

## Subcontractor Prequalification

Subcontractors shall complete this form and submit it to the Bay West Contracts Manager for review. Subcontractor will not receive a notice to proceed until Bay West has approved the subcontractor and a subcontract document is in place. The information provided on this form will be reviewed as part of subcontractor prequalification purposes. Please provide the requested information as complete as possible to facilitate our review and evaluation. The information that you provide will be considered confidential and will be handled accordingly.

**ALL FIELDS MUST BE FILLED IN TO "SUBMIT" THE DOCUMENT**

**Bay West Point of Contact (first/last name):**

### BUSINESS INFORMATION

Today's Date:	_____	
Name of Business:	_____	
Address:	_____	
City	_____	
State	Zip	_____
Contact Name	First	Last
Main Contact Phone #:	_____	
Email Address:	_____	
Fax Number (optional):	_____	
Send Inquiries to:	Name	Email

### Type of Business

Sole Proprietorship:	<input type="radio"/> Yes <input type="radio"/> No
Corporation:	<input type="radio"/> Yes <input type="radio"/> No
DUNS Number:	_____
Date Founded:	_____
Name of Owner(s):	_____
	_____

**Confirmation of Business or Minority Enterprise Special Status**

North American Industry Classification System (NAICS) Code (primary): \_\_\_\_\_

 See <http://www.census.gov/eos/www/naics> for information regarding the NAICS system.

**I. Check One:**

- 1)  Large Business Enterprise (LB)
- 2)  Small Business Enterprise (ESB)
- 3)  Foreign Business
- 4)  Historically Black Colleges and Universities
- 5)  Minority Institutions

**And**
**6) Check all that apply:**

- A.  Woman-Owned Business Enterprise (WBE)
- B.  Minority Institutions
- C.  Veteran-Owned Business Enterprise (VBE)
- D.  Service Disabled Veteran-Owned Business Enterprise (SDV)
- E.  HUBZone Business (HUB)
- F.  Disadvantaged Business Enterprise (SDB) (**Check all that apply**)
  - i.  Black American (BA)
  - ii.  Hispanic American (HA)
  - iii.  Native American (NA)
  - iv.  Asian Pacific Americans (APA)
  - v.  Subcontinent Asian American (SAA)
  - vi.  SBA 8(a) Certified
  - vii.  SBA SDB Certified

**OR**

- II.  **None** of these are applicable to our business enterprise or organization.

*More information can be found at [www.sba.gov](http://www.sba.gov)*

BY CHECKING THIS BOX, I hereby certify that the information provided above is true and correct as of the date completed and that we will advise you of any change(s) to this information in the future should they occur.

Upon subcontract award, a copy of your Small Business Certification letter from SBA may be required.

**Subcontractor Type:**

Choose your primary subcontractor type from list below:

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="radio"/> Asbestos                 | <input type="radio"/> Excavating      | <input type="radio"/> Remediation            |
| <input type="radio"/> Admin                    | <input type="radio"/> Geoprobe        | <input type="radio"/> Rolloff Box/Frac Tanks |
| <input type="radio"/> Building Demolition      | <input type="radio"/> Geotechnical    | <input type="radio"/> Sewer Services         |
| <input type="radio"/> Buildings                | <input type="radio"/> HR              | <input type="radio"/> Shop                   |
| <input type="radio"/> Concrete                 | <input type="radio"/> Laboratory      | <input type="radio"/> Surveying              |
| <input type="radio"/> CIH                      | <input type="radio"/> Landscaping     | <input type="radio"/> Transportation         |
| <input type="radio"/> Disposal                 | <input type="radio"/> Liner Install   | <input type="radio"/> Travel                 |
| <input type="radio"/> Drilling                 | <input type="radio"/> Marine          | <input type="radio"/> Treatment              |
| <input type="radio"/> Electrical               | <input type="radio"/> Marketing       | <input type="radio"/> Trucking               |
| <input type="radio"/> Emergency Response       | <input type="radio"/> Materials       | <input type="radio"/> UXO/OE                 |
| <input type="radio"/> Environmental Contractor | <input type="radio"/> Mechanical      | <input type="radio"/> Vacuum Truck/Tanker    |
| <input type="radio"/> Environmental Data       | <input type="radio"/> Piping/Supplies |  |
| <input type="radio"/> Equipment Rental         | <input type="radio"/> RAD             | <input type="radio"/> Other                  |

**Licenses**

Are you licensed to carry out this work as required by law?       Yes    No    N/A

If yes, give license number: \_\_\_\_\_

**Subcontractor's Liability Insurance and Workers Compensation Insurance**

Subcontractor shall be required to furnish and maintain during the life of this Agreement such public liability and property damage insurance as will protect it from claims for damages for personal injury, including accidental death, and property damage, arising out of the performance of this Subcontract Agreement, and shall furnish and maintain worker's compensation insurance for all of its employees employed at the site of the project, and shall require similar insurance coverage of any sub-subcontractor.

Please fill in your current limits for each category below.

**Commercial General Liability:** \$\_\_\_\_\_ Combined Single Limit for Bodily Injury, Public Liability, and Property Damage \$\_\_\_\_\_ per Occurrence, \$\_\_\_\_\_ Annual Aggregate

**Automobile Liability:** \$\_\_\_\_\_ per Claim/Aggregate

MCS 90 Endorsement    Yes    No

CA 9948 Endorsement    Yes    No

**Workers Compensation:** Statutory

**Commercial Umbrella/Excess:** \$\_\_\_\_\_ per Occurrence/Aggregate (Umbrellas/Excess may be used to support other insurance as needed.) A certificate of insurance must state which policies are supported by the Umbrella/Excess.

**Professional Liability:** \$\_\_\_\_\_ per Occurrence/Aggregate

**Contractors Pollution Liability:** \$\_\_\_\_\_ per Claim/Aggregate

Additional Requirements:

- Subcontractor's worker's compensation insurance shall include a waiver of subrogation in Bay West's favor.
- Subcontractor shall name Bay West as a primary additional insured on the above policies of insurance (except Workers' Compensation) and before commencing any services under this contract, and as a condition of payment, will provide Bay West with certificates of insurance for all such policies, which shall evidence continuous coverage.
- The policies shall contain a provision that a thirty (30) day written notice will be provided Bay West if coverage is cancelled, not renewed, or Subcontractor's insurance policy is materially changed.
- All coverage afforded Bay West, as an additional insured under Subcontractor's policies, shall apply as primary and not excess to any insurance issued in the name of Bay West Inc.
- The Subcontractor may be required, on a case-by-case basis to carry Completed Operations Liability Insurance (or other insurance coverage per our request) for at least one year(s) after either ninety (90) days following substantial completion of the work performed by Subcontractor or final payment to Subcontractor, whichever is earlier. The Subcontractor shall furnish Bay West evidence of such insurance at final payment and one year from final payment.

**SAFETY AND HEALTH QUESTIONNAIRE**

Please use the current year and previous 3 years (EMR and OSHA 300 log) to complete the following. Please note that during the prequalification process additional information may be required to be submitted. If your current EMR is greater than 1.0, provide a written explanation of the safety methods implemented by your company to reduce this rate to the email provided at the end of this document.

**For "Current Year," fill in the open field with the current year**

YEAR	Current Year	Last Year	2 years ago	3 years ago
Number of Fatalities	_____	_____	_____	_____
Lost Work Day Incident Rate	_____	_____	_____	_____
OSHA Recordable Incident Rate	_____	_____	_____	_____
Number of Hours Worked	_____	_____	_____	_____
Total Number of Employees on Payroll	_____	_____	_____	_____
Insurance Experience Modification Rate (EMR)	_____	_____	_____	_____

1. Briefly list activities your company will be performing on Bay West projects and the anticipated hazardous work operations

- 
- a. Will you subcontract work to other subcontractors?  Yes  No
- b. Do you prequalify subcontractors?  Yes  No
2. Has your company received an OSHA (or State OSHA) citation within the last five (5) years? If Yes, send applicable explanation form(s) to the email address provided at the end of this document.  Yes  No
3. Does your company have a written occupational safety and health program?  Yes  No
4. Does your company conduct safety and health audits to determine compliance with applicable regulations and procedures? If so, how often?  Yes  No
5. Does your company have an orientation program for new hires?  Yes  No
6. Has your company implemented any of the following training programs? Documented training records may be required prior to start of work or at the discretion of Bay West.
- |                              |  |                               |  |
|------------------------------|--|-------------------------------|--|
| Asbestos                     | <input type="radio"/> Yes <input type="radio"/> No | HAZWOPER (40-hour)            | <input type="radio"/> Yes <input type="radio"/> No |
| Blasting/Explosives          | <input type="radio"/> Yes <input type="radio"/> No | Hearing Conservation          | <input type="radio"/> Yes <input type="radio"/> No |
| Bloodborne Pathogens         | <input type="radio"/> Yes <input type="radio"/> No | Heavy Equipment Operation     | <input type="radio"/> Yes <input type="radio"/> No |
| Confined Space Entry         | <input type="radio"/> Yes <input type="radio"/> No | Laboratory Safety             | <input type="radio"/> Yes <input type="radio"/> No |
| Construction (OSHA 10 Hours) | <input type="radio"/> Yes <input type="radio"/> No | Ladder/Scaffolding            | <input type="radio"/> Yes <input type="radio"/> No |
| Construction (OSHA 30 Hours) | <input type="radio"/> Yes <input type="radio"/> No | Lead                          | <input type="radio"/> Yes <input type="radio"/> No |
| Cranes Operations            | <input type="radio"/> Yes <input type="radio"/> No | Lockout/Tagout                | <input type="radio"/> Yes <input type="radio"/> No |
| Electrical Safety            | <input type="radio"/> Yes <input type="radio"/> No | Personal Protective Equipment | <input type="radio"/> Yes <input type="radio"/> No |
| Excavation Competent Person  | <input type="radio"/> Yes <input type="radio"/> No | Powder-actuated Tools         | <input type="radio"/> Yes <input type="radio"/> No |
| Fall Protection              | <input type="radio"/> Yes <input type="radio"/> No | Process Safety Management     | <input type="radio"/> Yes <input type="radio"/> No |
| Fire Extinguishers           | <input type="radio"/> Yes <input type="radio"/> No | Radiation Protection          | <input type="radio"/> Yes <input type="radio"/> No |
| First Aid/CPR                | <input type="radio"/> Yes <input type="radio"/> No | Respiratory Protection        | <input type="radio"/> Yes <input type="radio"/> No |
| Forklift Operations          | <input type="radio"/> Yes <input type="radio"/> No | Welding/Cutting               | <input type="radio"/> Yes <input type="radio"/> No |
- 
7. Does your company have a program in place to discipline workers that perform unsafe work practices?  Yes  No

8. Does your company have written Accident Investigation Procedures?  Yes  No
9. Does your company currently maintain a program in compliance with applicable state "Right to Know" laws and the OSHA Hazard Communication Standard?  Yes  No
10. Does your company currently maintain an Accident Prevention Program in compliance with applicable state OSHA regulations?  Yes  No  NA
11. Does your company have a medical surveillance program for work on hazardous waste sites or with hazardous chemicals?  Yes  No  NA
12. Does your company hold "tailgate/toolbox" safety meetings? How Often?  Yes  No
13. Does your company have a written Alcohol and Substance Abuse Program?  Yes  No

**Environmental Questions**

14. Does your company have a written environmental program?  Yes  No
15. Has your company received an EPA/State violation in the last 5 years? If yes, provide written explanation to email address at the end of this document.  Yes  No
16. Has your company reported any spills in the last 3 years? If yes, will require explanation. Please provide to email address at the end of this document.  Yes  No
17. EPA/State ID No(s):

USDOT \_\_\_\_\_ State \_\_\_\_\_

18. If your company will be transporting hazardous materials or waste, please provide the following (if not applicable, leave 18a-c blank):

- a. Transport Method  Air  Highway  Rail  Vessel
- b. Motor Carrier Nos.: USDOT \_\_\_\_\_ State \_\_\_\_\_
- c. Motor Carrier Safety Rating: USDOT \_\_\_\_\_ State \_\_\_\_\_

**Certifications**

By checking the box below Subcontractor certifies that upon final subcontract award they will be able to sign the following certifications:

Yes  No **Certification and Disclosure Regarding Payments to Influence Certain Federal Transactions** (as defined by FAR 52.203-12)

Yes  No **Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion** (as defined by 49 CFR section 29.105(p)).

By writing their name below, the undersigned warrants and represents the data provided in this document is accurate in all respects.

Name of Firm: \_\_\_\_\_

Date: \_\_\_\_\_ Title: \_\_\_\_\_

Thank you for filling out this Subcontractor Prequalification form. If there is additional information you need to submit based upon your answers to any questions above. Please email them to [contracts@baywest.com](mailto:contracts@baywest.com).

**To submit this information, please save a copy then mail it as an attachment to [contracts@baywest.com](mailto:contracts@baywest.com). We will review your submissions and get back to you with any questions we might have.**