



The Whiting-Turner Contracting Company  
300 East Joppa Road  
Baltimore, Maryland 21286

## Subcontractor Prequalification Statement

Return to:

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*Required in advance of consideration to bid. The undersigned certifies that the statements and answers are true and correct. (Please type or print).*

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Company name:

Representative:

Title:

Address:

Principal office:

Phone number:

Fax number:

Annual work capacity (\$):

MBE or WBE:

Furnish, install or both:

Open shop, merit or union:

State sales tax ID #:

1. List the states in which your organization is legally qualified to do business.

2. How many years has your organization been actively engaged in business?

## 3. Check the types of work that your company performs.

0101	Professional services	0331	Conc. Sawcut/core/joint supplier
0102	Testing and inspection	0333	Concrete post tensioned
0105	Surveyors/layout engineers	0336	Gunite/pressure injected grout
0111	CPM schedule	0343	Concrete – ready mix
0112	Photography	0350	Specialty finished concrete
0131	Security	0355	Installation equipment/services
0132	Fuel delivery	0386	Precast concrete arch. Panel
0133	Welding	0387	Precast structural concrete
0134	Trash removal	0390	Concrete finishing
0140	Clean-up	0395	Poured roof deck
0161	Safety equipment	0397	Cementitious decking
0165	Tools and equipment		
0171	Hauling, trucking	0401	Masonry
0190	Temporary facilities	0410	Acid brick floors/refractories
0191	Asbestos removal	0415	Masonry accessories/suppliers
0192	Office supplies and equipment	0420	Restoration and clean
0193	Building supply	0440	Cut stone suppliers
0207	Demolition	0501	Structural steel fabrication
0219	Earthwork	0502	Structural steel erection
0220	Clearing and grubbing	0520	Open-web joists-fabrications
0225	Pest control	0534	Metal decking
0237	Dewatering	0545	Miscellaneous steel fabricate
0240	Subsurface exploration	0553	Construction castings
0243	Piling, sheeting and shoring	0560	Ornamental metals
0250	Caissons		
0262	Site utilities	0600	Rough carpentry
0271	Asphalt paving	0610	Framing
0272	Curbs and gutters/site concrete	0620	Panelized roof glulam
0276	Road and parking appru	0630	Interior ornamental panels
0277	MDOT maint. of traffic bridge/road	0640	Heavy timber construction
0280	Site improvements	0660	Millwork and cabinetwork
0285	Fence work		
0287	Lawns and planting	0701	Waterproofing and dampproofing
0290	Landscaping	0720	Building insulation
0291	Marine work	0725	Fireproofing
0292	Tunneling	0737	Metal siding/panel-suppliers
0293	Railroad work	0738	Metal siding/panel-erectors
		0750	Membrane (built-up) roofer
0310	Concrete access./forms	0755	Foam roofing
0315	Concrete formwork only	0760	Flashing/sheet metal work
0316	Concrete construction – struct.	0780	Roof accessories
0317	Concrete construction – slabs (only)	0781	Shingles and roofing tiles
0318	Concrete construction – other	0786	Preformed roofing and siding
0320	Tilt-up construction	0787	Skylights
0324	Concrete reinforce. – fab	0790	Caulking and sealants
0330	Concrete reinforce. – selling		

0801	Hollow metal doors and frames	1117	Waste handling
0805	Special metal doors and frames	1119	Detention equipment
0810	Wood doors	1120	Water sup. and treatment equip.
0815	Plastic doors and windows	1126	Residential equipment
0821	Sliding fire doors	1130	Fluid waste disposal equip.
0823	Overhead and miscellaneous doors	1141	Food service equipment
0837	Steel windows	1145	Refrigeration equipment
0838	Aluminum windows	1147	Dark room equipment
0850	Finish hardware	1150	Gymnasium equipment
0875	Glass, glazing and storefront	1160	Laboratory equipment
0880	Curtainwall system	1170	Miscellaneous equipment
		1175	Service station equipment
		1190	Education equipment
0901	Plaster, stucco, dryvit		
0910	Gypsum drywall		
0920	Ceramic-quarry tile-terrazzo	1211	Blinds and shades
0950	Acoustical treatment	1212	Carpets and mats
0960	Wood flooring	1215	Cabinets and furniture
0963	Wood block industrial floors	1270	Seating
0970	Resilient flooring		
0971	Carpet floor	1301	Computer floors
0975	Special flooring	1305	Prefabricated structures
0980	Special coatings	1375	Special chimney construction
0985	Painting/wall covering	1380	Storage vaults
0990	Painting-bridge	1390	Miscellaneous special constr.
1002	Toilet compartments	1401	Dumbwaiters
1010	Demountable partitions	1405	Elevators and escalators
1015	Retractable partitions	1415	Hoists and cranes
1020	Lockers	1440	Conveyers
1021	Louvers and grilles		
1024	Toilet accessories	1500	Mechanical
1030	Miscellaneous specialties	1510	HVAC/sheetmetal work
1035	Flagpoles	1525	Mechanical insulation
1040	Signs and indent. Devices	1540	Plumbing
1065	Scales	1550	Fire protection
1095	Waste disposal units	1565	Refrigeration
		1580	Sheetmetal
		1581	Testing balancing and adjusting
		1590	Mechanical system controls
1101	Bank equipment		
1106	Hospital equipment		
1107	Musical equipment		
1109	Theater equipment	1600	Electrical contractors
1113	Audio/visual equipment	1610	Electrical equipment supplier
1115	Parking equipment	1650	Electrical lighting
1116	Loading dock equipment	1660	Electrical special systems
Other			

