

Thank you for your interest in Corna Kokosing Construction Company. In order to best match your capabilities with upcoming opportunities, please fill out the following information and return to **Shannon Mangon** at smangon@corna.biz or fax 614.212.5599.

▶ **General Information:**

1. Legal Company Name: \_\_\_\_\_

Federal Tax Id Number: \_\_\_\_\_

Current Licenses: \_\_\_\_\_

2. Mailing Addresses: \_\_\_\_\_  
 \_\_\_\_\_

3. Business phone: \_\_\_\_\_

Business fax: \_\_\_\_\_

Contact Name and Email: \_\_\_\_\_

Website: \_\_\_\_\_

4. Company Established (Month/Year): \_\_\_\_\_

5. Form of Business (check all that apply):  
 Sole Proprietorship     Partnership     Corporation  
 EDGE     DBE     WBE     Other: \_\_\_\_\_

6. Number of Employees: \_\_\_\_\_ Are Any LEED Accredited: \_\_\_\_\_

▶ **Safety Information:**

7. Indicate your EMR for the current year and two previous years:  
 Current: \_\_\_\_\_ Last: \_\_\_\_\_ Prior to Last: \_\_\_\_\_

8. OSHA:

a. Are your employees 10-hr OSHA Certified. If yes, how many and the positions that are trained: .....  Yes     No

b. Are your employees 30-hr OSHA Certified. If yes, how many and the positions that are trained: .....  Yes     No

▶ **Work Experience:**

9a. Experience - Scope of Work (Check all that apply):

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Div. 01 – General Requirements | <input type="checkbox"/> Div. 07 – Roofing/Siding | <input type="checkbox"/> Div. 13 – Special Construction |
| <input type="checkbox"/> Div. 02 – Site Development     | <input type="checkbox"/> Div. 08 – Doors/Windows  | <input type="checkbox"/> Div. 14 – Elevators/Lifts      |
| <input type="checkbox"/> Div. 03 – Concrete             | <input type="checkbox"/> Div. 09 – Finishes       | <input type="checkbox"/> Div. 21, 22, 23 – Mechanical   |
| <input type="checkbox"/> Div. 04 – Masonry              | <input type="checkbox"/> Div. 10 – Fixtures       | <input type="checkbox"/> Div. 26, 27, 28 – Electrical   |
| <input type="checkbox"/> Div. 05 – Metals               | <input type="checkbox"/> Div. 11 – Equipment      |   |
| <input type="checkbox"/> Div. 06 – Carpentry            | <input type="checkbox"/> Div. 12 – Furnishings    | <input type="checkbox"/> Other (specify below): _____   |

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9b. Experience - Overall:

Of the scope of work from question 9a., please complete the following information for further evaluation.

(You may use the "Additional Blank Pages" at the end of this form)

Division/Trade:	Business Name Under Which Trade is/was Performed:	Years Performing Trade Under this Name:

9c. Experience - Completed Projects:

List five (5) most recent and similar projects completed, starting from the most recent completion date. You may include projects where the bidder (your company) and subcontractor were subcontractors.

<b>1</b>	<b>Project Name:</b>			
	Dollar Amount:	\$	Contract Completion Date:	
	Contractor:			
	- Contact Name:		- Contact Phone #	
	EDGE Participation & Performance Description:			
<b>2</b>	<b>Project Name:</b>			
	Dollar Amount:	\$	Contract Completion Date:	
	Contractor:			
	- Contact Name:		- Contact Phone #	
	EDGE Participation & Performance Description:			
<b>3</b>	<b>Project Name:</b>			
	Dollar Amount:	\$	Contract Completion Date:	
	Contractor:			
	- Contact Name:		- Contact Phone #	
	EDGE Participation & Performance Description:			
<b>4</b>	<b>Project Name:</b>			
	Dollar Amount:	\$	Contract Completion Date:	
	Contractor:			
	- Contact Name:		- Contact Phone #	
	EDGE Participation & Performance Description:			
<b>5</b>	<b>Project Name:</b>			
	Dollar Amount:	\$	Contract Completion Date:	
	Contractor:			
	- Contact Name:		- Contact Phone #	
	EDGE Participation & Performance Description:			

9d. Experience - Facilities and Equipment:

List your company's facilities and major equipment, leased or owned.  
(You may use the "Additional Blank Pages" at the end of this form)

---



---



---

► **Regulatory / Contractual:**

10. Recent Occurrences:

If relevant to your company, include an explanation of all occurrences from the list below that have taken place in the last 5 years, or indicate "no" if irrelevant. (You may use the "Additional Blank Pages" at the end of this form, as needed) Provide sufficient and appropriate detail information such as "project name, owner, contact person and contact phone number, and amount of contract, etc."

- Any judgments, claims or suits pending or outstanding against your company? .....  Yes  No  
If yes, include a brief explanation of each.
- Any judgments, claims or suits pending or outstanding against a client or general contractor? .....  Yes  No  
If yes, include a brief explanation of each.
- Any citations by OSHA for violations in the last five (5) years? .....  Yes  No  
If yes, please include list of violations, status, and fine amount.
- State or Federal Prevailing Wage violations or judgments? .....  Yes  No  
If yes, please include list of violations and status.
- Affirmative Action and EDGE program violations in the last five (5) years? .....  Yes  No  
(Include Certificate of Compliance with Affirmative Action Programs, issued pursuant to O.R.C. Section 9.47)  
If yes, please include list of violations, status, and fine amount.

► **Company Policies and Statistics:**

- 11. Does your company provide health insurance for all employees? .....  Yes  No  
"Employer pays directly, or through an agent, a portion of premium on behalf of their employees into a bona fide administrator."
- 12. Does your company have workers compensation through the State of Ohio? .....  Yes  No  
If yes, please include your current certificate. If no, please explain. (You may use the "Additional Blank Pages" at the end of this form)

13. Insurance Information:

Insurance Type	Insurance Company	Limits	Date of Renewal
Automobile			
Employers Liability			
General Liability			
Excess Insurance			
<b>Bonding Company</b>		<b>Bonding Capacity</b>	

Please include your current bonding certificate(s) of insurance.



14. Does your company have:

- An Affirmative Action Plan for employees? .....  Yes  No
- Training/orientation on sexual harassment in the workplace? .....  Yes  No
- A written Disciplinary Policy? .....  Yes  No
- A written Hazardous Communication Program? .....  Yes  No
- Safety orientation for new hires? .....  Yes  No
- Mandatory weekly safety meetings? .....  Yes  No
- A designated Safety Officer for your company? .....  Yes  No
- A Substance Abuse Policy? .....  Yes  No
- Pre-hire Testing? .....  Yes  No
- Post-hire/Random Testing? .....  Yes  No

15. Employee Compliance:

Are you willing to require your employees to be subjected to site, project, or Owner specific drug and/or alcohol testing programs? .....  Yes  No

► **Company Associations:**

(You may use the "Additional Blank Pages" at the end of this form as needed, or include your own documents.)

16. Has your company:

- Been required to issue joint party checks to you and your suppliers or subcontractor? .....  Yes  No  
If yes, include a brief explanation of each. You can use "Additional Blank Pages" at the end of this form.
- Been assessed liquidated damages for late completion of a project within the last three (3) years? .....  Yes  No  
If yes, include a brief explanation of each.
- Been associated with or worked for Corna Kokosing under your current or another company name? .....  Yes  No  
If yes, under which company name? \_\_\_\_\_
- Previously worked on a Corna Kokosing project? .....  Yes  No  
If yes, list up to five (5) most recent projects.  
Add additional pages if desired.
  1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
  5. \_\_\_\_\_

► **Financial:**

17. Projected Annual Sales: \$ _____	18. Current Uncompleted Backlog \$ _____
--------------------------------------	--

19. Are you willing to provide the following information, if required?

- a. An annual financial statement prepared within the 12 months prior to the prequalification request by an independent licensed accounting firm; and the name, address, contact person and phone number of the bank normally used by the Bidder for its primary banking; .....  Yes  No
- b. A financial report generated from Standard and Poor, Dun and Bradstreet or a similar company acceptable to Corna Kokosing documenting the financial condition of the Bidder; and the name, address, contact person and phone number of the bank normally used by the Bidder for its primary banking; .....  Yes  No

This information is not a public record under Ohio Revised Code Section 149.43; and shall remain confidential, except under proper order of a court.

► **Signature:**

I certify that the information in this questionnaire is correct and complete.

\_\_\_\_\_  
Name of Company Principal (print)

\_\_\_\_\_  
Signature of Company Principal

\_\_\_\_\_  
Date

Thank you for completing the Subcontractor Prequalification Questionnaire for Corna Kokosing.

