

HUGHES DEVELOPMENT INC PRE-QUALIFICATION FORM

(Pre-Qualification Number)

(Name of Subcontractor; Legal Name and DBA) _____ Type of Company: ___ Subcontractor ___ Supplier ___ Other
 Physical address: _____ Mailing Address: _____
 Phone Number: _____ Fax Number is _____ Years in Business ___ Website/Email: _____
 Company is owned by: ___ Individual, ___ Partnership, ___ Incorporated in the State of _____, Date of Incorporation _____
 Offer(s) or Owner(s) is/are _____
 Tax I.D. No./Social Security No.: _____ Dunn and Bradstreet: _____ * Please attach Financial Statement

Is company a qualified and/or certified (list certification numbers and certificate expiration dates) as a
 MWBE; Cert. # _____ exp.: _____, Historically Underutilized Business (Texas TBPC HUB) # _____ exp.: _____;
 HUB Zone Business _____; SCTRCA # _____ exp.: _____; NCTRCA # _____ exp.: _____; Small Business (SBE)
 Woman Owned Business (WBE); Disadvantaged Business Enterprise (DBE); Minority Owned Business; Veterans Business Enterprise (VBE); or Any Other Certifications: _____

What is the average dollar amount on your jobs: _____ Average Annual Volume: _____ Bonding Capacity: _____
 Bonding Company: _____ Contact Name: _____ Contact Number: _____

List any Organizations and/or Associations your company or its Officers hold Membership: _____

Current Number of Employees:

	Permanent	Part-Time	Temp	Contract
Office:				
Field Management:				
Field Workers:				
Other:				
Total:				

Financial History:

Year	Gross	Gross	Net Profit

*Union _____ No-Union _____ Name: _____

Can you obtain the following insurance coverage: Insurance Company: _____
 Workers Compensation \$1,000,000 ___ Yes ___ No Contact Name: _____
 General Liability \$1,000,000 ___ Yes ___ No Phone: _____ Fax: _____
 Automobile Liability \$1,000,000 ___ Yes ___ No EMR: _____
 *If no, what limits can you obtain: _____

General Questions:

Is your company currently working on Any Government Projects: ___ Yes ___ No - If Yes, Describe: _____

Projects Under Evaluation:

Projects Bidding:

Under Construction:

Have you ever failed to complete the requirements of any contract awarded to you? _____ Yes ___ No
 Has your Firm paid any fines for any safety violations during the last three years? _____ Yes ___ No
 Are there any judgements, claims, or suits pending or outstanding against your company? _____ Yes ___ No
 Are you now or have you ever been involved in any bankruptcy or reorganization? _____ Yes ___ No
 If you answered Yes to any of the above questions, please provide details: _____

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Estimating Contact: _____ Mobile Number: _____ Pager Number: _____

Email and other contract information is _____

*For Emergency Work: Contact _____ Home # _____ Mobile # _____

Type of Work Typically Subcontracted: _____

Certifications/ Licenses: _____

What scopes of work are you interested in bidding: _____

What area/cities are you interested in working in: Los Angeles area _____ Killeen _____ Austin _____ Houston _____

GENERAL REQUIREMENTS: I authorize Hughes Development Inc to inquire about our Credit and/or Trade Status with:

Please Provide **Project** References:

		\$				
Project Name	Location City/State	Contract Amount	Project GC	Project GC Contact	Phone	

		\$				
Project Name	Location City/State	Contract Amount	Project GC	Project GC Contact	Phone	

		\$				
Project Name	Location City/State	Contract Amount	Project GC	Project GC Contact	Phone	

Please Provide **Supplier** References:

		\$				
Company Name	Contact	Credit Line	Phone	Fax	Customer Since	

		\$				
Company Name	Contact	Credit Line	Phone	Fax	Customer Since	

		\$				
Company Name	Contact	Credit Line	Phone	Fax	Customer Since	

I hereby Certify that the information submitted herewith, including any attachments is true and sufficiently complete so as not to be misleading.
Company Information Supplied By:

Signature	Printed Name	Title	Date

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Type of Work (State Primary Specialties) Please check all that apply – List CSI Codes:

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GENERAL REQUIREMENTS (Div. 01):

- Overhead
- Engineer- 01107
- Architect- 01107
- Temp Labor/ Staffing- 01312
- Temp Facilities- 01510
- Construction Aids- 01540
- Scaffolding- 01540
- Barriers & Enclosures- 01560
- Equipment/ Rental- 01590
- Final Cleaning- 01740
- Janitorial Services- 01740

SITE CONSTRUCTION (Div. 02):

- Site/ Basic Materials- 02050
- Site Remediation- 02100
- Site Preparation- 02200
- Laboratory Testing- 02210
- Demolition Site- 02220
- Demolition Selective- 02225
- Excavation- 02260
- Earthwork- 02300
- Pest Control- 02360
- Utility Services- 02500
- Asphalt/ Resurfacing- 02740
- Paving/ Pavement Mrk- 02760
- Site Improvements & Amenities- 02800
- Irrigation- 02810
- Fences & Gates- 02820
- Equipment/ Playground- 02880
- Landscaping- 02900

CONCRETE (Div. 03):

- Concrete Supplier- 03060
- Concrete Forms- 03100
- Concrete Reinforcement- 03200
- Concrete Contractor- 03300
- Concrete/ Precast- 03400
- Concrete Restoration & Cleaning- 03900

MASONRY (Div. 04):

- Masonry Supplier- 04050
- Masonry Contractor- 04200
- Refractories- 04500
- Masonry/ Simulated- 04700
- Masonry Restoration & Cleaning- 04900

METALS (Div. 05):

- Metal Supplier- 05050
- Metal Framing- 05100
- Structural Steel & Enclosures- 05120
- Metal Joists- 05200
- Metal Deck= 05300
- Metal Framing/ Cold Formed- 05400
- Metal Fabrications- 05500

- Metal/ Ornamental- 05700
- Expansion Control- 05800
- Metal Restoration & Cleaning- 05900
- Metal Fastenings- 05090

WOOD & PLASTIC (Div. 06):

- Wood & Plastic Materials- 06050
- Carpentry/ Rough- 06100
- Trusses- 06170
- Carpentry/ Finish- 06200
- Cabinetry & Woodwork- 06400
- Plastics & Fabrication- 06500

THERMAL & MOISTURE (Div. 07):

- Waterproofing- 07100
- Thermal Protection- 07200
- Roof Tiles & Shingles- 07400
- Roofing/ Membrane- 07500
- Sheet metal & Flashing- 07600
- Roof Specialties & Accessories- 07700
- Fireproofing- 07800
- Joint Sealers- 07900

DOORS & WINDOWS (Div. 08):

- Door & Window Supplier- 08050
- Doors/ Metal & Frame- 08100
- Doors/ Wood & Plastic- 08200
- Doors/ Specialty & Overhead- 08300
- Storefronts & Entrances- 08400
- Windows- 08500
- Skylights- 08600
- Hardware- 08700
- Glass/ Glazing- 08800
- Curtain Wall- 08900

FINISHES (Div. 09):

- Finishes Material Supplier- 09050
- Framing- 09100
- Plaster Contractor- 09210
- Drywall Contractor- 09250
- Tile/ Ceramic/ Porcelain/ Quarry- 09300
- Terrazzo- 09400
- Ceilings- 09500
- Flooring- 09600
- Wall Finishes- 09700
- Acoustical Treatment- 09800
- Painting & Coating- 09900

SPECIALTIES (Div. 10):

- Visual Display Boards- 10100
- Compartments & Cubicles- 10150
- Louvers & Vents- 10200
- Wall & Corner Guards- 10260
- Access Flooring- 10275
- Flagpoles- 10350
- Signage/ ID Devices- 10430

- Lockers- 10500
- Fire Extinguishers/ Cabinets- 10520
- Protective Covers- 10530
- Partitions- 10600
- Toilet Accessories- 10800

EQUIPMENT (Div. 11):

