

804 W. Diamond Ave, Suite 200 Gaithersburg, MD 20878 P 301.670.9000 | F 301.670.9009 W HESSconstruction.com



PREQUALIFICATION APPLICATION

It is HESS policy that all subcontractors have a current prequalification application on file to be awarded a contract. Prequalification's are used by HESS to evaluate the qualifications of a subcontractor to perform the specific work for which they are being considered. Subcontractor financial information is held in strict confidence and only reviewed by our executive management team for the purpose of qualifying the organization. At no time will any information be shared with a third party.

HESS uses an internet and e-mail based system to collect evaluations from your references. Please be sure you have valid email addresses for your references.

PREQUALIFICATION APPLICATION		
Date:		
O New Application O Renewal	O PROJECT SPECIFIC APPLICATION:	PRIME TRADE BID PACKAGE:
	(For Construction Management Projects)	
GENERAL INFORMATION		
NAME OF COMPANY	PRIMARY ESTIMATING CON	TACT
ADDRESS 1	TELEPHONE	
ADDRESS 2	EMAIL	·
CITYSTATEZIP CODE	_	
PHONEFAXWEBSITE	CORPORATE OFFICER (Authori	zed to Sign Contracts)
# OF EMPLOYEESSTATE OF FORMATION		
FED TAX ID# DUNS# DATE FORMED	TELEPHONE	
	EMAIL	
Contractor's License Number State Expiration		
CERTIFICATIONS		
	veteran, women-owned and disadvantaged husiness o	enterprises on our projects.
HESS is committed to inclusion and maximizing participation of local, small, minority,	veteran, women-owned and disadvantaged business e	enterprises on our projects.
HESS is committed to inclusion and maximizing participation of local, small, minority, Subcontractor Certifications: O YES O SKIP		
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HESS is committed to inclusion and maximizing participation of local, small, minority, Subcontractor Certifications: O YES O SKIP MDOT MBE Cert # Prince George's County SDDD Cert #		
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HESS is committed to inclusion and maximizing participation of local, small, minority, Subcontractor Certifications: O YES O SKIP MDOT MBE Cert # Prince George's County SDDD Cert # City of Baltimore MWBOO Cert #	DSLBD CBE Cert # Virginia SWaM Cert # Other Cert # BONDING & INSURANCE	
Subcontractor Certifications: O YES O SKIP MDOT MBE Cert # Prince George's County SDDD Cert # City of Baltimore MWBOO Cert # FINANCAL NANCIAL (Audited Financial Statements for the last 3 years must accompany this form	DSLBD CBE Cert # Virginia SWaM Cert # Other Cert # BONDING & INSURANCE ARE YOU ABLE TO PROVIDE PAYMENT AI	
Subcontractor Certifications: O YES O SKIP MDOT MBE Cert # Prince George's County SDDD Cert # City of Baltimore MWBOO Cert # FINANCAL NANCIAL (Audited Financial Statements for the last 3 years must accompany this former car CURRENT Last Year Prior Year	DSLBD CBE Cert # Virginia SWaM Cert # Other Cert # BONDING & INSURANCE ARE YOU ABLE TO PROVIDE PAYMENT AI	ND PERFORMANCE BONDS?
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Subcontractor Certifications: O YES O SKIP MDOT MBE Cert # Prince George's County SDDD Cert # City of Baltimore MWBOO Cert # FINANCAL NANCIAL (Audited Financial Statements for the last 3 years must accompany this form evenue(\$) EXPECTED ANNUAL REVENUE THIS YEAR (\$) URRENT BACKLOG VALUE (\$) # OF PROJECTS IN CURRENT BACKLOG	DSLBD CBE Cert # Virginia SWaM Cert # Other Cert # BONDING & INSURANCE ARE YOU ABLE TO PROVIDE PAYMENT AI YES □ NO NAME OF SURETY BONDING AGENCY BONDING AGENT (Name of individual) TELEPHONE NUMBER	ND PERFORMANCE BONDS?
Subcontractor Certifications: O YES O SKIP MDOT MBE Cert # Prince George's County SDDD Cert # City of Baltimore MWBOO Cert # FINANCAL NANCIAL (Audited Financial Statements for the last 3 years must accompany this form evenue(\$) EXPECTED ANNUAL REVENUE THIS YEAR (\$)	DSLBD CBE Cert # Virginia SWaM Cert # Other Cert # BONDING & INSURANCE ARE YOU ABLE TO PROVIDE PAYMENT AI YES DNO NAME OF SURETY BONDING AGENCY BONDING AGENT (Name of individual) TELEPHONE NUMBER RATING	ND PERFORMANCE BONDS?
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NAME OF COMPANY	

SERVICES

Please select CSI Division(s) & Subcategories that most closely apply to your companies services:

