

HOWARD SHOCKEY & SONS, INC.

ESTABLISHED 1896

P. O. Box 2530, WINCHESTER, VIRGINIA 22604

(540) 667-7700 FAX (540) 665-3201

SUBCONTRACTOR / SUPPLIER PRE-QUALIFICATION FORM

As you know, Howard Shockey & Sons strives to provide its clients with the very best construction services available in the marketplace. Subcontractors are our most important link in seeing that we do so. Without your firm, and others like it, Shockey could not succeed.

To ensure that we are working with the very best, we ask that you take the time to fill out the attached prequalification form. It is important. The information that you provide will be treated confidentially, and will be used to evaluate your firm and other future "Partners of Choice" in an objective manner.

Please return this form to Sarah Day at sday@howardshockey.com, fax 540-678-3450, or by mail (P. O. Box 2530, Winchester, VA 22604). Should you have any questions, contact Sarah at 540-723-4161.

We look forward to working with you soon.

Sincerely,
Estimating Department / Business Development
Howard Shockey & Sons, Inc.

YOUR COMPANY NAME: _____

ADDRESS: _____

(Street Address Line 1)

(Suite/P.O. Box/ Street Address Line 2)

(City)

(State)

(Zip)

SALES/ESTIMATING CONTACT: _____ POSITION: _____

PHONE NUMBER: (____) _____ FAX NUMBER: (____) _____

E-MAIL ADDRESS _____ CELL PHONE: (____) _____

WEBSITE: _____

DISADVANTAGED BUSINESS STATUS:

Minority Women Veteran Small Business Local Disadvantaged

Other DESCRIPTION: _____

PROJECT SIZE CAPABILITIES: (Check all that apply)

Under \$10,000 \$10,000 - \$50,000 \$50,000 - \$100,000 \$100,000 - \$500,000

\$500,000 - \$1,000,000 \$1,000,000 - \$2,000,000 Greater than 2,000,000

BOND INFORMATION:

BONDABLE: Yes No BONDING COMPANY: _____

SINGLE PROJECT / AGGREGATE BONDING CAPACITY: _____ / _____ RATE: _____ (%)

HSS use only

Construction Review

Financial Review

Final Review

Date

SHOCKEY
THE PARTNER OF CHOICE

ADDITIONAL INFORMATION

SALES/ESTIMATING CONTACT #2: _____ POSITION: _____

PHONE NUMBER: (____) _____ FAX NUMBER: (____) _____

OPERATIONS CONTACT: _____ POSITION: _____

PHONE NUMBER: (____) _____ FAX NUMBER: (____) _____

COMPANY DESCRIPTION:

Which of the following best describes your company?

- Supplier Labor Only Complete "Turn-Key" Subcontractor

<PLEASE MARK ALL SECTIONS OF WORK YOUR COMPANY IS CAPABLE OF SUPPLYING AND/OR PERFORMING ON THE ATTACHED SHOCKEY MASTER CODE LIST>

Business Type: Corporation L.L.C. Partnership Individually Owned

Date of Incorporation/Organization: _____

State of Incorporation/Type of Partnership: _____

President/Owner(s): _____

Vice President/Partner(s)/Owner
(Corporation) / (Organization) _____

Secretary's name:
(Corporation) _____

Treasurer's name:
(Corporation) _____

Contractor's License Number: VA - _____ PA - _____
WV - _____ Other #1 - _____
MD - _____ Other #2 - _____
DC - _____ Other #3 - _____
(Contractor License Number will be used for bid listing and bid invite purposes)

Labor Status: N/A Open Shop Union Prevailing Wage Unknown
(Check all that apply)

EXPERIENCE & REFERENCES:

How many years has your organization been in business under its present name?

- Less than 5 5 - 10 10 - 20 20 - 30 30 - 40 40 - 50 Over 50

Have you operated under any previous company names? Yes No If yes, please provide names.

Name _____

Name _____

Name _____

Number of Field/Trade Employees: Under 50 (Please list how many) _____

- 50 - 99 100 - 149 150 - 199 200 - 249 Over 250



Please list four (4) major construction contracts your organization has in progress:

Name of Project: _____
Address: _____
Location: _____
Owner Name: _____
Phone Number: _____
Contract Amount: \$ _____
Percent Complete: _____
Scheduled Completion Date: _____

Name of Project: _____
Address: _____
Location: _____
Owner Name: _____
Phone Number: _____
Contract Amount: \$ _____
Percent Complete: _____
Scheduled Completion Date: _____

Name of Project: _____
Address: _____
Location: _____
Owner Name: _____
Phone Number: (____) _____
Contract Amount: \$ _____
Percent Complete: _____
Scheduled Completion Date: _____