4. List the address and phone numbers of your branch offices.
  
5. List any union trade agreements you presently have in effect. Are all your union benefits current?
  
6. List the construction experience of the principal individuals of your organization (or provide resume).
  
7. Have you ever failed to complete any work awarded to you? If so, note what, when, where and why.
  
8. Have you ever performed work for The Whiting-Turner Contracting Company? If so, state project names, locations, work performed and the Whiting-Turner representative.
  
9. Bank references: (name, address and phone number)
  
10. Name of insurance company (name, address and phone number of agent, current limits)
  
11. Name of bonding company (name, address and phone number of agent, current limits)
  
12. List the major construction projects that your organization has completed in the last five (5) years. Designate the project name, owner's representative, phone #, architect phone #, your status as prime or subcontractor, general contractor/construction manager reference, contract amount, schedule, type of project (attach separate sheet if necessary).

13. List your company's Worker's Compensation/Interstate Experience Modification Rate for the most recent 3 years. (Attach authentication from your insurance carrier of state fund (on their letterhead) verifying the EMR data.

YEAR	EMR
20	
20	
20	

14. Use your 3 most recent years' OSHA 300A (Summary) forms to fill-in the number of cases for each of the following categories:

	Year	20	20	20
14a. Number of fatalities <i>Line "G" on OSHA 300A Form</i>				
Number of lost workday cases <i>Line "H" on OSHA 300A Form</i>				
Number of job restriction cases <i>Line "I" on OSHA 300A Form</i>				
Number of other recordable cases <i>Line "J" on OSHA 300A Form</i>				
Total hours worked by all employees				
14b. OSHA Total Recordable Incidence Rate (TRIR) <i>Line "H" + Line "I" + Line "J" X 200,000 divided by total employee hours worked</i>				
14c. OSHA Lost Workday Incidence Rate (LTIR) <i>Line "H" X 200,000 divided by total employee hours worked</i>				

15. How many OSHA (MOSH) violations has your company received in the last 3 years? (Include all from parent/subsidiaries as well).

YEAR	VIOLATIONS
20	
20	
20	

16. Were any of the citations in section 15 (above) willful or repeat violations?

YES            NO

17. Do you have a full-time qualified person responsible for safety with-in your company?

YES            NO

18. Do you have a written company safety policy and program?

YES            NO

19. Does your company have a substance abuse policy?

YES            NO

20. Do you have a return to work light duty program?

YES NO

21. Does your company provide safety training for all employees?

YES NO

22. Does your company have a program recognizing employees for safety performance excellence?

YES NO

23. Does your company have a written disciplinary program in place for safety violations?

YES NO

24. Does your company review the safety management systems of your subcontractors?

YES NO

25. Does your company conduct accident/incident / near miss investigations?

YES NO

26. Does your company have a formal, written job / task hazard analysis process?

YES NO

27. Has your company or any predecessor company been suspended or barred from performing work by any federal, state or other public entity or agency?

YES NO

If yes, please provide details.

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*(Whiting-Turner will require at least one of your full-time, on-site employees to have taken the 30-hour OSHA training).*

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28. Attach a dated financial statement or balance sheet for your company.

Name of firm preparing statement:

Address:

29. Has your firm ever had financial difficulties that resulted in declaring Chapter 11? Have any vendors put liens against your firm?

30. If your firm is a minority or woman-owned firm, list all locations in which you are certified and the certification numbers.

31. Dated at:

this                    day of

Name of organization:

Address:

By:

Title: