

# Example of the CMiC Prequalification Form

Please Enter your Federal Tax ID:

OK Cancel

Please create a password for future access.

Password:

Confirm:

OK Cancel

## Pepper Construction Subcontractor Prequalification Questionnaire

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All questions contained in this questionnaire are strictly confidential. Questions on completing the prequalification form may be submitted to the following email or mailing address. Email : prequal@pepperconstruction.com Address: Pepper Construction 411 Lake Zurich Road Barrington, IL 60010 Attn: Prequalification

### Company Headquarters Information

Federal Tax ID: 2223334444 Year Company Founded:

Company Name:

Also Known As:

Legal Name:

Parent Corp.:

Address:

Suite:

City:

State:

Zip:

Country:

Contact:

Phone:

Toll Free:

Fax:

E-mail:

Branch Offices: (Enter all your branch office(s) and bid contact names) [Add Row](#)

### Indicate what region your company does work in:

Select All Regions

Illinois  Ohio

Indiana  Texas

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### General Information

License Information: Enter your company's contractors license information

Authority	Class	License Number	Date Expire
N/A	<input type="text"/>	<input type="text"/>	<input type="text"/>

[Remove Row](#) [Add Row](#)

Minority Business Enterprise Status:

HUBZone Small Business  Minority Owned Business Enterprise  Small Disadvantaged Business

Small Business  Service Disabled Veteran Owned Small Business  Small Women Owned Business

Veteran Owned Small Business  Women Owned Business Enterprise

Other

Is your firm signatory to any unions?  Yes  No

Trade Information:

[Remove Row](#) [Add Row](#)

Certifying Agency Names:

[Remove Row](#) [Add Row](#)

Union Affiliations [Add Row](#)

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**Insurance Information**

**NOTE:** Please review Pepper Insurance requirements. A Blanket Certificate of Insurance (COI) will cover all projects (per contract terms) with Pepper Construction. Submission of a Blanket COI will reduce the change of delay of payment due to lack of valid insurance. A job specific COI will cover only the job identified and will be required to be submitted for every project.

Insurance Broker Name:  GL Expiration Date:

We have reviewed the attached documents and we fully meet the Insurance Requirements  Yes  No

If you have checked No, then please check No, then please check from the list below, the Insurance Requirements you DO NOT MEET.

GL Limits per occurrence are only \$1M with no Umbrella/Excess Policy.

Aggregate limits do not apply separately per project. (Unless Aggregate + Umbrella Limits are greater than \$5M)

Additional Insured Endorsement does not cover completed operations.

Mold Coverage in GL Policy or Separate Pollution Liability Coverage.

Additional Insured Endorsement does not include primary wording.

Other

Insurance Comments:

**Safety Information (OSHA Form 300A Must Be Attached)**

Does your company have a written field based safety program?  Yes  No

Is your Company part of an OSHA partnership?  Yes  No If Yes, please provide program title and your level (if applicable)

Does your company use project specific safety plans?  Yes  No

Does your company have a substance abuse policy?  Yes  No

Does your company conduct weekly, documented safety audits?  Yes  No

Do you hold site safety meetings?  Yes  No How Often?

Does your company have a safety management program and safety manual?  Yes  No

Do you conduct project site safety inspections?  Yes  No How Often?

Do your trades people begin each day with safety meeting (examples, safety hurdle, task hazard analysis or job safety meeting)?  Yes  No

Who follows up on these inspections?

Does your company have a full time safety manager / director?  Yes  No If yes, please provide contact info

Year	Citations	EMR	RIR	LTIR	FWH	ANE	Fatalities
2012	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2011	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2010	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Citations** - Please enter number of OSHA Citations received during that year (citations, not violations)

**EMR** - Experience Modification Rate. Your Workers Comp carrier should have this information

**RIR** - Recordable Incident Rate - Add columns I & J from the OSHA 300A form.

**LTIR** - Lost Time Incident Rate - Column H from the OSHA 300A form.

**FWH** - Total hours worked by all employees - located on right hand side of OSHA 300A form

**ANE** - Annual Number of Employees - located on right hand side of OSHA 300A

**Fatalities** - Column G from OSHA 300A form

[Add Row](#)

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**Surety Information**

Is your Company Bondable?  Yes  No

Surety Company

Broker Name

Phone

Single Project Bonding Capacity

Aggregate Project Bonding Capacity

Current amount under bond today

\$ 0 - \$ 100 K  0.00%

\$ 100 K - \$ 500 K  0.00%

\$ 500 K - \$ 1 M  0.00%

\$ 1 M - \$ 2 M  0.00%

\$ 2 M - \$ 5 M  0.00%

**Financial Information**

Financial Year Ending: 2012

Legal Entity Type

Year Company Founded 1990

Fiscal Year End Date Jan 1

Subsidiary Names: 1.   
2.   
3.   
4.   
5.

Parent Organization

Has Your Firm Ever Filed Bankruptcy?  Yes  No

Accountant

Do you have D&B Number?  Yes  No Number

D&B Paydex No

Previous Company Names: 1.   
2.   
3.   
4.   
5.

If Yes, explain:

Financial Format

Please provide your financial information for the past 3 years. Please upload a copy of your current financial statement at the last section of this questionnaire and select the financial statement box.

Income Statements	
Net Sales	0
Cost Of Sales	0
<b>Gross Profit Margin</b>	0
Selling, General, Administrative	0
Depreciation and Amortization	0
Other Operating Expenses	0
<b>Operating Income</b>	0
Interest Expense	0
Interest Income	0
Other Nonoperating Expenses	0
<b>Earnings Before Taxes</b>	0
Income Taxes	0
<b>Net Income</b>	0
Balance Sheet	
Cash	0
Marketable Securities	0
Accounts Receivable	0
Costs and Profit in Excess of Billings (Underbilled)	0
Inventory	0
Other Long-Term Assets	0
<b>Total Current Assets</b>	0
Gross Fixed Assets	0
Less Accumulated Depreciation	0
<b>Net Fixed Assets</b>	0
Other Long-Term Assets	0
<b>Total Assets</b>	0
Accounts Payable & Accruals	0
Billings in Excess of Costs & Profit (Overbilled)	0
Current Interest Bearing Debt	0
<b>Total Current Liabilities</b>	0
Long Term Debt	0
Long Term Deferred Taxes	0
Other Long Term Liabilities	0
<b>Total Liabilities</b>	0
Preferred Stock	0
Common Stock & Capital Surplus	0
Retained Earnings	0
<b>Total Equity</b>	0
<b>Total Liabilities &amp; Equity</b>	0
Cost Of Goods Sold	0

  

Amount Line Of Credit*	
Against Line Of Credit*	
Highest Dollar Project Ever Awarded*	
Average Project Size*	

Please fill out and attach W-9 form if you have not previously worked for Pepper Construction. PLEASE ATTACH LAST TWO (2) YEARS OF FINANCIAL STATEMENTS (including Balance Sheets, Income Statements and Opinion Letter from Accountant) on the last section of this questionnaire.

Company Officers:		
Company Officer Name	Title	Action
<input type="text"/>	<input type="text"/>	Remove Row
		Add Row

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**Financial Information**  
Enter information for a contact in your company who can answer specific questions about your Financials:

Contact Name:*	<input type="text"/>	Phone*	<input type="text"/>	Fax	<input type="text"/>
Title/Position:*	<input type="text"/>	E-mail*	<input type="text"/>		

**Bank Reference:**

Name of Bank:*	<input type="text"/>	Phone*	<input type="text"/>
Contact Name:*	<input type="text"/>	Fax	<input type="text"/>
Title/Position:	<input type="text"/>	E-mail	<input type="text"/>

**Litigation Information** If yes, please enter a brief description

Any current litigation with Owners or General Contractors?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Any judgements against your company in the last 5 years?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Any Principals of your company in litigation?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Any paid liquidated damages?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Any labor law violations?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Have you ever defaulted on a contract?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Ever failed to complete a contract?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Have you ever been terminated from a contract?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Have you ever had your license revoked or suspended?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>

**References**

Company Name:	<input type="text"/>	Contact Name:	<input type="text"/>	
Address	<input type="text"/>	E-mail	<input type="text"/>	Remove Row
City	<input type="text"/>	State	<input type="text"/>	Phone <input type="text"/>

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Company Name:	<input type="text"/>	Contact Name:	<input type="text"/>	
Address	<input type="text"/>	E-mail	<input type="text"/>	Remove Row
City	<input type="text"/>	State	<input type="text"/>	Phone <input type="text"/>

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Company Name:	<input type="text"/>	Contact Name:	<input type="text"/>	
Address	<input type="text"/>	E-mail	<input type="text"/>	Remove Row
City	<input type="text"/>	State	<input type="text"/>	Phone <input type="text"/>

[Add Row](#)

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**User-Defined Fields**

Bond in Place?	<input type="text"/>	AMBEST Rating	<input type="text"/>
Type of Line of Credit	<input type="text"/>	Largest Single Contract Amt	<input type="text"/>
Largest Project Description	<input type="text"/>		

The submission of your current Insurance Certificate, Financial Statement, Balance Sheets, Income Statements, Opinion Letter, Letter of Bondability from Surety stating total and Per Project Bonding Capacity, copy of OSHA Form 300A Summary of Work-related Injuries and Illnesses filed with the U.S. Department of Labor for the past two calendar years, Blanket Certificate of Insurance, Explanations and/or Certifications. These documents are mandatory before we will start the review of your prequalification information.

**Attachments** [Add Row](#)

Page 7 provides a recap of all information you have entered so that you may review it.



# Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.95, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

## Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(g) _____	(h) _____	(i) _____	(j) _____

## Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
(k) _____	(l) _____

## Injury and Illness Types

Total number of . . . (M)	(1) Injuries	(2) Skin disorders	(3) Respiratory conditions	(4) Poisonings	(5) Hearing loss	(6) All other illnesses
_____	_____	_____	_____	_____	_____	_____

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 36 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about this estimate or any other aspect of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

### Establishment Information

Your establishment name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Industry description (e.g., *Manufacture of motor truck trailers*) \_\_\_\_\_

Standard Industrial Classification (SIC), if known (e.g., 3715) \_\_\_\_\_

OR

North American Industrial Classification (NAICS), if known (e.g., 336212) \_\_\_\_\_

**Employment Information** (If you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees \_\_\_\_\_

Total hours worked by all employees last year \_\_\_\_\_

### Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive \_\_\_\_\_ Title \_\_\_\_\_

Place \_\_\_\_\_ Date \_\_\_\_\_

## Request for Taxpayer Identification Number and Certification

Give Form to the  
 requester. Do not  
 send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your Income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Exempt payee	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶	
	<input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								

Employer identification number								

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out Item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, Item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.