DC BEANE AND ASSOCIATES CONSTRUCTION COMPANY

Charlestown Navy Yard
One Historical Park, Building 125
Charlestown, MA 02129-4558
617.330.9900 dcbeaneconstruction.com

Project Name: Not Applicable
Date of Response (office use only): _____

Thank you for your interest in DC Beane and Associates Construction Company. In order to develop a more complete knowledge of your Company and better match future DC Beane opportunities to your Company's capabilities please complete this form and return to: DC Beane Construction Company.

Questions can be delivered via e-mail to jweinstein@dcbeane.com or mlobben@dcbeane.com.

SUBCONTRACTOR / VENDOR PRE-QUALIFICATION STATEMENT

GENERAL INFORMATION

Legal Name of Firm: _____

DBA: _____

Address: _____

City: _____ State_____ Zip_____

Phone: (____) _____-_____ Fax: (____) _____-_____

Website _____

Your business is: Sole Proprietorship ☐ Partnership ☐ Corporation ☐

Year Business Started: _____

Is your Company a:

_____MBE _____WBE _____DBE MBE/WBE/DBE Certified by _____

Please attach copies of all certifications.

Is this address the: _____Main Office _____Regional Office _____Branch Office

Name of Parent Company_____

Address of Parent Company_____

Contractor's License Number: _____ State: _____ Expiration: _____ (Attach list if needed)

State Sales Registration Number: _____ (Attach list if needed)

State Unemployment Insurance Number: _____ (Attach list if needed)

Federal ID Number _____

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Provide the names and titles of your firm's principal contacts:

Principal Contact: _____ Title: _____

Phone: _____ Fax: _____

Email Address: _____

Estimating Contact: _____ Title: _____

Phone: _____ Fax: _____

Email Address: _____

Contract Signing Authority: _____ Title _____

Email Address: _____

List of corporate officers, partners, members and shareholders of more than 5 % of the stock of your Company:

	Name	Position	Percent Owned
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____
D.	_____	_____	_____
E.	_____	_____	_____

Under what other name has your Company operated? _____

LABOR RELATIONS

A. Union _____ Merit Shop _____ Non-Union _____

If Union:	Union Name	Local Number	Agreement Expiration
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

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Resource Capacity

Average Workforce Size in the Last Three Years:

Year	Total Workforce (onsite personnel)	Single Largest Project Workforce	Number of Onsite Foreman	Project Duration
Projected for 2025				
2024				
2023				
2022				

Project Management:

Number of available Project Managers, _____

Trade Foreman:

Number of available Foreman, _____

How many people did your Company employ on average for the last 3 years?

Office Personnel _____ Field Personnel _____

QUALITY ASSURANCE

A. Is there a quality management system implemented within your company?

Yes _____ No _____

B. Does a Quality Manual exist? Yes _____ No _____

C. Does the plan include procedures for controlling inspection & testing in:

1) Receiving Yes _____ No _____

2) In process of construction Yes _____ No _____

3) Completion Yes _____ No _____

4) Nonconforming material & corrective action Yes _____ No _____

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D. Is there a full-time Quality Control Manager? Yes _____ No _____

E. Do you have experience with Leadership in Energy and Environmental Design (LEED) certificate projects? (If so, list 3 projects) Yes _____ No _____

1._____

2._____

3._____

GEOGRAPHICAL WORK AREA, MINORITY CERTIFICATION, AND CAPABILITIES

A. List states in which you are licensed to perform work:_____
_____
_____

B. Minority Certification:

MBE	Yes	_____	No	_____
WBE	Yes	_____	No	_____
Small Business	Yes	_____	No	_____
Small Disadvantaged Business	Yes	_____	No	_____
Disabled Veteran Owned Business	Yes	_____	No	_____
Hub-Zone Business	Yes	_____	No	_____

C. Capabilities

Do you have BIM / 3-D capabilities? Yes _____ No _____

If yes, what 3-D software do you use? _____

Do you offer design-build services? Yes _____ No _____

Check all building types on which your company has worked:

A. High rise Office Building	_____	F. Sports/Entertainment	_____
B. Midrise Office Building	_____	G. Industrial Bldg.	_____
C. Life Science	_____	H. High Tech/Laboratories	_____
D. Hospital	_____	I. Residential	_____
E. Pharmaceutical	_____	J. Design Build/Design Assist	_____

List of trades you normally perform with your own forces: _____

_____

What percentage of your work is normally subcontracted? _____ %

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What trades do you normally subcontract? _____

_____

What are the three largest contracts your company has completed?

Amount $_____ Year: _____ Project name and scope: _____

Amount $_____ Year: _____ Project name and scope: _____

Amount $_____ Year: _____ Project name and scope: _____

CURRENT BANKING INFORMATION

A. Name of your Bank: _____

Address: _____

Contact Person: _____ Phone: _____

Line of Credit (LOC): $_____ Unused Portion: $_____ Expiration Date of LOC: _____

CURRENT BONDING INFORMATION

A. Surety Company: _____ Broker: _____

Contact Person: _____ Phone: _____

REFERENCES

List three major General Contractors:

A. Company Name: _____

Address: _____

Phone: (_____)_____-_____ Fax: (_____)_____-_____

Contact: _____

B. Company Name: _____

Address: _____

Phone: (_____)_____-_____ Fax: (_____)_____-_____

Contact: _____

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C. Company Name: _____

Address: _____

Phone: (_____)_____-_____ Fax: (_____)_____-_____

Contact: _____

List three major Suppliers:

A. Company Name: _____

Address: _____

Phone: (_____)_____-_____ Fax: (_____)_____-_____

Contact: _____

B. Company Name: _____

Address: _____

Phone: (_____)_____-_____ Fax: (_____)_____-_____

Contact: _____

C. Company Name: _____

Address: _____

Phone: (_____)_____-_____ Fax: (_____)_____-_____

Contact: _____

Trade Association Memberships _____

_____

FINANCIAL INFORMATION

A. Annual dollar volume of work completed in last three years:

Year	Annual Sales	Largest Single Contract Value	General Contractor	Percentage (%) Bonded
Projected for 2025				
2024				
2023				
2022				

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B. Volume of contracted projects not yet started: $_____

C. Number of projects under way & projected through 2025: _____

D. Average Project Size $ _____

Has your Company or any its principals ever petitioned for bankruptcy, failed in business, defaulted or been terminated on a contract awarded to you? _____Yes _____No

If yes, please explain:_____
_____
_____

Have any of the Owners, officers or major stockholders of your Company ever been indicted or convicted of any felony or other criminal conduct? _____Yes _____No

If yes, please explain:_____
_____
_____

Has your Company or any Owners, officers or major stockholders ever been suspended, disbarred or otherwise precluded from pursuing public work or ever been found to be non- responsive by a public agency? _____Yes _____No

If yes, please explain:_____
_____
_____

Has your Company ever had a claim made against it for improper, delayed, defective or non-compliant work or failure to meet warranty obligations? _____Yes _____No

If yes, please explain:_____
_____
_____

Is your Company or any of its owners, officers or major shareholders currently involved in any arbitration or litigation? _____Yes _____No

If yes, please explain:_____
_____
_____

Please list any litigation brought against your Company in the past five (5) years asserting that you failed to make payments to anyone. _____
_____
_____

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SUSTAINABILITY INITIATIVES – ZERO CARBON COMMITMENT

_____

_____

_____

_____

INSURANCE INFORMATION

Subcontractor and each of its subcontractors, please provide a copy of all policies applicable to the General Liability Insurance Requirement. Please submit a copy of all primary general Liability insurance and applicable excess general liability or umbrella policies with this questionnaire. This questionnaire will not be considered completed without this information, and there will be no consideration for entering the Bid Process unless it is received.

Insurance limits should not be less than the following amounts, and with the following coverage extensions and conditions. Limits are subject to project specific insurance requirements:

General Liability	Bodily Injury / Property Damage (per occurrences) Products / Completed Operations Hazard Aggregate General Aggregate (per project)	$1,000,000 $2,000,000 $2,000,000
Umbrella Coverage	Per Occurrence	$10,000,000
Pollution Liability	Per Claim	$5,000,000
Products/Completed Operations Extension	Minimum 3-year extension after substantial completion	
Additional Insured	Coverage to be primary and non-contributory, ISO CG 20 09 not acceptable. DCBA shall be named as additional insured by endorsement with respect to all liability insurance policies required under the Agreement, SOW, Order or any other work.	
Carrier Rating	All Subcontractors insurance obligations under the Agreement shall be met by using an insurer that (a) maintains an A.M. Best rating of at least A-(VII) (or Standard & Poor's Rating of BBB) or (b) is otherwise approved by DCBA and the owner.	

SAFETY AND HEALTH INFORMATION

A. Do you have a written Safety Program? Yes _____ No _____

B. Do you have written Specific Programs? Yes _____ No _____

(i.e. confined space, welding, scaffolding)

C. Is your firm ISN registered? Yes _____ No _____

D. Do you have a designated Safety Officer? Yes _____ No _____

E. Have you been cited by OSHA within the last year? Yes _____ No _____
(attach explanation if Yes)

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F. Do your field personnel have OSHA 10 training? Yes _____ No _____

G. Do your field personnel have OSHA 30 training? Yes _____ No _____

H. If work-related fatalities have occurred among your workforce within the last three (3) years, provide the following information for each fatality (use extra sheets if necessary):

Date:_____ Location:_____

Citation: Yes_____ No_____ Agency issuing citation:_____

Status of citation (e.g. contested, withdrawn, etc.): _____

Are there any lawsuits related to the event? Yes_____ No_____

If yes, please provide status:_____

I. Has your company received an OSHA citation within the past three (3) years for items other than those listed above? Yes_____ No_____ # of citations:_____

Type and severity of citations:

_____

_____

_____

Pending citation(s)? Yes_____ No_____ # of citations:_____

Location(s) of pending citations:_____

Type and severity of pending citations:_____

_____

ATTACHMENTS

IN ORDER TO BE PREQUALIFIED FOR MORE THAN $100,000 THE FOLLOWING MUST BE PROVIDED:

- A letter from your Surety Company outlining the single and aggregate amount for which they will issue a performance and payment bond (we are not asking for a bond).
- A copy of your latest (consolidated) financial statements, i.e., Balance Sheet, Income Statement, etc., prepared by an outside accounting firm (Audited, Reviewed or Complied Financial Statements) AND a copy of your most recent internal financial statements.
- A copy of your standard insurance certificate listing all insurance coverage types and limits.
- A letter from your insurance agent illustrating your current and past three (3) years Worker's Compensation Experience Modification Ratings.

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EMR

Year	EMR Rating
_____	_____
_____	_____
_____	_____

Loss Time Accidents

Year	Number of Incidents
_____	_____
_____	_____
_____	_____

Your pre-qualification status cannot be determined until the pre-qualification statement is accurately completed, a letter from your surety is received and the necessary financial statements are provided.

Completed by (Signature): _____ Title: _____

Printed Name: _____ Date: _____