

LOCKTON S.C.O.R.E. PREQUALIFICATION SYSTEM:

INSTRUCTIONS TO CONTRACTORS:

Please complete the prequalification form beginning on the next page—fill the form out completely and in its entirety. Responses that are required will appear outlined in red; if you do not see the outlines, select Forms>>Highlight Fields in your Adobe viewer. If a required item does not apply to you, choose the best option or type “Not Applicable” (or “N/A”). Forms missing required information will not be processed, and will be returned for completion.

Once completed, you may submit your prequalification information by clicking the “submit” button on the last page (which generates an automatic email), or you can save/print this packet and submit it one of the following ways:

- ❖ By email to: SCOREsystem@lockton.com
- ❖ By fax to: (816) 783-2296
- ❖ By mail to: Attn: SCORE System
Lockton Companies
444 W 47th Street, Suite 900
Kansas City, MO 64112

To finalize your prequalification submission, please include the following documents as attachments to your submission email or as supplements to your fax/mail submission.

- ❖ Previous Two (2) Fiscal Year-End Financial Statements
- ❖ Previous Two (2) Fiscal Year-End Work-in-Progress Reports
- ❖ Letter From Your Bank or Other Proof of Total Line-of-Credit Extended and Method Secured (If Applicable)

If you have already completed this prequalification process for another participant in the S.C.O.R.E. System, you DO NOT need to resubmit—simply have the primary contact for your company send an email to SCOREsystem@lockton.com specifying which general contractor you want added to your list of contractors with full access to your information.

By submitting this application, you authorize Lockton to provide the calculation details supporting your financial, safety and performance ratings to

By checking this box, Lockton is additionally authorized to provide your financial, safety, and performance ratings to all general contractor users of the Lockton S.C.O.R.E. system.

PRIVACY STATEMENT

Lockton Companies, LLC (“Lockton”) shall use all information provided by you during this qualification process, both public and confidential, to calculate and provide financial, safety and performance ratings to general contractor participants of the S.C.O.R.E. System (the “Purpose”). Lockton shall (i) maintain the privacy of your submitted confidential information using the same degree of care to avoid unauthorized disclosure or use of such information as it employs with respect to its own confidential information, but in no event, not less than reasonable care, (ii) not disclose your confidential information to any person or entity except as specifically authorized by you, and (iii) not use your confidential information for any purpose other than the Purpose. Confidential information includes your financial statements, work-in-progress reports, detailed safety information and any other information you specifically designate as confidential. Your calculated financial, safety and performance S.C.O.R.E.s will be available to all participating general contractors.

Lockton shall not be prohibited from using data submitted or entered into the Lockton S.C.O.R.E. System, including yours, in an aggregated, de-identified fashion for additional applications.

PLEASE FILL OUT THE FOLLOWING INFORMATION:

GENERAL INFORMATION

Company Name:		FEIN No.:	DUNS No.: (D&B)	
Form of Business:		Corporation	Partnership	Limited Liability Co. (LLC)
		S-Corporation	Sole Proprietorship	Limited Partnership (LLP)
Street Address:		City:	State:	Zip:
Business Phone:		Business Fax:	Company Website:	
Fiscal Year-End:	Year Founded:	State Founded:	Yrs Under Current Ownership: yrs	
Primary Individual Contact:				
Name		Phone No.	Email	

