



THE ART & SCIENCE OF BUILDING

St. Louis • Chicago • Detroit

Please Print or Type

(Please attach complete list of addition office locations if applicable)

Company Name		Type of Company <input type="checkbox"/> Subcontractor <input type="checkbox"/> Supplier <input type="checkbox"/> Other		Website/Email Address	
Address #1 (Street Address)			Telephone Number		Toll Free Number
City/State/zip			Fax Number		
Principal Contact		Federal Tax ID#		Bonding Company	
Years in Business	Previous Company Name		Contact		Telephone
Is this company a certified disadvantaged business enterprise? <input type="checkbox"/> Yes <input type="checkbox"/> No Type: <input type="checkbox"/> AA <input type="checkbox"/> WBE <input type="checkbox"/> MBE <input type="checkbox"/> NA <input type="checkbox"/> Other _____			Business Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Individual		Bonding Capacity
<input type="checkbox"/> Union <input type="checkbox"/> Non-Union	Do you have any judgments, claims, arbitrations, suits, or liens currently against your Organization? <input type="checkbox"/> Yes <input type="checkbox"/> NO (If yes, explain on a separate sheet of paper)				
Average Annual Volume:	Can you obtain the following insurance coverage? Worker's Compensation \$500,000 <input type="checkbox"/> Yes <input type="checkbox"/> No General Liability \$1,000,000 <input type="checkbox"/> Yes <input type="checkbox"/> No Automobile Liability \$1,000,000 <input type="checkbox"/> Yes <input type="checkbox"/> No Errors & Omissions \$2,000,000 <input type="checkbox"/> Yes <input type="checkbox"/> No (if applicable)		Insurance Company		EMR
Design/Build Capabilities <input type="checkbox"/> Yes <input type="checkbox"/> No			Contact		Telephone

Current Number of Employees				Projects Under Evaluation	Projects Bidding	Under Construction
Permanent	P/T	Temp	Contract			
Office						
Field Mgmt.						
Field Workers						
Other						
Total:				(Attach additional sheet if necessary)		

Financial History (this year to date past two (2) years)

Year	Gross Revenue	Gross Margin	Net Profit/ (Loss)	Is Your Company Currently Working on Any Government Projects? If Yes, Describe <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:
	\$	%	\$	
	\$	%	\$	
	\$	%	\$	

List the Organization and/or Associations your Company or its Officers hold Membership

Project References (List Three Reference Projects)

Project Name		Project Location (City, State)		Completion Date (MM,DD,YY)	
Your Approximate Contract Amount	Project General Contractor		General Contractor Contact		Contact Telephone #
<i>Briefly Describe Work Performed:</i>					
Project Name		Project Location (City, State)		Completion Date (MM,DD,YY)	
Your Approximate Contract Amount	Project General Contractor		General Contractor Contact		Contact Telephone #
<i>Briefly Describe Work Performed:</i>					

References Continued

Project Name		Project Location (City, State)		Completion Date (MM,DD,YY)	
Your Approximate Contract Amount		Project General Contractor		General Contractor Contact	
				Contact Telephone #	
Briefly Describe Work Performed:					

Sub-Subcontractor/Supplier References (List Three Supplier Accounts)

Sub-Subcontractor/Supplier Name	Contact	Phone Number
Sub-Subcontractor/Supplier Name	Contact	Phone Number
Sub-Subcontractor/Supplier Name	Contact	Phone Number

Bank References

Name of Bank	Contact	Phone Number
Name of Bank	Contact	Phone Number

**CONTRACTOR SAFETY INFORMATION
SAFETY PERFORMANCE**

1. List your company's Interstate Experience Rating Modifier (EMR) for the three most recent years.

20 _____ 20 _____ 20 _____

* Please include a copy of the worker's compensation experience rating worksheet from NCCI

2. List your company's number of injuries/illnesses from your OSHA 300 logs for the three most recent years.

	20____	20____	20____
a. Fatalities	_____	_____	_____
b. OSHA recordable incidents	_____	_____	_____
c. Lost work day incidents	_____	_____	_____
d. Total lost work days	_____	_____	_____
e. Total hours worked	_____	_____	_____

