

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.

Please return the prequalification application to Sasha Raab, [sraab@HESSconstruction.com](mailto:sraab@HESSconstruction.com)

**PREQUALIFICATION APPLICATION**

Date: \_\_\_\_\_  New Application  Renewal  
 Project Specific Application: \_\_\_\_\_ Prime Trade Bid Package: \_\_\_\_\_

**GENERAL INFORMATION**

Name of Company: \_\_\_\_\_ Primary Estimating Contact: \_\_\_\_\_  
 Address 1: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address 2: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Number of Employees: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Website: \_\_\_\_\_  
 Fed Tax ID #: \_\_\_\_\_ State of Formation: \_\_\_\_\_  
 Date Formed: \_\_\_\_\_ DUNS #: \_\_\_\_\_  
 Contractor's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_  
 (Include a copy of License(s))  
 Corporate Office: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 (Authorized to Sign Contracts) Email: \_\_\_\_\_

**CERTIFICATIONS**

HESS is committed to inclusion and maximizing participation of local, small, minority, veteran, women-owned and disadvantaged business enterprises on our projects.

Subcontractor Certifications:  Yes  Skip

MDOT MBE Cert #: \_\_\_\_\_ DSLBD CBE Cert #: \_\_\_\_\_  
 Prince George's County SDDD Cert #: \_\_\_\_\_ Virginia SWaM Cert #: \_\_\_\_\_  
 City of Baltimore MWBOO Cert #: \_\_\_\_\_ Other Cert #: \_\_\_\_\_

**FINANCIAL**

(Audited Financial Statements for the last 3 years are requested but not required.)

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: \_\_\_\_\_

Name of Company: \_\_\_\_\_

**SERVICES**

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

**Supplier** or  **Trade Contractor**

Division 01 — General Requirements Subcategory:

- Testing & Inspections
- Final Cleaning
- Surveying
- Geotechnical Inspections
- Security Guard Services

Division 02 — Site Construction Subcategory:

- Excavation/Earthwork
- Selective Demolition
- Demolition & Hazardous Material Remediation
- Asphalt Paving
- Pavement Markings
- Synthetic Turf
- Site Concrete
- Segmental Retaining Walls
- Fences & Gates
- Fuel Storage Tanks, Tank Removal
- Unit Pavers
- Shoring
- Caissons
- Landscaping & Irrigation
- Pest Control & Termite Treatment
- Site Furnishings
- Site Utilities

Division 03 — Concrete Subcategory:

- Cast-in-Place Concrete
- Concrete Reinforcing
- Precast Architectural Concrete
- Precast Structural Concrete
- Tilt-up Concrete

Division 04 — Masonry Subcategory:

- Masonry
- Cast Stone
- Stone Masonry
- Masonry Supplier

Division 05 — Metals Subcategory:

- Structural Steel Framing
- Steel Erection
- Misc Metal Fabrication (stairs, ladders)
- Expansion Joint Assemblies
- Ornamental Metals

Division 06 — Wood and Plastics Subcategory:

- Carpentry (Framing) Subcontractor
- Architectural Woodwork
- Wood Trusses

Division 07 — Thermal and Moisture Protection Subcategory:

- Dampproofing, Waterproofing, Caulking & Sealants
- EIFS / Stucco
- Fireproofing / Firestopping
- Insulation
- Metal Wall Panels
- Roofing
- Siding
- Skylights

Division 08 - Doors and Windows Subcategory:

- Coiling Doors & Grills / Overhead Doors
- Doors/Frames/Hardware
- Entrances/Storefronts/Glazing
- Louvers & Vents

Division 09 — Finishes Subcategory:

- Drywall & Acoustics
- Ceramic Tile
- Terrazzo
- Wood flooring
- Rubber Athletic Flooring
- Resilient Tile & Carpet
- Painting

Division 10 — Specialties Subcategory:

- Access Flooring
- Architectural Trim Mfg.
- Awnings, Canopies, Walkways, Covers, etc.
- Chalkboards, Markerboards & Tackboards
- Cubical Curtains & Track
- Display Cases
- Fire Extinguishers & Cabinets
- Flagpoles
- Lockers
- Operable Partitions
- Signage
- Toilet Partitions & Accessories
- Wall, Corner & Door Guards
- Wire Partitions

Division 11 — Equipment Subcategory:

- Athletic Equipment
- Audio Visual Equipment
- Entrance Mats
- Food Service Equipment
- Loading Dock Equipment
- Projection Screens
- Residential Appliances
- Auditorium Seating
- Bleachers
- Theater & Stage Equipment
- Trash Compactors
- Library Security System

Division 12 — Furnishings Subcategory:

- Manufactured Casework
- Wood Casework
- Plastic Laminate Casework
- Library Casework
- Music Instrument Storage
- Window Treatment

Division 13 — Special Construction Subcategory:

- Green Houses
- Pre-Engineered Buildings
- Swimming Pools

Division 14 — Conveying Systems Subcategory:

- Elevators
- Lifts (wheelchair lifts , etc.)

Division 15 — Mechanical Subcategory:

- Fire Protection
- Geothermal
- HVAC
- HVAC Controls
- Plumbing
- Testing and Balancing

Division 16 — Electrical Subcategory:

- Electrical
- Data & communications ( Low Voltage)
- 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 Contract Telephone:	_____	Reference Contact Email:	_____

**PROJECT TWO**

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 Contract Telephone:	_____	Reference Contact Email:	_____

**PROJECT THREE**

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 Contract Telephone:	_____	Reference Contact Email:	_____

**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 Contract Telephone:	_____	Reference Contact Email:	_____

**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 Contract Telephone:	_____	Reference Contact Email:	_____

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.

HESS, the Architect & the Client/Owner, its elected and appointed officials, officers, agents and employees shall be listed as Additional Insureds with respect to General Liability and Umbrella Liability. 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)

**SAFETY**

Any OSHA Citations in the last 3 years?  Yes  No

If yes, please explain:

Do you perform regular job site safety inspections?  Yes  No

**EXPERIENCE MODIFICATION RATE:**

Experience Modification Rate (EMR for past three (3) years)

20 \_\_\_\_\_ 20 \_\_\_\_\_ 20 \_\_\_\_\_

- Attach Insurance Broker NCCI verification of most current EMR
- If current EMR is above 1.00, attach letter of explanation

EMR# \_\_\_\_\_ EMR# \_\_\_\_\_ EMR# \_\_\_\_\_

Please make sure the following are attached:

Contractor's License(s)

Sample Insurance Certificate

Surety Bonding Confirmation Letter

Insurance Broker/NCCI Verification of EMR

Completed by: \_\_\_\_\_

**CLICK TO EMAIL**

Date Completed: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

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 HESS, [sraab@HESSconstruction.com](mailto:sraab@HESSconstruction.com) and manually attach the file and required all attachments.

Thank you.

**ESTIMATING DEPARTMENT**

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