OPERATIONS INFORMATION

Is Your Company Qualified As a(n): <small>(Check All That Apply)</small>				
	8(a) or Other SBE Certification #:	MBE Certification #:	WBE Certification #:	Other DBE Certification #:
Does Your Company Employ Union Workers?		If yes, please specify Which Unions: <small>(Name or Registered No.)</small>		
Yes	No			
Scope of Work Performed (NAICS):				
Primary Scope of Work Performed:				
Secondary Scope of Work Performed:				
Tertiary Scope of Work Performed:				
Additional Scope of Work Performed:				
Breakdown of Work:				
		Project Ownership		Work Performed
		% Public	% Private	% Subcontracted % Self-Performed
Typical Work Subcontracted:				
In Which of the Following States <u>Have You Previously Worked:</u>				
AL	HI	MA	NM	SD
AK	ID	MI	NY	TN
AZ	IL	MN	NC	TX
AR	IN	MS	ND	UT
CA	IA	MO	OH	VT
CO	KS	MT	OK	VA
CT	KY	NE	OR	WA
DE	LA	NV	PA	WV
FL	ME	NH	RI	WI
GA	MD	NJ	SC	WY
In Which of the Following States <u>Are You Licensed to Work:</u>				
AL	HI	MA	NM	SD
AK	ID	MI	NY	TN
AZ	IL	MN	NC	TX
AR	IN	MS	ND	UT
CA	IA	MO	OH	VT
CO	KS	MT	OK	VA
CT	KY	NE	OR	WA
DE	LA	NV	PA	WV
FL	ME	NH	RI	WI
GA	MD	NJ	SC	WY

OPERATIONS HISTORY

What is the Largest Project Your Company Has Ever Bid On?

Bid Amount	Project Name	Description	Year Bid
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List the Two Largest Projects Your Company Has Completed Under Current Management:

PROJECT NAME:

PROJECT NAME:

Final Contract Value:

Final Contract Value:

Project Location:

Project Location:

Street:

Street:

City:

City:

State:

State:

Project Owner:

Project Owner:

General Contractor:

General Contractor:

Completed: (MM/YYYY)

Completed: (MM/YYYY)

Profitable? Yes No

Profitable? Yes No

Bonded? Yes No

Bonded? Yes No

Has a complaint ever been filed with a State License Board against your company?

Yes No *If yes, please submit additional information regarding this issue*

Has your company ever had a license denied or revoked?

Yes No *If yes, please submit additional information regarding this issue*

Has your company, or any of its principals, partners, owners (or their spouses), or a company with which they were associated, ever failed in business, petitioned or bankruptcy, compromised with creditors, or defaulted on a contract?

Yes No *If yes, please submit additional information regarding this issue*

Are there any liens for labor or materials currently filed against your company or its officers?

Yes No *If yes, please submit additional information regarding this issue*

Are there any judgments, suits, or claims outstanding against your company or its officers?

Yes No *If yes, please submit additional information regarding this issue*

Has your company, or any firm that is associated with any of your officers or owners, ever failed to complete any awarded work or been terminated for cause?

Yes No *If yes, please submit additional information regarding this issue*

SAFETY INFORMATION

Please list your company's Workers' Compensation Interstate/Intrastate Experience Modification Rates for the last three (3) years:

Effective Date: <i>(WC Policy Renewal Date)</i>	Type		Rate	State
Current	Interstate	Intrastate		N/A
Last Year	Interstate	Intrastate		N/A
Prior Year	Interstate	Intrastate		N/A

Please list the number of OSHA violations, by severity, your company has received in the past three (3) years:

	Calendar Year	# of Serious Violations	# of Non-Serious Violations
Last Year			
Prior Year			
2 Yrs Prior			

➤ Were any of the above-captured OSHA Violations classified as Willful?

Yes

No

If yes, please submit additional information regarding this issue

Using your company's OSHA No. 300/300A Log from the last three (3) years, please fill in the following information:

	Last Year	Prior Year	2 Yrs Prior
Number of Fatalities <i>(Column G)</i> :			
Cases with Days Away From Work <i>(Column H)</i> :			
Cases with Job Transfer or Restriction <i>(Column I)</i> :			
Other Recordable Cases <i>(Column J)</i> :			
Total Lost Workdays <i>(Column K)</i> :			
Total Number of Injury Cases <i>(Column M(1))</i> :			
Total Number of OSHA Recordable Cases:			
Total Employee Hours Worked:			

How many full-time safety representatives does your company have?

Zero

One

Two

More Than Two

Does your company require a safety orientation course for all new employees?

Yes

No

Does your company employ an alcohol/drug-free workplace policy?

