



Please completed the form below and email (form and all attachments) to prequal@centurycontractors.com. If all information is not provided and all attachments are not submitted – this will significantly delay approval or your prequalification could be rejected. Please note that this is a preliminary prequalification form and includes only our minimum requirements. Additional information may be requested in the future.

Date PreQual completed: _____

Has your company submitted a bid to Century Contractors, Inc. with the last 30 days? Yes No

Part One – General Information

Business name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Telephone number: _____ Fax number: _____
Federal Taxpayer ID number: _____ Company Website: _____
Contact name: _____ Title: _____
Telephone number: _____ E-mail address: _____
Principal trade or specialty: _____

List licenses and registrations held by your organization:

Type of license: _____ State: _____ Number: _____
Type of license: _____ State: _____ Number: _____
Type of license: _____ State: _____ Number: _____
Type of license: _____ State: _____ Number: _____

Business Type "C" Corporation "S" Corporation Limited Liability Company
(Select one): Partnership Other (specify): _____

Year business founded: _____ Registered in [home state]: _____

Please attach organization Chart

Number of employees in Office(s): _____ Field: _____ Shop(s): _____

Attach copies of all certifications applicable documentation substantiating your business classification.

Table with 2 columns: Local and State, Federal. Rows include Disadvantaged-Owned Business Enterprise (DBE), Minority-Owned Business Enterprise (MBE), Woman-Owned Business Enterprise (WBE), Historically Underutilized Business Zone (HUBZone), 8A Certified Small Business (8A), Small Disadvantaged Business (SDB), Large Business (LB), Service Disable Veteran-Owned Small Business (SDVOSB), Veteran-Owned Small Business (VOSB), Woman-Owned Small Business (WOSB).

For more information on federal small business classifications, visit the Small Business Administration (SBA) website at: <http://www.sba.gov/ContractingOpportunities/officals/size/index.html>



OSHA 300 Information (Entire Company)			
	20__	20__	20__
A. OSHA Recordable Incident Rate			
B. Lost Time Incident Rate			
C. Number of Recordable Injury Cases			
D. Number of Lost Time Incidents/Illnesses			
E. Number of Days Away from Work			
F. Number of Fatalities			
G. Total Employee Hours Worked			
*** Note: For A&B use the formula: Incidents multiplied by 200,000 then divided by # of Employee Hours Worked			
EXPERIENCE MODIFICATION RATE (EMR)			
List corporate Worker's Compensation Experience Modification Rate for the most recent 3 years and include rating worksheets (i.e. NCCI).			
Corporate:	20__:	20__:	20__:
OSHA CITATIONS			
Has your company received any OSHA citations in the last 3 years? <i>If yes provide: the date of violation. The violation type (i.e. serious), and what has been done to prevent similar violations.</i>	YES	NO	
SAFETY GOALS AND OBJECTIVES			
Do you have corporate safety goals and objective?	YES	NO	
Do you have a written safety and health program/manual?	YES	NO	
<i>Include a copy of your entire Health & Safety Manual</i>	INCLUDED		
SAFETY MEETINGS			
Does your supervisors hold safety meetings?	YES	NO	
If yes, state how often?			
INSPECTIONS			
Do you conduct field safety inspections to determine compliance with applicable federal, state, local and company regulations/procedures?	YES	NO	
If yes, who conducts the inspection?			
Are Inspection reports generated?			
If yes, who receives copies of the report?			
Do you have a follow-up system to track items identified during safety inspections?	YES	NO	
If yes, who receives copies of the report?			



Do you have a follow-up system to track items identified during safety inspections?	YES	NO
SAFETY TRAINING AND ORIENTATION		
Do you have a documented pre-job or new employee occupational safety & health orientation program?	YES	NO
Do you have a documented occupational safety & health training program for newly hired or promoted first line supervisors or foremen?	YES	NO
Who conducts training (name, title)?		
Please check all elements below that are delivered by your training program		
Subject	Yes	No
Injury/ Incident/ Near-Miss		
Emergency Procedures		
First Aid Procedures		
Hazard recognition		
Incident Reporting		
Job Hazard Analysis		
Respiratory Protection		
Safety Tailgates		
Other – Specify		
Does your company hold regularly scheduled safety meetings for employees?	YES	NO
If yes, how often?		
DRUG FREE WORKPLACE		
Does your company have a Drug Free Workplace Program? If yes, please attach.	YES	NO
Does this program include the following testing?	YES	NO
Pre-Employment	YES	NO
Random	YES	NO
Post Incident	YES	NO
Reasonable suspicion	YES	NO



If yes, what do you test for?	
INJURY/INCIDENT INVESTIGATION	
Does your company conduct injury, incidents, and near-miss investigations	YES NO
Who conducts the investigations (name, title)	

Part Three – Quality Control

Does your company have a written Quality Control Program? If yes please attach.	YES	NO
Does your company preform Quality Control Audits, if so how often?	YES	NO
Does your company hold any National Board ASME certifications? If so please list all that apply with expiration date.	YES	NO
Does your company have a Quality Control Inspector?	YES	NO

Part Four – Financial

Attach a professionally reviewed or audited balance sheet statement most recent issued within the last (12) month for the same entity whose name is, or will be, on the subcontract.

Backlog as of today (\$): _____ Backlog as of 12 months ago (\$): _____

For your bank line of credit, indicate:
Total available (\$): _____ Current available (\$): _____ Expiration date: _____

Bank name: _____
Street address: _____
City: _____ State: _____ ZIP: _____
Bank contact name: _____ Telephone number: _____

Attach a letter of good standing from your bonding company listing the current single and program (total) bonding limits. A more specific letter may be requested at a later date.

Bonding agent and agency: _____
Bonding Company: _____
Bonding capacity: Single limit (\$): _____ Program limit (\$): _____
Bond rate you are being charged: _____ per (\$): _____
Does your bonding company require a personal guarantee? No Yes



Part Five – Work History

Typical project size (\$): _____ Typical % of work subcontracted: _____

Indicate below (or on a separate page) the largest three (3) project completed by your firm in the last three (3) years.

Project name & location	Value (000's)	Date Completed (MM/YY)	Owner	General Contractor	GC contract Name	GC contact telephone number

Part Six – Completed By

Name: _____ Signature: _____ Date: _____