

Thank you for your interest in becoming part of the CCB Team. We value the long-term and new relationships we enjoy with our team members. This pre-qual process is the means to get you into our system as an approved subcontractor-team member, to allow for bidding projects and the award of contracts.

This pre-qualification questionnaire includes the following information:

- >>> General Company
- >>> Financial
- >>> Safety and Health Statistics and Training
- >>> Banking & Bonding
- >>> References
- >>> Insurance

Please return the completed questionnaire and documents listed below to:

CCB, Inc.
65 Bradley Drive
Westbrook, ME 04092
Attention: Tim Layne
tlayne@ccb-inc.com

DOCUMENTS TO BE SUBMITTED WITH COMPLETED PREQUALIFICATION FORM

- Copy of WBE; MBE; DBE; SDVOSB; or 8(a) certification if applicable
- W-9 Taxpayer I.D. Form
- Completed or to be supplied financial statements/balance sheet
- Copy of OSHA Form 300 and 300A for the past three (3) years
- Copy of written safety manual or table of contents
- Copy of current EMR rate as provided by your insurance company
- Copy of current insurance certificate

Please note: Not completing all sections of this questionnaire may prevent your company from performing work as part of the CCB Team. Please feel free to contact Tim Layne by phone at 207-887-3229 or email at tlayne@ccb-inc.com with any questions or concerns about completing this form.

Thank you,
The CCB Team

GENERAL COMPANY INFORMATION

Subcontractor:

Supplier:

Trade(s):

Scope of services:

Company name:

Address:

Mailing address:

City:

State:

Zip:

Phone:

Fax:

E-mail:

Website:

Person completing this form:

Title:

Estimating contact:

Phone:

E-mail:

COMPANY TYPE

Corporation:

Individual:

Partnership:

LLC:

If corporation:

Date of incorporation:

State incorporated:

President's name:

Vice President's name:

Secretary's name:

Treasurer's name:

If individual:

Date of organization:

Name of owner:

If partnership:

Date of organization:

Type of partnership:

Names of general partners:

If other than those listed, please describe:

Company type:

Principals:

COMPANY TYPE (continued)

Years in business as a contractor: _____

Years in business under the same name: _____

Other names company has operated under: _____

Licensed in the state of: _____

Other state licenses: _____

Federal ID#: _____

Duns#: _____

State Sales Tax #: _____

Cage Code: _____

NAICS Code(s): _____

SIC Code(s): _____

Business classification:

Large Business Concern: _____

Small Business Concern: _____

Service Disabled Veteran Owned: _____

Veteran Owned: _____

Small Disadvantaged: _____

SBA Certified 8(a): _____

Woman Owned: _____

HUB Zone: _____

Other: _____

Certifying agency(s) for any of the above:

Union affiliations:	Yes	No
Union name(s) and contract expiration date:		

Do you utilize subcontractors?:	Yes	No
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Do you utilize independent contractors?:	Yes	No
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FINANCIAL

Is the company now or ever been involved in bankruptcy proceedings? Yes No

Is the company now or ever been involved in reorganization proceedings? Yes No

Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your company or its officers? Yes No

Has your organization filed any lawsuits or requested arbitration with regard to construction contracts in the last five years? Yes No

Has your company ever been *removed* from a project, *banned* from bidding on projects or *failed* to complete work under contract? Yes No

*(If the answer is **yes** to any of the above questions, please provide full details on a separate sheet)*

Have you ever prepared and submitted Certified Payroll Reports to Owners or Contractors? Yes No

Current number of employees on payroll?

Office: _____

Project Managers: _____

Project Superintendents: _____

Field Tradespersons: _____

Annual volume of work past three years?

2013 _____

2012 _____

2011 _____

FINANCIAL - (continued)

What is the total dollar amount of work :

In progress? _____

Under contract? _____

\$ range of projects your company performs? _____

\$ Largest _____

\$ Smallest? _____

Financial Statements:*(When financial statements are prepared or certified by independent accountants and transcribed to this form, please furnish the name and address of accountant of accounting firm.)*

Accountant/Firm Name: _____

Contact: _____

Title: _____

Address: _____

City _____

State _____

Zip: _____

Phone: _____

E-mail: _____

Balance sheet as of (month/day/year): _____

Fiscal year ends (month/day/year): _____

(Please attach the company's financial statements for the past three years or complete the next section.)

Financial statements attached.	Yes	No
Type?		

Audited review: Yes

Complied financial statement: Yes

Comments:

SAFETY -STATISTICS

Safety program management:

Name: _____
 Title: _____
 Phone: _____
 E-mail: _____

OSHA 300 information:

Taken from OSHA 300 Logs past three years

1. Annual average # of employees
2. Total # of deaths (G)
3. Total # cases w/days away from work (H)
4. Total # of cases w/job transfer/restriction (I)
5. Total # of other recordable cases (J)
- A. Total OSHA 300 Log (Rows 2-5 above)**
- B. Total employee hours worked**
- C. Total Recordable Case Rate***

	2013	2012	2011
1. Annual average # of employees			
2. Total # of deaths (G)			
3. Total # cases w/days away from work (H)			
4. Total # of cases w/job transfer/restriction (I)			
5. Total # of other recordable cases (J)			
A. Total OSHA 300 Log (Rows 2-5 above)			
B. Total employee hours worked			
C. Total Recordable Case Rate*			

* Multiply total for each year (A) x 200,000 and divide by total employee hours for that year (B) = (C) A x 200,000
B

Experience Modification Ratio (EMR):

Provide a copy of your EMR rates on your insurance company's letterhead for the past