Yes

No

➤ If yes, how frequently are employees tested to monitor/enforce the policy? *(Select All That Apply)*

Never

At Hire

After Incident

At Scheduled Intervals

Randomly

Does your company employ a 100% Fall Protection program?

Yes

No

Which of the following OSHA Certification Levels does your company require your employees to obtain?

	OSHA 10-Hr	OSHA 30-HR	Other—Please Specify
Superintendents/Project Managers			
Other Field Employees			

SURETY INFORMATION

Do you have a current surety company relationship? Yes No

Current Surety Company Name		Single Project Limit	Aggregate Program Limit
Date Relationship Was Established:	Specific Restrictions or Conditions Imposed:		
Surety Agency Name:	Surety Agent Contact:		
	Name	Phone No.	Email

Are there currently any outstanding disputes with any Project Owners, General Contractors, etc.?

Yes No *If yes, please submit additional information regarding this issue*

Have you ever had your bond credit terminated by a surety company or had program restrictions established you considered unacceptable?

Yes No *If yes, please submit additional information regarding this issue*

INSURANCE INFORMATION

Please List Insurance Coverages In-Force:

Type	Covered?		Coverage Provider	Limits	
GENERAL LIABILITY	YES	NO		<u>Single/Occurrence</u>	<u>Aggregate</u>
<i>General Liability Exclusions (Check All That Apply):</i>			EIFS	Residential	Subsidence
WORKERS' COMPENSATION	YES	NO		<u>Accident/Occurrence</u>	<u>Disease/Aggregate</u> <u>Disease/Employee</u>
AUTO LIABILITY	YES	NO		<u>Combined Single Occurrence</u>	
UMBRELLA POLICY	YES	NO		<u>Single/Occurrence</u>	<u>Aggregate</u>
PROFESSIONAL LIABILITY	YES	NO		<u>Single/Occurrence</u>	<u>Aggregate</u>
POLLUTION LIABILITY	YES	NO		<u>Single/Occurrence</u>	<u>Aggregate</u>

Which of These Other Insurance Coverages Does Your Company Have In-Force? *(Select All That Apply)*

INSTALLATION FLOATER EQUIPMENT FLOATER

OTHER(S), PLEASE SPECIFY ADDITIONAL COVERAGE IN PLACE (TYPE AND LIMITS):

REFERENCES

Primary Bank Reference

1. Institution Name:	Location:		
	Street Address	City	State Zip
Direct Contact:			
Name	Phone No.	Email	

Supplier References

1. Supplier Company Name:	Location:		
	Street Address	City	State Zip
Direct Contact:			
Name	Phone No.	Email	

2. Supplier Company Name:	Location:		
	Street Address	City	State Zip
Direct Contact:			
Name	Phone No.	Email	

General Contractor References

1. GC Company Name:	Location:		
	Street Address	City	State Zip
Direct Contact:			
Name	Phone No.	Email	

2. GC Company Name:	Location:		
	Street Address	City	State Zip
Direct Contact:			
Name	Phone No.	Email	

VERIFY & SUBMIT INFORMATION

By checking the "Verify & Agree" box below, I confirm the following:

1. All of the prequalification information I have entered is correct and updated to the best of my knowledge
2. I have read and understand the Privacy Statement outlined on page 2 of this prequalification packet.
3. On behalf of my company, I consent to and permit Lockton Companies, LLC to use all information provided during this qualification process, both public and confidential, in the manner outlined in the Privacy Statement on page 2.

If you do not completely agree with the entirety of the above statement, click the "I Do Not Agree" box.

Verify & Agree

I Do Not Agree

If you do not agree, you will not be able to submit your application

Completed by: Name _____ Email _____ Phone _____

Once you are satisfied that all information has been entered correctly, you can submit your prequalification information to Lockton (SCOREsystem@lockton.com) using the button below, or via the other methods listed on Directions page:

DON'T FORGET TO ATTACH YOUR COMPANY'S FINANCIAL STATEMENTS, WORK-IN-PROGRESS REPORTS, AND BANK LETTER TO THE SUBMISSION EMAIL