3. Please provide copies of the following: Check if Enclosed

- a. OSHA 300 logs for the most recent three years and current year to date.
- b. Verification of EMR from your insurance carrier.
- c. Complete written Safety Program

4. Highest ranking safety/health professional in company:

Name: _____ Title: _____

Phone: _____

This person reports to:

Name: _____ Title: _____

SAFETY PROGRAM

- | | Circle One | |
|---|------------|----|
| 1. SAFETY PROGRAM DOCUMENTATION | | |
| a. Do you have a written safety program manual?
1) Last revision date _____ | Yes | No |
| b. Do you have a written site-specific safety plan? | Yes | No |
| c. Are all workers given a booklet that contains work rules, responsibilities, and other appropriate information? | Yes | No |
| 2. POLICY AND MANAGEMENT SUPPORT | | |
| a. Do you have a safety policy statement from an officer of the company? | Yes | No |
| b. Do you have a disciplinary process for enforcement of your safety program | Yes | No |
| c. Does management set corporate safety goals? | Yes | No |
| d. Does executive management review:
<input type="checkbox"/> Accident reports? <input type="checkbox"/> Safety statistics?
<input type="checkbox"/> Inspection reports? | | |
| e. Do you safety pre-qualify subcontractors? | Yes | No |
| f. Do you have a written policy on accident reporting and investigation? | Yes | No |
| g. Do you have a light-duty, return-to-work policy? | Yes | No |
| h. Is safety part of your supervisor's performance evaluation? | Yes | No |
| i. Do you have a personal protective equipment (PPE) policy? | Yes | No |
| j. Do you have a written substance abuse program:
If yes, does it include:
<input type="checkbox"/> Pre-employment testing <input type="checkbox"/> Return-to-duty testing
<input type="checkbox"/> Random testing <input type="checkbox"/> Disciplinary process
<input type="checkbox"/> Reasonable cause testing <input type="checkbox"/> Alcohol testing
<input type="checkbox"/> Post accident testing | Yes | No |
| k. Does each level of management have assigned safety duties and responsibilities? | Yes | No |
| 3. TRAINING AND ORIENTATION | | |
| a. Do you conduct safety orientation training for each employee? | Yes | No |
| b. Do you conduct site safety orientation for every person new to the job site? | Yes | No |
| c. Does your safety program require safety training meetings focused on your specific work operations/exposures?
<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually | Yes | No |
| d. Do you hold tool box/tailgate safety meetings focused on your specific work operations/exposures?
<input type="checkbox"/> Weekly <input type="checkbox"/> Daily | Yes | No |
| e. Do you require equipment operation/certification training? | Yes | No |
| f. Do your employees read/write and understand English such that they | Yes | No |

can perform their job tasks safely without an interpreter?

If no, describe your plan to assure that they can safely perform their job:

4. ADMINISTRATION AND PROCEDURES

a. Does your written safety program address administrative procedures? Yes No

If yes, check which apply:

- Pre-project task planning
- Record keeping
- Safety committees
- HAZCOM
- Substance abuse prevention
- Return-to-work
- Emergency procedures
- Audits/inspections
- Accident investigations/reporting
- Training documentation
- Hazardous work permits
- Subcontractor pre-qualification

b. Do you have project safety committees? Yes No

c. Do you conduct job site safety inspections? Yes No

If yes, how often? Daily Weekly Monthly

Do these inspections include a routine safety inspection of equipment (e.g., scaffolds, ladders, fire extinguishers, etc.)? Yes No

d. Do you investigate accidents? How are they reported? Yes No

- Total company
- By project manager
- By superintendent
- By foreman
- By project
- In accordance with OSHA

e. Do you discuss safety at all pre-construction and progress meetings? Yes No

f. Do you perform rigging and lifting checks prior to lifting? Yes No

- For personnel
- For equipment
- Heavy lifts (more than 10,000 lbs.)

