TUTOR PERINI/PARSONS, JV

# SUBCONTRACTOR QUALIFICATION APPLICATION

1000 Main Street New Rochelle, New York 10801 Phone No.: (914) 739-1908 Fax No.: (914) 739-5101

## **SECTION I GENERAL INFORMATION**

A. Name and Address of Company								
Name					Phone Number	Fax Number		
Address				(	City			State/Province
Zip/Province Co	de Co	ountry	This compa	any a	and address i	s the:	If other, specify.	
B. Is your firm	owne	ed or controlled b	y a parent	Cor	mpany or an	y other	organization?	
Yes	No							
If yes, please pro	vide de	etails.						
Name of Parent Company or Organization Phone Number Fax Number						Fax Number		
		-						
Address				(	City			State/Province
					-			
Zip/Province Co	de Co	ountry	This compa	any a	and address i	s the:	If other, specify.	
C. Does your f	irm on	nerate under anv	other nam	ne?				
C. Does your firm operate under any other name?  Yes No								
Other Name	110							
ounor rumo								
_								
D. Company W	Vebsite	e						
E. Contact Info	rmatio	on						
Saluation	Conta	ct Name				Title		
Phone Number		Cell Number	Fax N	umb	er	Email A	ddress	
F. Business T	vpe		1				G. Federal Ider	ntification Number
Or Fodoral Idonalion Hambol								

H. State of	H. State of Domestic Incorporation / Registration I. Year Company Founded						
J. CSI Cod	es						
		apply to your scope	of work. Bid Solicita	itions are based on CSI	codes.		
CSI Secti	ion No.(s)		CSI Se	ection Description			
K. Contract	tor Licenses						
List all conti	ractor license			Manatan Lineit			
State	License	e Class / Type	Expiration Date	Monetary Limit (Enter \$0 for unlimited)	State Unemployment No.		
		en denied or revo	ked?				
Yes	No No						
if yes, please	provide details	<b>).</b>					
M. Has a c	omplaint eve	r been filed with a	Contractors State L	icense Board against y	our firm?		
Yes	No						
If yes, please provide details of each complaint.							
N. Is your o	company unic	on, non-union or b	oth?				

O. Labor Agreement Commitments						
Please list all labor agreement commitments including the renewal date of each agreement.						
Union	Local	State	Renewal Date			
P. Does an employee of Tutor Perini / Pars company or an affiliated company?	ons, JV, directly or indire	ectly own a po	rtion of your			
Yes No						
If yes, identify the % owned and payments made du	uring the last 3 years.					
O Han an ampleyed of Tutor Parini / Para	na IV divaatly av indivaa	Alve was a live of se				
Q. Has an employee of Tutor Perini / Parso						
remuneration or any cash payment from your company or an affiliated company?  Yes No						
If yes, identify the payments made during the last 3 years and describe the conditions under which these payments						
were made.	years and describe the cond	altions under win	ich these payments			
D. Frankrika a samuel automtekana automa						
R. Excluding normal entertainment expens or indirectly received free gifts, goods a	• •					
company?	ind/or services from your	Company or a	in anniateu			
	Yes No  If yes, identify the value received during the last 3 years and describe the conditions under which these gifts, goods					
and/or services were made.	years and describe the condi	tions under whic	n tnese giπs, goods			

#### SECTION II FINANCIAL INFORMATION

Tutor Perini / Parsons, JV will treat the financial information ("Information") you provide to us as part of this qualification process as confidential. Access to the Information shall be restricted to those Tutor Perini / Parsons, JV employees who need access to the Information to perform the qualification process. Tutor Perini / Parsons, JV will not disclose any of the Information given to it by except as required by law, without the prior written consent of the applicant.

#### A. Financial Statements

Please submit to the address below:

- 1. Copies of your most recent interim financial statement
- 2. CPA prepared financial statements for the past three years.
  - \*\*\* Note: Please include financial statements of your parent company if you answered yes to Section I (B).

The CPA prepared financial statements must be complete, including:

Accountant's Report Income Statement Statements of Cash Flows Notes

Please submit financial statements to:

Tutor Perini / Parsons, JV Attn: Subcontractor Qualification - C. Busey 1000 Main Street New Rochelle, New York 10801 Phone Number: (914) 739-1908 Fax

Number: (914) 739-5101

Incomplete financial statements will delay the qualification process and may result in your rejection as a Tutor Perini/Parsons, JV qualified subcontractor.

#### B. Construction Revenue

What is your expected construction rever					
low many projects comprise this revenue figure?					
C. Surety					
Has your surety ever finished one or more of your construction projects?  Yes  No					
If yes, please provide details.					
Contract name Details					

#### D. Completed Contracts

Indicate the number of contracts you have completed in the last 3 years in the volume ranges indicated.				
Under \$250,000		\$5,000,001 to \$7,500,000		
\$250,001 to \$500,000		\$7,500,001 to \$10,000,000		
\$500,001 to \$1,000,000		\$10,000,001 to \$15,000,000		
\$1,000,001 to \$2,500,000		\$15,000,001 to \$25,000,000		
\$2,500,001 to \$5,000,000		Above \$25,000,000		

# SECTION II FINANCIAL INFORMATION

## E. Backlog

List your backlog as of today and at your year-end for the past 3 years.						
As of Today Year 1 Year 2 Year 3						

# F. Bonding Capacity

Provide your aggregate bonding capacity and your single contract limit.				
Single Contract		Aggregate Bonding Capacity		

## **SECTION III MANAGEMENT**

A · Complete the following information for each of your corporate officers, principals, general and limited partners and senior management. Senior Management might consist of your Business Manager, Operations Manager, Estimating Manager and Finance Manager. To attach additional information such as resumes and/or organization charts please use the Attachments button on the menu above.