Supplier or C	Trade Contractor			nishes Subcategory:* Drywall & Acoustics
Division 01 —	General Requirements Subcategory:*			Ceramic Tile
	Testing & Inspections			Terrazzo
	Final Cleaning			Wood flooring
	Surveying			Rubber Athletic Flooring
	Geotechnical Inspections			Resilient Tile & Carpet
	Security Guard Services			Painting
	Site Construction Subcategory:* Excavation/Earthwork			ecialties Subcategory:* Access Flooring
	Selective Demolition			Architectural Trim Mfg.
	Demolition & Hazardous Material Remediation			Awnings, Canopies, Walkways, Covers, etc.
	Asphalt Paving		_	•
	Synthetic Turf			Display Cases
	Site Concrete			Fire Extinguishers & Cabinets
	Segmental Retaining Walls			Flagpoles
	Fences & Gates			Lockers
	Unit Pavers			5 5
	Shoring			Toilet Partitions & Accessories
	Caissons			Wall, Corner & Door Guards
	Landscaping & Irrigation			Wire Partitions
	Pest Control & Termite Treatment Site Furnishings	Division 11	E 0	winment Subsatogory*
	•			uipment Subcategory:* Athletic Equipment
_	Site Offities			Audio Visual Equipment
Division 03 —	Concrete Subcategory:*			Entrance Mats
	Cast-in-Place Concrete			Food Service Equipment
	Concrete Reinforcing			
	Precast Architectural Concrete			Projection Screens
	Precast Structural Concrete			Residential Appliances
	Tilt-up Concrete			Auditorium Seating
	Masonry Subcategory:*			Theater & Stage Equipment
	Masonry			Trash Compactors
	Cast Stone			Library Security System
	Stone Masonry Masonry Symplian	Division 12	Е.	rnishings Subcategory:*
	Masonry Supplier			Manufactured Casework
Division 05 —	Metals Subcategory:*			Wood Casework
	Structural Steel Framing			Plastic Laminate Casework
	Steel Erection			Library Casework
	Misc Metal Fabrication (stairs, ladders)			Music Instrument Storage
				Window Treatment
	Ornamental Metals	D: : : 42		
Division 06	Wood and Plastics Subcategory:*			ecial Construction Subcategory:* Green Houses
	Carpentry (Framing) Subcontractor			Pre-Engineered Buildings
	Architectural Woodwork		_	Swimming Pools
	Wood Trusses		_	Swittining 1 cois
_	Wood 1143563	Division 14 -	— Cc	onveying Systems Subcategory:*
Division 07 —	Thermal and Moisture Protection Subcategory:*			Elevators
	Dampproofing, Waterproofing, Caulking & Sealants			Lifts (wheelchair lifts , etc.)
	EIFS / Stucco			
	Fireproofing / Firestopping			echanical Subcategory:*
				Fire Protection
	Metal Wall Panels			Geothermal
	6			HVAC
	Siding			HVAC Controls
	Skylights			Plumbing Testing and Balancing
Division 08 —	Doors and Windows Subcategory:*		_	resumg and balancing
	Coiling Doors & Grills / Overhead Doors	Division 16 -	– Ele	ectrical Subcategory:*
	•			Electrical
	, , ,			Data & communications (Low Voltage)
	Louvers & Vents			Fire Alarm





NAME OF COMPANY

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:		Project Location:			
Project Completion Date:		Scope of Work:			
Original Contract Amount:		Final Contract Value:			
Reference Company/Agency Name:		Reference Contact Name/Title:			
Reference Contact Telephone:		Reference Contact E-Mail:			
	PROJECT T	wo			
Name of Project:		Project Location:			
Project Completion Date:		Scope of Work:			
Original Contract Amount:		Final Contract Value:			
Reference Company/Agency Name:		Reference Contact Name/Title:			
Reference Contact Telephone:		Reference Contact E-Mail:			
	PROJECT TH	IREE			
Name of Project:		Project Location:			
Project Completion Date:		Scope of Work:			
Original Contract Amount:		Final Contract Value:			
Reference Company/Agency Name:		Reference Contact Name/Title:			
Reference Contact Telephone:		Reference Contact E-Mail:			
PROJECT FOUR					
Name of Project:		Project Location:			
Project Completion Date:		Scope of Work:			
Original Contract Amount:		Final Contract Value:			
Reference Company/Agency Name:		Reference Contact Name/Title:			
Reference Contact Telephone:		Reference Contact E-Mail:			
	PROJECT FIVE				
Name of Project:		Project Location:			
Project Completion Date:		Scope of Work:			
Original Contract Amount:		Final Contract Value:			
Reference Company/Agency Name:		Reference Contact Name/Title:			
Reference Contact Telephone:		Reference Contact E-Mail:			





NAME OF COMPANY

INSURANCE

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.

The Contractor shall purchase from and maintain such insurance as will protect him and the State of Maryland and the Maryland Stadium Authority, and the Baltimore City Board of School Commissioners, and the Baltimore City Public School System, and the City of Baltimore, and HESS from claims that may arise out of, or result from, the Contractor's operations and completed operations under the Subcontract whether such operations be by himself or by any subcontractor, lower tier contractor or by anyone directly or indirectly employed by any of them, or by anyone for whose acts any of them be liable. 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

SALETT						
Any OSHA Citations in the last 3 years?	Yes	If yes, please explain:				
Any Oshia citations in the last 5 years:	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		EMR#		EMR#	EMR#	
*If current EMR is above 1.00, attach letter of explanation		EIVIN4	'			
PLEASE MAKE SURE THE FOLLOWING ARE ATTACHED:						
O Audited financial statements for last 3 years		O Sample insurance certificate				
O Surety bonding confirmation letter		O Insurance broker / NCCI verification of EMR				
COMPLETED BY						
DATE COMPLETED						
TELEPHONE						
FMAII						

If you are unable to complete this form on line, please download the pdf version and 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 all attachments.

Thank you.

Estimating Department

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