5. WORK RULES

a. Do you periodically update work rules? Yes No

When was the last update? _____

b. What work practices are addressed by your work rules?

- CPR/First Aid
- Blasting
- Temporary heat
- Traffic control
- Vehicle safety
- Site sanitation
- Fall protection
- Housekeeping
- Communications
- Public protection
- Concrete work
- Heat stress prevention
- Injury/Illness reporting
- Lockout/tagout
- Mechanical equipment/maintenance/pre-op checks/operation
- Drug & Alcohol
- Access – entrances/stairs
- Electrical power lines
- Respiratory protection
- Compressed air and gases
- Confined space entry
- Site visitor escorting
- Floor and wall openings
- Trenching and excavating
- Tools, power and hand
- Cranes/rigging and hoisting
- Material handling/storage
- Unsafe condition reporting
- Powered industrial vehicles (Crane/JLG)
- Environmental controls and occupational health
- Barricades, signs, and signals
- Monitoring equipment
- Electrical grounding
- Fire protection and prevention
- Welding and cutting (hot work)
- Equipment guards and grounding
- Flammable material handling/storage
- Energized/pressurized equipment
- Personal protective equipment
- Emergency procedures
- Ladders and scaffold building/use
- Accident/incident reporting

6. OSHA INSPECTIONS

a. Have you been inspected by OSHA in the last three years? Yes No

b. Were these inspections in response to complaints? Yes No

- c. Have you been cited as a result of these inspections? Yes No
 If yes, describe the citations:

7. Subcontractors

- a. Do you use subcontractors? Yes No
- b. Do you use safety, health and environmental performance criteria in selection of subcontractors? Yes No
- c. Do you evaluate the ability of subcontractors to comply with applicable safety, health and environmental requirements as part of the selection process? Yes No
- d. Do your subcontractors have a written safety, health and environmental program? Yes No
- e. Do you include your subcontractors in:
- Safety, Health & Environmental Orientation Safety, Health & Environmental Meeting
 Safety, Health & Environmental Inspections Safety, Health & Environmental Audits

SCOPES OF WORK / REGIONS

Listed below are scopes of work that will be associated with your company's name. Please check all that apply.

- 1000 GENERAL CONDITIONS**
- 1201 TEMPORARY FACILITIES & SERVICES
 - 1260 TESTING & INSPECTION SERVICES

- 2000 SITEWORK**
- 2030 DEMOLITION, SELECTIVE
 - 2051 DEMOLITION, ABATEMENT
 - 2161 EXCAVATION SUPPORT SYSTEMS
 - 2281 SOIL TREATMENT, PEST CONTROL
 - 2300 EARTHWORK
 - 2351 PILING & CAISSONS
 - 2460 RETAINING WALL
 - 2481 LANDSCAPING
 - 2491 IRRIGATION
 - 2501 ASPHALT PAVING & MARKINGS
 - 2601 UTILITIES
 - 2820 FENCING
 - 2851 RAILROAD CONSTRUCTION
 - 2999 OTHER _____

- 3000 CONCRETE**
- 3101 CONCRETE MATERIALS
 - 3201 REINFORCING STEEL
 - 3250 REINFORCING, POST-TENSIONING
 - 3301 CONCRETE CONSTRUCTION
 - 3331 CONCRETE FLATWORK
 - 3400 PRECAST CONCRETE
 - 3501 CEMENTITIOUS DECKS & TOPPING
 - 3701 CONCRETE & MASONRY RESTORATION
 - 3999 OTHER _____

- 4000 MASONRY**
- 4201 MASONRY
 - 4999 OTHER _____

- 5000 METALS**
- 5101 STRUCTURAL & MISC STEEL
 - 5121 STEEL ERECTION
 - 5200 METAL JOISTS
 - 5301 METAL DECK
 - 5999 OTHER _____

- 6000 WOODS & PLASTICS**
- 6100 ROUGH CARPENTRY
 - 6101 LUMBER & TRUSS SUPPLIERS
 - 6201 FINISH CARPENTRY/MILLWORK
 - 6999 OTHER _____