Name	Title/Postion	Length of time in position	Length of time with firm	Other Experience

B. Have any of the owners, officers, senior management, or major stockholders (stockholders controlling 20% or more of the outstanding shares) of your company ever been convicted of a felony?

Yes No						
If yes, please provide details.						
Name	Details					

# SECTION IV WORK EXPERIENCE

A. How many perso	ns does your firm presently e	mploy?	
Corporate	Field Supervisory	Trades People	Other
B. What trades do y	ou normally Subcontract?		
C. What percentage	e of your work is normally sub	contracted?	
D. Has your compa	ny ever petitioned for bankru	otcy, failed in a business e	endeavor, defaulted or been
-	contract awarded to you?		
Yes No			
If yes, please provide de	etails.		
E. Has your firm eve	r failed to complete an award	ed contract?	
Yes No			
			ject, type of work, name of Owner or
Owner's Representative	ve, General Contractor, Architect	, final contract value, and valu	ue of approved change orders.
		erwise precluded from purs	suing public work or ever been
found to be non-resp	oonsive by a public agency?		
Yes No			
If yes, please provide de	tails.		
	y (under its current or any for	* *	
	nanagerial employees, ever b ut not limited to: federal, state		
Yes No	at not innited to. Iodorai, etato	and local agonolog of adm	ionido.
If yes, please provide de	etails.		
,, p			

H. Has any entity ever made a claim against your Company for defective, improper or non-conforming work, or for failing to comply with warranty obligations?
Yes No
If yes, please provide details.
I. Has your company been involved with any claims within the last 5 years?
Yes No
If yes, please provide details.
J. Are there any outstanding or unsatisfied judgments or claims against your Company that have resulted from litigation or any alternative dispute resolution (ADR) process?
Yes No
If yes, please provide details.
K. Has any entity made a claim against your Company for failing to make payments to that or any other entity?
Yes No
If yes, please provide details.
L. Have any of the Owners, officers, or major stockholders of your Company ever been indicted of convicted of any felony or other criminal conduct?
Yes No
If yes, please provide details.

## SECTION V REFERENCES

#### A. Surety

Please provide a reference from your surety stating the status of your relationship, your aggregate bonding capacity and your single contract limit. References from surety brokers must be signed as Attorney-in-Fact.

To attach your surety reference letter please use the Attachments button on the menu above or to submit your reference letter in hard copy please mail to the following:

Please submit surety reference letter to:

Tutor Perini / Parsons, JV Attn:

Subcontractor Qualification - C. Busey

1000 Main Street

New Rochelle, New York 10801 Phone Number: (914) 739-1908 Fax Number: (914) 739-5101

Missing surety and/or bonding reference will delay the qualification process and may result in your rejection as a Tutor Perini/Parsons, JV qualified subcontractor.

#### B. Banking

Please provide a bank reference(s) indicating the status of your banking relationship, the handling of your accounts, and any credit relationships. The reference should provide general terms and conditions of each credit relationship including the total amount of credit granted, available balance, expiration date, and whether the credit is secured or unsecured.

To attach your surety reference letter please use the Attachments button on the menu above or to submit your reference letter in hard copy please mail to the following:

Please submit banking reference letter to:

Tutor Perini / Parsons, JV

Attn: Subcontractor Qualification - C. Busey

1000 Main Street

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Missing bank reference will delay the qualification process and may result in your rejection as a Tutor Perini/Parsons, JV qualified subcontractor.

#### C. Insurance

Please list your Insurance Broker / Agent.

Company Name	Contact Name	Contact Phone Number	Contact Email Address

# SECTION V REFERENCES

## D. Prime Contractors

Please list three prime contractors who you have worked frequently for over the last 3 years.				
Company Name	Contact Name	Contact Phone Number	Contact Fax Number	Contact Email Address

## E. Major Suppliers

Please list three suppliers who you have used frequently over the last 3 years.				
Company Name	Contact Name	Contact Phone Number	Contact Fax Number	Contact Email Address

# SECTION VI SAFETY

A. List your worker's comp	ensation experience modific	cation over the last three yea	ırs		
Current Year	Last Year	Prior Year	Prior Year		
B. What is your OSHA Rec	cordable Incident Rate over	the last three years?			
Current Year	Last Year	Prior Year	Prior Year		
C. What is your OSHA Sev	verity, or Lost Time Incident	Rate over the last three yea	rs?		
Current Year	Last Year	Prior Year	Prior Year		
D. Fatalities					
How many fatalities has your	company had over the last thre	ee years?			
Please provide details of each	fatality.				
E. OSHA Violations					
How many OSHA violations has your company had over the last three years?					
Please provide details of each violation.					

# SECTION VII DIVERSITY

A. Business Diversity Qualifications					
Is your company a diversity qualified company? □ Yes □ No					
Indicate if your business qualifies as	s any of the following.	Please send c	opies of	each certificate.	
Gender of Ownership	Ethnicity			Type of Certification	
List all certifying agencies.					
Cert	Certifying Agency			Expiration Date	
B. NAICS (North American Industry Classification System) Code(s)					
List specific NAICS codes that apply to your scope of work.  To locate NAICS codes please click here:					
NAICS Code	Title	Title		Description	

## **AFFIRMATION STATEMENT**

STATE OF	)		
COUNTY OF	)		
I,	, being first duly sworn on oath, depose and state		
that I am the	of ,		
(Title/Position) and that I have read the foregoing Subco	(Company Name) ontractor Qualification Application, and the answers		
made and the attachments incorporated therein are true, correct, and complete to the best of			
my knowledge and belief.			
Signature	-		
SUBSURIBED and SWORN to before me	e this, day of,		
Notary Public	-		