

FINANCIAL

FINANCIAL (Audited Financial Statements for the last 3 years must accompany this form)

Year CURRENT Last Year Prior Year
 Revenue(\$)

EXPECTED ANNUAL REVENUE THIS YEAR (\$) _____

CURRENT BACKLOG VALUE (\$) # OF PROJECTS IN CURRENT BACKLOG _____

FINANCIAL INSTITUTION CREDIT LINE (\$) _____

DO YOU HAVE AN INDEPENDENT ACCOUNTING FIRM? YES NO _____

NAME OF INDEPENDENT ACCOUNTING FIRM _____

BONDING & INSURANCE

ARE YOU ABLE TO PROVIDE PAYMENT AND PERFORMANCE BONDS? YES NO

NAME OF SURETY _____

BONDING AGENCY _____

BONDING AGENT (Name of individual) _____

TELEPHONE NUMBER _____ EMAIL _____ RATING _____

BONDING CAPACITY: SINGLE (\$) _____ AGGREGATE (\$) _____

Date of Last Bond: _____ Amount \$ _____

Attach evidence that your firm has the following minimum Insurance coverage:

A Certificate of Insurance is required to be submitted with the Prequalification Application verifying that the Contractor Maintains Comprehensive General Liability, Umbrella Liability, Workers Compensation and Comprehensive Automotive Liability as indicated below. **Waiver of Subrogation shall apply to all policies and a 30-Day Notice of Cancellation provision will be required.**

The following minimum coverage and limits are required of all vendors unless required by bid documents to be greater:

- General Liability, including Products Liability & Completed Operations - \$1,000,000 per occurrence/\$2,000,000 aggregate
- Excess and/or Umbrella Liability - \$5,000,000 aggregate \$5,000,000 each occurrence
- Employers Liability - \$1,000,000 each accident/\$1,000,000 injury by disease/\$1,000,000 injury by disease aggregate (Only required if the Contractor will be delivering the product(s) to our building).
- Auto Liability - \$1,000,000 combined single limit (Only required if the Contractor will be delivering the product(s) to our building).
- Worker's Compensation and Employer's Liability:
 \$500,000 Each Accident
 \$500,000 Policy Limit
 \$500,000 Each Employee

SAFETY

Any OSHA Citations in the last 3 years?	Yes	If yes, please explain:
	No	
Do you perform regular job site safety inspections?	Yes	
	No	

EXPERIENCE MODIFICATION RATE

Experience Modification Rate (EMR for past three (3) years)	201__	201__	201__
*Attach Insurance Broker/NCCI verification of most current EMR	_____	_____	_____
*If current EMR is above 1.00, attach letter of explanation			

REFERENCES

Provide project information and references utilizing this form below, on your companies 5 largest relevant projects completed in the 24 months prior to the date of submission. Include a description of the scope of work provided on each project. Also provide reference contact names, addresses, telephone numbers, and e-mail addresses for each project. Projects submitted as references must be verifiable. Failure to provide project references that can be verified will result in an incomplete application.

PROJECT ONE

Name of Project/Location:	
Project Completion Date:	
Contract Amount:	
Scope of Work:	
Reference Contact Name/Title:	
Reference Contact Company/Agency Name:	
Reference Contact Telephone:	
Reference Contact E-Mail:	

PROJECT TWO

Name of Project/Location:	
Project Completion Date:	
Contract Amount:	
Scope of Work:	
Reference Contact Name/Title:	
Reference Contact Company/Agency Name:	
Reference Contact Telephone:	
Reference Contact E-Mail:	

PROJECT THREE

Name of Project/Location:	
Project Completion Date:	
Contract Amount:	
Scope of Work:	
Reference Contact Name/Title:	
Reference Contact Company/Agency Name:	
Reference Contact Telephone:	
Reference Contact E-Mail:	

PROJECT FOUR

Name of Project/Location:	
Project Completion Date:	
Contract Amount:	
Scope of Work:	
Reference Contact Name/Title:	
Reference Contact Company/Agency Name:	
Reference Contact Telephone:	
Reference Contact E-Mail:	

PROJECT FIVE

Name of Project/Location:	
Project Completion Date:	
Contract Amount:	
Scope of Work:	
Reference Contact Name/Title:	
Reference Contact Company/Agency Name:	
Reference Contact Telephone:	
Reference Contact E-Mail:	

COMPLETED BY _____

DATE COMPLETED _____

TELEPHONE _____

EMAIL _____

PLEASE MAKE SURE THE FOLLOWING ARE ATTACHED:

- Audited financial statements for last 3 years
- Sample insurance certificate
- Surety bonding confirmation letter
- Insurance broker / NCCI verification of EMR

** Upon clicking Submit, you will be prompted to select what type of e-mail you are using; **Desktop E-mail Application** (i.e., Microsoft Outlook, Eudora, etc.) or **Internet E-mail Application** (i.e., Yahoo, MSN, Hotmail, etc.)*

If you are still having trouble, please save this completed form to your computer, create a new e-mail to Sasha Raab sraab@HESSconstruction.com and manually attach the file and required attachments.

Thank you.

HESS Estimating Department

**SUBMIT
APPLICATION**