Name of Project: _____
Address: _____
Location: _____
Owner Name: _____
Phone Number: (____) _____
Contract Amount: \$ _____
Percent Complete: _____
Scheduled Completion Date: _____

Please list four (4) General Contractor References:

Company Name: _____
Contact: _____
Title: _____
Phone Number: (____) _____
Fax Number: (____) _____

Company Name: _____
Contact: _____
Title: _____
Phone Number: (____) _____
Fax Number: (____) _____

Company Name: _____
Contact: _____
Title: _____
Phone Number: (____) _____
Fax Number: (____) _____

Company Name: _____
Contact: _____
Title: _____
Phone Number: (____) _____
Fax Number: (____) _____

SAFETY:

Do you have a qualified person responsible for safety within your company? Yes No
If yes: Name: _____ Title: _____ Phone: (____) _____

Does this person conduct safety inspections on all your projects? Yes No Frequency _____

Do you have a written Company Safety Policy and Program? Yes No

Does your company have a substance abuse policy? Yes No

If yes, please check which are included in the policy:

Pre-employment Post Accident/Incident Periodic For Cause Random

Do you require documented safety meetings for your employees? Yes No Frequency _____

Do you provide safety training for you employees? Yes No

If yes, please list training provided: _____

Does your company have a disciplinary program in place for safety violations? Yes No



Experience Modification Rates (EMRs):

2008 - _____ 2007 - _____ 2006 - _____ 2005 - _____ 2004 - _____

Number of OSHA Citations per Year

2008 - _____ 2007 - _____ 2006 - _____ 2005 - _____ 2004 - _____

Any willful OSHA citations since 2003? Yes No If yes, please give a description of each citation(s):

Use the OSHA 300/200 Logs to fill in the number of cases for each item under the corresponding year.
 (Only year 2007 required, years 2006 and 2005 are optional) ~ **Please attach copy of most recent OSHA 300/200 Log ~**

	<u>2008</u>	<u>2007</u>	<u>2006</u>
A. Number of fatalities (Total columns 1 & 8)	_____	_____	_____
B. Number of lost and restricted workday cases (Total Columns 2 & 9)	_____	_____	_____
C. Number of medical treatment cases (Total Columns 6 & 13)	_____	_____	_____
D. Number of lost workday cases (Total Columns 3 & 10)	_____	_____	_____
Employee man-hours worked	_____	_____	_____
OSHA Recordable Incidence Rate	_____	_____	_____
OSHA Lost Workday Incidence Rate	_____	_____	_____

Note: Items in parenthesis come from your OSHA 200 Log
 Recordable Incidence Rate = [(A+B+C) x 200,000/Employee Hours Worked]
 Lost Workday Incidence Rate = [(D) x 200,000/Employee Hours Worked]
 Employee Hours Worked = Total number of hours worked during the year by all employees

SURETY AND FINANCIAL INFORMATION:

Annual amount of construction work performed during the past three (3) years.

<u>Year</u>	<u>Amount</u>
2008	\$ _____
2007	\$ _____
2006	\$ _____

Federal Tax I.D. Number: _____

Insurance Information: (Check all that apply) Liability Coverage \$ _____

Workmen's Comp

Insurance Agency: _____

Contact Person: _____ Phone Number: (____) _____

Banking Agency: _____

Contact Person: _____ Phone Number: (____) _____



Insurance/Banking Agency #2: _____

Contact Person: _____ Phone Number: (____) _____

CLAIMS AND SUITS:

Has your organization ever failed to complete any work awarded to it?

No Yes (please explain) _____

Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers?

No Yes (please explain) _____

Has your organization filed any lawsuits or requested arbitration with regard to construction contracts in the last five (5) years?

No Yes (please explain) _____

Within the last five (5) years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract?

No Yes (please explain) _____

COMPUTER TECHNOLOGY STATUS:

Is your company capable of viewing and printing electronic image/drawing files? Yes No

File Type: (Mark all that apply) *.PDF *.TIF *.JPG *.PLT *.DWG

Please mark printing size capacity: 36" x 48" 24" x 36" 18" x 24" 11" x 17" 8 1/2" x 11"

Is your company capable of accessing the internet? Yes No

Please indicate comfort level with operating the internet: Proficient Intermediate Novice

ADDITIONAL DOCUMENTATION:

(Please provide a copy of the following items along with this Sub Contractor/ Supplier Pre-Qualification Form.)

1) FINANCIAL STATEMENT ~ Please provide a copy of your firms latest financial statement.

Type of Financial Statement: Audit Review Compilation (In-House) Other None

**If you are unable to provide a copy of Financial Statement, please provide a copy of your corporate tax return.*

2) COPY OF YOUR MOST RECENT OSHA 300/200 LOGS

