3 years ago
<i>SAFETY PLAN</i>	<i>Attach a copy of your company's Full Safety Plan</i>
<b>BOND / SURETY INFORMATION</b>	

SURETY	Please provide name of Surety
SURETY CONTACT	Please provide contact person name and phone number responsible for the Surety
BONDING CAPACITY JOB	Bonding capacity per Job (\$)
BONDING CAPACITY AGGREGATE	Aggregate amount (\$)
BONDING CAPACITY DATE	Date of last Bond
BONDING CAPACITY AMOUNT	Bond Amount (\$)
BOND RATE	Bond Rate (%)
SURETY INDEMNIFICATION	List the persons or entities who provide indemnification to your Surety
<b>EXPERIENCE MODIFICATION RATE</b>	
EMR PAST YEAR	Indicate Experience Modification Rate for the past year
EMR 2 YEARS AGO	Indicate Experience Modification Rate from 2 years ago
EMR 3 YEARS AGO	Indicate Experience Modification Rate from 3 years ago
EMR 4 YEARS AGO	Indicate Experience Modification Rate from 4 years ago
EMR 5 YEARS AGO	Indicate Experience Modification Rate from 5 years ago
<i>BROKER/NCCI VERIFICATION</i>	<i>Attach Insurance Broker/NCCI verification of most current EMR</i>
<i>LETTER OF EXPLANATION</i>	<i>If current EMR is above 1.00, attach a letter of explanation</i>
<b>BUILDING INFORMATION MODELING</b>	
MODELING INFORMATION	Does your firm model its systems in three-dimensions in order to minimize potential construction conflicts and/or assist in the prefabrication process?
<b>INSURANCE INFORMATION</b>	
<i>EVIDENCE OF INSURANCE</i>	<i>Attach a copy of proof of insurance (GL, Auto, WC, Excess and Pollution if applicable)</i>
<i>EVIDENCE OF INSURANCE OTHER</i>	<i>Please provide other attachment if desired</i>
<b>CERTIFICATIONS</b>	
REGISTRATIONS CERTIFICATION	Which certifications are in your possession?
<i>SBA ATTACHMENT</i>	<i>Please attach a copy of SBA certificate</i>
<i>PUBLIC WORKS ATTACHMENT</i>	<i>Please attach a copy of Public Works Contractor Registration certificate</i>
<i>DPMC ATTACHMENT</i>	<i>Please attach a copy of DPMC Notice of Classification certificate</i>
MINORITY BUSINESS ENTERPRISE	Which certifications are in your possession?
<i>MBE ATTACHMENT</i>	<i>Please attach a copy of MBE (Minority Business Enterprise) certificate</i>
<i>WBE ATTACHMENT</i>	<i>Please attach a copy of WBE (Minority Business Enterprise) certificate</i>
<i>DBE ATTACHMENT</i>	<i>Please attach a copy of DBE (Minority Business Enterprise) certificate</i>
MBE/WBE/DBE	MBE/WBE/DBE certified by? Please specify. (if not applicable insert "0")
BUSINESS CLASSIFICATIONS	Which certifications are in your possession?
<i>VOB ATTACHMENT</i>	<i>Please attach a copy of VOB (Business Classifications) certificate</i>
<i>SDVOB ATTACHMENT</i>	<i>Please attach a copy of SDVOB (Business Classifications) certificate</i>
<i>SDB ATTACHMENT</i>	<i>Please attach a copy of SDB (Business Classifications) certificate</i>
<i>WSB ATTACHMENT</i>	<i>Please attach a copy of WSB (Business Classifications) certificate</i>
<i>HUB ZONE ATTACHMENT</i>	<i>Please attach a copy of HUB Zone (Business Classifications) certificate</i>
<i>OTHER ATTACHMENT</i>	<i>Please attach a copy any other doc (if any) related to Business Classification certificates</i>