



PREQUALIFICATION QUESTIONNAIRE

www.walshaustinjv.com Tel. (424)646-4800 Fax. (424) 646-4810

THIS SECTION TO BE FILLED IN BY WALSH AUSTIN JV:		
BID PACKAGE # _____	BID PACKAGE DESCRIPTION _____	CODE: WAJV

If this form is not filled out in its entirety, you may not be considered as a potential subcontractor or supplier!

COMPANY NAME _____ **Federal ID #** _____

Phone: A/C _____ No. _____ Fax: A/C _____ No. _____

Mailing Address _____ Street Address _____

City _____ ST _____ ZIP _____ City _____ ST _____ ZIP _____

Estimating Contact: Name _____ Title _____

E-mail: _____ Phone: _____ Fax: _____

Cell: _____

Other Contact: Name _____ Title _____

E-mail: _____ Phone: _____ Fax: _____

Cell: _____

Please submit proof of your California Contractor's License(s) as well as all classifications and expiration dates.

What work does your company perform or what materials can your company supply?

What project(s) has your company performed that are similar in size and scope to the bid package you are attempting to prequalify for? Attach additional sheets if necessary.

Specify any airport terminal and concourse work your company has performed over the past ten years? Attach additional sheets if necessary.

How many years has your company been in operation? _____

Check the size(s) of Subcontract or Purchase Order your company typically performs: Check all that apply.

Less than \$100,000 _____ \$100,000 to \$500,000 _____ \$500,000 to \$1,500,000 _____ \$1,500,000 to \$5,000,000 _____
\$5,000,000 to \$10,000,000 _____ \$10,000,000 to \$20,000,000 _____ over \$20,000,000 _____

WAJV
Only

Info. Only

Info. Only



Annual revenue for the last two years: \$ _____ 2008 \$ _____ 2009

Subcontractor / Supplier is required to submit most recent audited financial statement. All information will be kept confidential.

List two officers of your company:

Name _____ Name _____
 Title _____ Title _____

Will / Can your company:	Yes	No
Furnish a Payment & Performance Bond?	_____	_____
Furnish Bid Bonds?	_____	_____
Qualify as a MBE Contractor?*	_____	_____
Qualify as a WBE Contractor?*	_____	_____
Furnish Material Only?	_____	_____
Furnish Labor Only?	_____	_____
Furnish Material and Labor?	_____	_____
Merit Shop Company?	_____	_____

* MBE – Minority Business Enterprise
 * WBE – Women’s Business Enterprise

Who is your surety company? _____ **What is your Surety’s Bond Rating?** _____ **Percent of work bonded:** _____ **Bonding capacity for a single job?** _____ **Aggregate Bonding Capacity?** _____

Is your company affiliated with any other company?

Name: _____ Address: _____

Please explain on a separate document:

Has your firm ever defaulted on a contract, or have any of your principals been principal of another firm that defaulted on a contract? No _____ **If Yes, please explain on a separate sheet.**

Are there any pending criminal indictments, lawsuits, judgements, requests for arbitration or claims involving your firm or it’s principals? No _____ **If Yes, please explain on a separate sheet.**

In the past five years, has any claim against your firm concerning your firm’s work on a construction project, been filed in court or arbitration? No _____ **If Yes, please explain on a separate sheet.**

In the past five years, has your firm made any claim against a project owner covering work on a project or payment for a contract, and filed that claim in court of arbitration? No _____ **If Yes, please explain on a separate sheet.**

List your company’s insurance limits:

General Liability: _____ Occ. _____ Agg. Auto Liability: _____ Occ. _____ Agg.
 Excess Liability: _____ Occ. _____ Agg. Workmen’s Compensation(Statutory): Yes _____ No _____

Info. Only



All information requested in this section is required from contractors, subcontractors, and other organizations whose services include providing labor beyond a customer's site.

Provide the following rates for your company for the past three years (including current year):

Year	EMR	Incident Rate (Lost Time)	Recordable Rate	Number of OSHA Citations

*Incident Rate = $\frac{\# \text{ of lost time work related injuries/yr. } \times 200,000}{\# \text{ of man hours worked/yr.}}$

**Recordable Injury Rate: $\frac{\# \text{ of work related injuries/yr. } \times 200,000}{\# \text{ of man hours worked/yr.}}$

Describe your OSHA Citations (if applicable): _____

M/WBE Information

DOES YOUR FIRMS HAVE AN ACTIVE SUBCONTRACTOR INCLUSION PROGRAM? YES NO (Please attach)

IF YOUR FIRM QUALIFIES AS A CERTIFIED M/WBE FIRM, PLEASE FURNISH THE INFORMATION REQUESTED BELOW:

MBE FIRM? _____ WBE FIRM? _____ OTHER? _____

CERTIFIED BY:

Check Group Classification:

Certifying Agency	Certificate Number	Expiration Date
California Unified Certification Program – CUCP		
City of Los Angeles Certification Program		
Los Angeles METRO Certification Program		
Southern California Minority Supplier Development Council		
Cal Trans		

Ethnicity of Owner: _____

Gender of Owner: _____



We certify that all information in this questionnaire and the attachments is true and correct. We hereby authorize Walsh Austin Joint Venture and its representatives to investigate directly with the references given herein, any information pertaining to the undersigned and/or the individuals involved therein. We authorize our financial institutions, prior and existing sureties, customers, creditors and suppliers to release credit history and other underwriting/qualification information.

Submitted by:

Name _____ Title _____
Date _____

IN ORDER TO BE CONSIDERED COMPLETE, ALL APPLICABLE DOCUMENTS MUST BE ATTACHED:

- Current Year-End Business Financial Statement
- Current Work in Progress Schedule
- Any current M/WBE certifications
- Current certificate of insurance

In addition to the aforementioned information, Walsh Austin Joint Venture reserves the right to request additional information relative to resumes of key personnel and reference letters.

MAIL TO:
Walsh Austin Joint Venture
c/o Procurement Manager - Confidential
8100 Westchester Parkway
Trailer # 9
Los Angeles, CA 90045