



Thank you for your interest in submitting bids to ECI Site Construction Management, Inc. Please upload this completed form and applicable attachments to SmartBid, fax to 970-669-6411, or mail to P.O. Box 2135, Loveland, CO 80539.

<b>Date Prequalification Form Completed</b>			
<b>General Company Information</b>			
Type of Work / Service / Material			
Company Legal Name			
Mailing Address			
Street Address			
Phone		Fax	
Website			
Years in Business (under current name)			
Type of Company	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC		
Certification(s) (Attach Certificates)	<input type="checkbox"/> DBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> 8(a) <input type="checkbox"/> SBE <input type="checkbox"/> Other		
Number of Owners, Principals, or Partners	(Attach Resumes)		
Number of Employees	Office Personnel	Field Supervisors	Field Labor
Special License #s (including State)			
Federal Tax ID		State Sales Tax No.	
Company or Owner Bankruptcy last 5 yrs?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please explain in attachment)		
<b>Contact(s) Information</b>			
Estimating Contact 1			
Phone Number			
Email Address			
Subcontract Contact			
Phone Number			
Email Address			



<b>Project Information</b>			
Project Contract Range (\$)			
Annual Volume (\$)	This Year	Last Year	Prior Year
State(s) where work performed			
Has company ever defaulted on a project?		<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please explain in attachment)	
Please provide information on three significant projects in the past three years. Use additional attachments as necessary.			
Project Name	Scope	Contract Amount	Reference Contact (name, phone, email)
<b>Surety (Bonding) / Insurance / Banking Information</b>			
Current Surety Company			
Address			
Broker Agent Name		Phone Number	
Bonding Capacity		Single Project	Aggregate
Insurance Company			
Address			
Insurance Agent Name		Phone Number	
Bank (Name/Branch)			
Contact Name		Phone Number	
<b>Safety Information</b>			
Do you have a company safety program?		<input type="checkbox"/> Yes <input type="checkbox"/> No (Please explain details in attachment including frequency of safety meetings, inspections, reporting methods)	
Do you have a safety manual?		<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Please attach manual)	
Safety Officer Name, Title (please attach resume)			
Contact Information		Phone	Email
Workers Comp EMR #		Current Year	Last Year Prior Year



OSHA Numbers* Current Yr	RIR	LTIR	RIC	F	Total Hours Worked
OSHA Numbers Last Year	RIR	LTIR	RIC	F	Total Hours Worked
OSHA Numbers Prior Year	RIR	LTIR	RIC	F	Total Hours Worked
Has your company ever been issued an OSHA Citation?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Please explain in attachment)				
*RIR – Recordable Incident Rate, LTIR – Lost Time Incident Rate, RIC – Recordable Incident Cases, F - Fatalities					
Does your company perform drug testing	Prior to Employment? <input type="checkbox"/> Yes <input type="checkbox"/> No Post Incident? <input type="checkbox"/> Yes <input type="checkbox"/> No		Randomly? <input type="checkbox"/> Yes <input type="checkbox"/> No Under Suspicion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Legal Information</b>					
Are there any judgments, claims, arbitration proceedings, or suits pending / out-standing against your firm or its officer or principals?			<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please explain in attachment)		
Has your company been involved in any lawsuits, arbitration or mediation with regard to construction contracts within the last five (5) years?			<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please explain in attachment)		
<b>Minimum Insurance Requirements</b> (subject to change for specific project requirements)					
Workers Compensation	Each Accident				<b>\$100,000</b>
	Each Occupational Disease				<b>\$100,000</b>
	Occupational Disease – Aggregate				<b>\$500,000</b>
General Liability Insurance	General Aggregate				<b>\$2,000,000</b>
	Products/Completed Operations Aggregate				<b>\$2,000,000</b>
	Personal & Advertising Injury				<b>\$1,000,000</b>
	Each Occurrence				<b>\$1,000,000</b>
Automobile Liability Insurance	Combined Single Limit				<b>\$1,000,000</b>
Does your company have these comply with these requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Please attach a sample certificate of insurance)				

**I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.**

\_\_\_\_\_  
Authorized Signing Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title



**Include the Following Attachments**

- Special Certification Certificates (DBE, MBE, etc.)
- Owner(s), Principal(s), or Partner(s) resumes
- Additional Project Reference Information
- Details of Safety Program
- Health and Safety Manual
- Safety Officer Resume
- Insurance Certificate
- Two years of Audited Financial Statements (Balance Sheets, Income Statements)
- Explanations as Required
- Completed W-9 Form (If first time working with ECI)