- 7000 THERMAL & MOISTURE PROTECTION**
- 7101 WATERPROOFING & DAMPROOFING
 - 7201 INSULATION
 - 7251 FIRE PROOFING
 - 7401 WALL & ROOF PANELS, SIDING
 - 7501 ROOFING
 - 7601 ARCITECHTURAL SHEET METAL
 - 7901 CAULKING & SEALANTS
 - 7999 OTHER _____

- 8000 DOORS & WINDOWS**
- 8101 DOORS & HARDWARE
 - 8300 SPECIALTY DOORS
 - 8360 OVERHEAD DOORS
 - 8501 WOOD & METAL WINDOWS
 - 8600 SKYLIGHTS
 - 8801 GLASS & GLAZING
 - 8999 OTHER _____

- 9000 FINISHES**
- 9201 LATH & PLASTER
 - 9251 DRYWALL
 - 9301 CERAMIC & QUARRY TILE
 - 9501 ACOUSTICS
 - 9650 RESILIANF FLOORS
 - 9681 CARPET
 - 9701 SPECIALTY FLOORS
 - 9901 PAINTING & WALL COVERING
 - 9999 OTHER _____

- 10000 SPECIALTIES**
- 10161 TOILET PARTITION/ACCESSORIES
 - 10350 FLAGPOLES
 - 10441 SIGNAGE
 - 10500 LOCKERS
 - 10521 FIRE EXTINGUISHERS 7 CABINETS
 - 10651 FOLDING & OPERABLE PARTITIONS
 - 10999 OTHER _____

- 11000 EQUIPMENT**
- 11161 DOCK EQUIPMENT
 - 11400 FOOD SERVICE EQUIPMENT
 - 11451 RESIDENTIAL APPLIANCES
 - 11600 LABROTORY EQUIPMENT
 - 11999 OTHER _____

- 12000 FURNISHINGS**
- 12501 WINDOW TREATMENT
 - 12671 ENTRY MATS
 - 12999 OTHER _____

- 13000 SPECIAL CONSTRUCTION**
- 13120 PRE-ENGINEERED STRUCTURES
 - 13999 OTHER _____

- 14000 CONVEYING SYSTEMS**
- 14201 ELEVATORS & ESCALATORS
 - 14600 HOISTS & CRANES
 - 14999 OTHER _____

- 15000 MECHANICAL**
- 15301 FIRE PROTECTION
 - 15401 PLUMBING
 - 15501 HVAC
 - 15999 OTHER _____

- 16000 ELECTRICAL**
- 16000 ELECTRICAL
 - 16600 SPECIAL SYSTEMS
 - 16999 OTHER _____

- 17000 DESIGN SERVICES**
- 17000 DESIGN SERVICES

Select the geographical regions from the listing below where your company is properly licensed, will provide quotes and work. If only a portion of an area, please describe.

NORTH AMERICA

- Northwest Region**
- ID OR
- MT SD
- ND WA
- NE WY

South Region

- AR NM
- CO OK
- KS TX
- LA

Western Canada OT

- BC AB QB
- SK MB
- OTHER _____

Northeast Region

- CT ME PA
- DE NH RI
- KY NJ WV
- MA NY VA
- MD OH VT

Southwest Region

- AZ NV
- CA UT
- MS

Eastern Canada

- NS
- NB

North Central Region

- IA MN
- IL MO
- IN WI
- MI

Southeast Region

- AL NC
- FL SC
- GA TN

Please give an explanation of how this project will work with you company's overall schedule.

Conference

I hereby certify that the information submitted herewith, including any attachments is true and sufficiently complete so as not to be misleading.

Information Supplied By _____

Print Name _____

Title _____

Date _____

Return completed form to: Clayco Construction Company; 2199 Innerbelt Business Center Drive, St. Louis, MO 63114
Attention: Peter Abromowitz

For Clayco's Use

Approved By _____ Date: _____

Signature

Date