- Equipment/ Maintenance- 11010
- Equipment/ Library- 11050
- Equipment/ Theater & Stage- 11060
- Equipment/ Audio – Visual- 11130
- Equipment/ Food Service- 11400
- Equipment/ Residential- 11450
- Equipment/ Athletic Recreation- 11480
- Equipment/ Industrial & Process- 11520
- Equipment/ Laboratory- 11600
- Equipment/ Medical- 11700

FURNISHINGS (Div. 12):

- Case Work- 12300
- Furnishings & Accessories- 12400
- Blinds/ Shades- 12492
- Furniture- 12500
- Multiple Seating- 12600

SPECIAL CONSTRUCTION (Div. 13):

- Lighting Protection- 13100
- Pre-Engineered Structure- 13120
- Swimming Pools & Tubs- 13150
- Hazardous Misc- 13280
- Asbestos Abatement- 13281
- Lead Abatement- 13281
- Mold Remediation- 13281
- Security Access & Detection- 13700
- Fire Alarm- 13720
- Bldg. Automation & Control- 13800
- Fire Protection/ Sprinkler- 13900

CONVEYING SYSTEMS (Div. 14):

- Elevators- 14200
- Escalators & Moving Walks- 14300
- Lifts- 14400

MECHANICAL (Div. 15):

- Mechanical Supplier- 15050
- Plumbing- 15400
- HVAC- 15700
- Controls- 15900
- Testing/ Adjusting/ Balancing- 15950

ELECTRICAL (Div. 16):

- Electrical- 16200
- Lighting- 16500
- Communications- 16700

Please list all other applicable CSI codes:

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SAFETY QUESTIONNAIRE

Does your company document that appropriate employees are certified and/or adequately trained in the following areas:

- Do you have a documented orientation program for new hires? Yes No
 Do you have an investigation program for injuries, incidents and near misses? Yes No
 Do you hold site safety / tool box meetings? Yes No

- | | | | | | | | |
|---------------------------------------|---------------------------|--------------------------|---------------------------|-----------------------|---------------------------|--------------------------|---------------------------|
| Written/ Documented Safety Program | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A | Man Lift Training | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |
| Documented Regular Meetings/ Training | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A | Excavation/ Trenching | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |
| Written Fall Protection Plan | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A | CPR/ First Aid | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |
| Defined Work Rules | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A | Lockout Tag out | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |
| Written Substance Abuse Policy | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A | Injury Reporting | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |
| Scaffold/ Ladders/ Stairways | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A | Hand Tool Safety | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |
| Safety Incentive Program | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A | Disciplinary Program | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |
| Fire Protection/ Prevention | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A | Rigging Safety | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |
| Incident Investigation Program | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A | Electrical Safety | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |
| Personal Protective Equipment | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A | Hazardous Comm | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |
| Welding & Cutting Safety | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A | Respiratory Training | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |

How often (weekly, bi-weekly, monthly, quarterly, yearly)? _____

- Do you maintain inspection and maintenance certification records for operating equipment you own? Yes No
 Do you have a pre-qualification process for your subcontractors? Yes No
 Do you conduct project safety inspections? Yes No

How often (weekly, bi-weekly, monthly, quarterly, yearly)? _____

Who conducts the inspections? _____ Phone: _____

Do you have a full time safety director? Yes No

Contact Name: _____ Phone: _____

Do you develop Site Specific Safety Plans for your projects? Yes No

Have you been cited by Federal or State OSHA for serious violations in the last three years? Yes No

If Yes, list violations: _____

Three Consecutive Years	Year _____	Year _____	Year _____
No. of Hours each Year			
No. of Fatalities each Year			
No. of Lost Work Day Cases			
No. of Recordable Cases			
OSHA Recordable Cases			
OSHA Lost Work Day Rate			

EMR: _____

* Attach a copy of the Insurance agent's EMR verification letter and a current copy of your Worker's Compensation Experience Rating Worksheet

Please list any additional comments regarding your company's safety program:

I hereby Certify that the information submitted herewith, including any attachments is true and sufficiently complete so as not to be misleading.
 Safety Information Supplied By:

Signature _____ Printed Name _____ Title _____ Date _____