	2013	2012	2011

three years. *If the rate(s) are 1.0 or higher, submit a written explanation.*

Does your company have a written safety manual?	Yes	No	
Are accidents records and summaries kept?	Yes	No	
<i>If yes, how often are they recorded?</i>	Weekly	Monthly	Annually
Are near-misses recorded and tracked?	Yes	No	
Has your company received any safety, health or environmental citations in the past three years?	Yes	No	
<i>If yes, please explain.</i>			
Do you conduct /document project safety audits?	Yes	No	
<i>If yes, how often are they recorded?</i>	Daily	Weekly	Biweekly
<i>If yes, who conducts these audits?</i>			
Do you hold/document toolbox safety meetings?	Yes	No	
<i>If yes, how often are they held?</i>	Daily	Weekly	Biweekly
<i>If yes, who conducts these meetings?</i>			

SAFETY -TRAINING

Does your company have a new employee orientation program?

Yes No

If yes, does it include training in the following?

1. Personal Protection Equipment

Eye protection	Yes	No
Hand protection	Yes	No
Head protection	Yes	No
Foot and ankle protection	Yes	No
Hearing protection	Yes	No
Respiratory protection	Yes	No
Fall protection/prevention	Yes	No

2. Safe work practices

Yes No

3. Material Safety Data Sheets

Yes No

4. Confined spaces

Yes No

5. Lock-out/Tag-out

Yes No

6. Electrical safety

Yes No

7. Trenching and excavation

Yes No

8. Fire protection

Yes No

9. Perimeter guarding

Yes No

10. Scaffolding

Yes No

11. Rigging and crane safety

Yes No

12. Process safety management (OSHA 1910.119)

Yes No

13. Hazard communications (OSHA 1926.59)

Yes No

14. Emergency response procedures

Yes No

15. Substance abuse

Yes No

16. Disciplinary action

Yes No

17. Sexual Harassment policy and prevention

Yes No

Does your company have a foreman-supervisor's training program?

Yes No

If yes, does it include training in the following?

1. New work orientation

Yes No

2. Safe work practices

Yes No

3. Conducting craft safety meetings

Yes No

4. CPR/Basic First Aid

Yes No

5. Emergency response procedures

Yes No

6. Accident investigation

Yes No

7. Fire protection and prevention

Yes No

8. Hazard communications (OSHA 1926.59)

Yes No

9. Process safety management (OSHA 1910.119)

Yes No

10. Sexual Harassment policy and prevention

Yes No

BANKING - BONDING

Banking:

Name of Bank: _____

Address: _____

City: _____

State: _____

Zip: _____

Contact: _____

Title: _____

Phone: _____

Term loans:	Yes	No
Line of credit:	Yes	No
Maximum amount authorized \$:	_____	
Amount outstanding \$:	_____	

(Please attach a separate sheet for additional bank information)

Are any assets shown on the balance sheet pledged or mortgaged, except as stated? Yes No

Are you now in or pending default on any obligations, i.e., banks, suppliers, other? Yes No

Bonding:

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

Name of Bonding Company: _____

Name of Bonding Agent: _____

Address: _____

City: _____

State: _____

Zip: _____

Contact: _____

Phone: _____

E-mail: _____

Bonding capacity:

Single Project \$: _____

Aggregate \$: _____

Largest bond obtained in last three years \$: _____

REFERENCES

Please list the three largest projects which your firm has completed within the past five years:

Project name: _____
Location: _____
Owner/Client contact: _____
Title: _____
Phone: _____
E-mail: _____
Subcontract amount \$: _____
Year completed? _____
Scope: _____

Project name: _____
Location: _____
Owner/Client contact: _____
Title: _____
Phone: _____
E-mail: _____
Subcontract amount \$: _____
Year completed? _____
Scope: _____

Project name: _____
Location: _____
Owner/Client contact: _____
Title: _____
Phone: _____
E-mail: _____
Subcontract amount \$: _____
Year completed? _____
Scope: _____

REFERENCES - (continued)

Please list three companies you have done business with in the past year:

Company name: _____
Location: _____
Contact: _____
Phone: _____

Company name: _____
Location: _____
Contact: _____
Phone: _____

Company name: _____
Location: _____
Contact: _____
Phone: _____

Please list three suppliers with whom you have credit or do business with:

Company name: _____
Location: _____
Contact: _____
Phone: _____

Company name: _____
Location: _____
Contact: _____
Phone: _____

Company name: _____
Location: _____
Contact: _____
Phone: _____

INSURANCE**CCB's 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

\$500,000 Each Accident	\$500,000 each occurrence by disease
\$500,000 by disease – policy limit	
Umbrella/Excess Liability \$5,000,000 Each Occurrence	
Automotive Liability \$1,000,000 Combined Single Limit	

General requirements:

- CCB, Inc. shall be named as an additional insured on the General Liability, Automobile Liability and Umbrella/Excess Liability.
- For General Liability, additional insured coverage shall apply on a primary and noncontributory basis and shall apply to completed operations as well as ongoing operations.
- A Waiver of Subrogation shall apply for all policies, except where prohibited by statute.
- A 30 day notice of cancellation shall be provided for all policies.
- Other insurance coverages may be required depending on the type of work performed for CCB, including (but not limited to): Pollution Liability, Riggers Liability, Professional Liability & Marine Liability.

Name of Insurance Company: _____

Name of Insurance Agent: _____

Address: _____

City: _____

State: _____

Zip: _____

Contact: _____

Title: _____

Phone: _____

(Please provide a copy of your insurance certificate)