



Roadway and Iconic Bridge Project
PREQUALIFICATION FORM



Please complete the below prequalification form if you are interested in participating on the 16Tech Road and Bridge project. If applicable, include copies of your State of Incorporation, INDOT Prequalification, City of Indianapolis Contractor License, Bonding Capacity, Insurance, and OSHA logs with your response. Completed forms and attachments are **due January 25, 2022** to Anna Hargis at ahargis@kokosing.biz.

GENERAL FIRM INFORMATION

Firm name: _____

Firm address: _____

Firm phone: _____

Firm point of contact person: _____

Point of contact email: _____

Point of contact phone number: _____

Job bid point of contact: _____

Job bid point of contact phone number: _____

Firm's NAICS code: _____

Firm's federal tax ID number: _____

Firm state of incorporation (include documentation with submission): _____

Is your firm INDOT prequalified? – include documentation with submission

Yes

No

Does your firm hold a valid City of Indianapolis contractor's license? - include documentation with submission

Yes

No

Is your firm AES prequalified? – include documentation with submission

Yes

No

Is your firm Citizens Energy Group (CEG) prequalified? – include documentation with submission

Yes

No

What type of XBE firm best fits your business?

Minority Business Enterprise (MBE)

Disability Owned Business Enterprise (DOBE)

Women Business Enterprise (WBE)

Not an XBE firm

Veteran Owned Business Enterprise (VBE)

*While there is currently no certification process for LGBTQ+ businesses in Indianapolis, 16Tech welcomes LGBTQ+ participation in the project.



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Is your firm signatory to the union or non-union?

Union

Non-union

If your firm is a union firm, which union?

Carpenter

Operator

Electrician

Painter

Ironworker

Pile Driver

Laborer

Teamsters

Mason/Finisher

What percentage of your workforce is from Marion County, Indiana? _____

Has your firm previously done work for 16Tech? If so, what work have you completed?

What work types does your firm perform?

Asphalt Paving

Sitework Grading

Brick Streetscape

Steel Erection

Concrete Flatwork

Street Sweeping

Electrical/Lighting

SWPPP Plan & Inspections

Fencing/Guardrail

Traffic Control/MOT

Office Cleaning & Janitorial Services

Traffic Signals

Painting

Trucking

Pavement Markings/Striping

Underground Utilities

Rebar

Other:

Seeding/Landscaping

Signs



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INSURANCE – include Certificate of Insurance with submission

Insurance company name: _____

Insurance company contact person: _____

Insurance company contact person phone number: _____

BONDING – include letter from bonding company with submission

Name of bonding company / Surety: _____

Agent name, address, and phone number: _____

Bonding rate: _____

Bonding capacity: _____

BANKING

Name of bank: _____

Bank address, contact, and phone number: _____

Line of credit, amount available, expiration date: _____

SAFETY

Does your firm have a health and safety program?

Yes

No

Point of contact responsible for coordinating your health and safety program (name, title, phone number):



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Does your firm have a written safety and environmental policy explaining your organization's overall intentions and directions expressed by top management?

Yes No

Do your firm's employees work at heights of 6-feet or higher?

Yes No

Does your firm transport hazardous materials?

Yes No

Does your firm provide formal safety training for your employees as it relates to the work that your firm performs and is it documented?

Yes No

Does your firm have a policy stating that no weapons or firearms of any type or allowed on the jobsite?

Yes No

Does your firm have a written hazard identification and risk assessment program for your employees and subcontractors?

Yes No

Does your firm conduct on-site and equipment inspections?

Yes No

If yes, who conducts these inspections? _____

Does your firm have a near miss reporting program?

Yes No

Does your firm perform Job Safety Analysis (JSA)/Job Risk Analysis (JRA)/Job Hazard Analysis (JHA) or equivalent?

Yes No

Does your firm have a written Substance Abuse Awareness program/policy?

Yes No



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PHONE 614.228.1029 | FAX 740.957.9239

Does your firm perform safety audits?

Yes

No

If so, what is the frequency at which these safety audits are conducted? _____

SAFETY STATISTICS – include OSHA logs with submission

	2021	2020	2019	2018
Average number of employees				
% of self-performed hours				
Total employee hours				
Total number of lost work-day cases				
Total restricted work-day cases				
Other recordable cases				
Total recordable injury/illnesses				
Fatalities				
Total number of days lost				
Total recordable incident rate (TRIR)				
Lost work day incident rate				
Days away restricted or transferred rate (DART)				
Number of fatalities				
EMR				

QUALITY

Is your firm's Quality Management System documented?

Yes

No

Does your firm have a Quality Assurance/Quality Control manual?

Yes

No

If yes, do you have the manual available to view?

Yes

No



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Is your firm's Quality Assurance program certified/registered to ISO 9001:2515?

Yes

No

If no, is your QMS based on ISO concepts and if so which ones?

In the past 5 years, has your firm been requested by a public owner to return to any project to address construction workmanship, performance, or installation issues?

Yes

No

LEGAL

Does your firm have any judgments, claims or suits currently pending against your firm in its capacity as a subcontractor?

Yes

No

If yes, please provide details (if additional space is needed, attach a written response):

Has your firm had any judgments, claims or suits against your company during the past 5 years in its capacity as a subcontractor?

Yes

No

If yes, please provide details (if additional space is needed, attach a written response):
