



P.O. Box 40004 • Roanoke, Virginia 24022

STREET ADDRESS:
442 Rutherford Avenue
Roanoke, Virginia 24016

Phone (540) 982-1678
Fax: (540) 982-4217

www.branchhighways.com

Va. Cont. Lic., Class A
No. 2701-029434A

Dear Sir/Madam,

We are increasing our focus on our subcontract prequalification process and requirements. Our goal is to collect and maintain a current prequalification from every subcontractor with which we do business. Any prequalification older than one year will be considered expired and must be renewed.

Attached is our prequalification form. Please fax, email or mail the completed form to Pamela Simmons at our main office in Roanoke.

Mail: Pamela Simmons, Administrative Assistant
Branch Highways, Inc.
P.O. Box 40004
Roanoke, VA 24022

Email: PamelaS@BranchHighways.com

Fax: (540) 982-4216

If you have any questions please contact Pamela Simmons at (540) 982-1678 ext. 20024 or by email at: PamelaS@BranchHighways.com

REMINDER: Your company must be **PREQUALIFIED WITH VDOT OR NCDOT** in order to perform as a subcontractor on **ANY** Virginia Department of Transportation or North Carolina Department of Transportation project.

IMPORTANT

NOTE: Failure to submit the requested information may preclude your firm from consideration.

P.O. Box 40004 Roanoke, VA 24022

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SUBCONTRACTOR QUALIFICATION OUTLINE

Firm Name: _____

Mailing Address: _____

Shipping Address: _____

Telephone: _____ Facsimile: _____

Federal Employer Identification Number (FEIN): _____

Contractor's Virginia State License Number: _____ Class: _____

Other State License Numbers (Specify State and Number): Use attached form (Page 5) - Contractor's Licenses No.

Is your firm address also a residential address? Yes No

Firm Type: Corporation Partnership Sole Proprietorship Joint Venture Other

Does your firm have union affiliations? Yes No

Is your firm a minority-owned business? Yes No DBE WBE MBE SWAM HUB

Minority Certification: If the answer was "Yes" above, see attached form (Page 5) - Minority Owned Business.

Owners or Major Stockholders:

Name of President: _____ Years in Position: _____

Name of Vice President (s): _____ Years in Position: _____
_____ Years in Position: _____

Name of Treasurer: _____ Years in Position: _____

Date the firm was organized in its present form and ownership: _____

Have there been any recent (2 years or less) changes in ownership or management? Yes No *(if yes, explain on a separate sheet)*

Name of Bonding Company: _____

Name of Bonding Agent: _____ Telephone: _____

If required, can a Payment and Performance Bond be obtained for projects? Yes No

Maximum Bonding Capacity: \$_____ Single Project Bonding Capacity: \$_____

Bond Premium Rate: _____% Largest Bond obtained in the last three (3) years: \$_____

Dun & Bradstreet Number: _____ Dun & Bradstreet Rating: _____

Bank Reference: _____

Name of Contact: _____ Telephone: _____

Is the firm now, or has it ever been involved in bankruptcy proceedings? Yes No

Is the firm now, or has it ever been involved in reorganization proceedings? Yes No

Are there any pending or outstanding judgements, claims, or suits? Yes No

Has your firm ever failed to complete a contract? Yes No

(If the answer is yes to any of the above questions, please explain on a separate sheet)

Total Value of Work currently under Contract (Backlog) \$_____

Annual sales and work in place volume for last three (3) years:

<u>Year</u>	<u>Work in Place/Revenue</u>	<u>Sales</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Current Number of Employees on Payroll (total): _____

_____ *Office Employees*

_____ *Field Superintendents*

_____ *Field Tradesmen*

Branch Highways' Minimum Insurance Requirements:

General Liability

\$1,000,000 Each Occurrence \$2,000,000 General Aggregate

\$1,000,000 Personal Injury \$2,000,000 Products/Completed Operations

Worker's Compensation and Employer's Liability

\$100,000 Each Accident \$100,000 Each occurrence by disease

\$500,000 By disease – policy limit

Excess Liability \$3,000,000 Each Occurrence

Automotive Liability \$1,000,000 Combined Single Limit

Name of Insurance Company: _____

Name of Insurance Agent: _____ Telephone: _____

Current Coverage Limits in place:

General Liability

\$ _____ Each Occurrence \$ _____ General Aggregate

\$ _____ Personal Injury \$ _____ Products/Completed Operations

Worker's Compensation and Employer's Liability

\$ _____ Each Accident \$ _____ Each Occurrence by Disease

\$ _____ By Disease – Policy Limit

Excess Liability \$ _____ Each Occurrence

Automotive Liability \$ _____ Combined Single Limit

Describe recent similar project experience (past 3 years) including contacts, addresses, and telephone numbers:

Project Name/Location: _____

Description of Work: _____

Your Contract Amount: \$ _____

General Contractor or Owner: _____

Contact: _____ Telephone: _____

Address: _____

Project Name/Location: _____

Description of Work: _____

Your Contract Amount: \$ _____

General Contractor or Owner: _____

Contact: _____ Telephone: _____

Address: _____

Safety Performance:

From your OSHA 300 Logs for the last three years:

	Year:		
A. Experience Modification Rate (EMR)			
B. Total Number of Manhours			
C. Number of Injuries without Lost Workdays (Lines I+J)			
D. Number of Lost Workday Cases (Line H)			
E. Number of Fatalities (Line G)			
F. Total Number of OSHA 300 Recordables (Total of M)			
G. Total Recordable Case Incident Rate (TRCIR)			
H. Lost Workday Case Incident Rate (LWCIR)			

Total Recordable Case Incident Rate should be calculated for each year using the following formula:

$$\frac{(F \text{ Above}) \times 200,000}{\text{Employee Hours Worked (Given Year)}}$$

Lost Workday Case Incident Rate should be calculated for each year using the following formula:

$$\frac{(D \text{ Above}) \times 200,000}{\text{Employee Hours Worked (Given Year)}}$$

Please submit a copy of your OSHA 300A form and EMR Verification letter from your Workman's Compensation carrier for each year listed above.

Does your company have a written safety program? Yes No

Does your company have a safety training program for foremen or supervisors? Yes No

Does your company have a written substance abuse policy? Yes No

Does your company have an orientation program for new hires? Yes No

Does your company hold safety meetings? Yes No

(If yes, how frequently)

Daily _____

Weekly _____

As Needed _____

Does your company have an individual assigned to company safety responsibilities? Yes No

Name: _____ Title: _____



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Vendor Information Form

Company Name: _____

Contact Person: _____

Mailing Address: _____

Street Address: _____

Phone Number: (____) _____

Fax Number: (____) _____

E-Mail and/or Website: _____

Type of Work Your Company Performs/Supplies: _____

Areas Your Company Will Work (i.e. States, Regions within States): _____

DOT Certification Number(s) (i.e. VDOT, NCDOT, other - List State and Number): _____

Should you have questions contact Pamela Simmons at (540) 982-1678, otherwise please fax the completed above information to (540) 982-4216 so that I can add/update your company information for possible bidding opportunities that we may have available. Thank you for your time.