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CONTRACTOR QUALIFICATION STATEMENT

THE INFORMATION SUPPLIED IN THIS DOCUMENT IS CONFIDENTIAL TO THE EXTENT PERMITTED BY LAWS AND REGULATIONS.

1. SUBMITTED BY:

Official Name of Company: _____

Company Address: _____

Contact Person: _____

Title: _____

Phone: _____

Email: _____

Anticipated Superintendent or

Key Personnel Proposed for the

Submitted Project: _____

2. SUBMITTED TO:

Bedford Regional Water Authority _____

3. SUBMITTED FOR:

Owner: _____

Project Name: _____

4. TYPE OF WORK:

5. AFFILIATED COMPANIES:

Name: _____

Address: _____

6. LICENSING:

Jurisdiction: _____

Type of License: _____

License Number: _____

Jurisdiction: _____

Type of License: _____

License Number: _____

7. CERTIFICATIONS:

CERTIFIED BY:

Responsible Land Disturber Permit(s): YES NO _____Other (_____): YES NO _____Other (_____): YES NO _____Other (_____): YES NO _____**8. INSURANCE INFORMATION:**

Provide a copy of your Certificate of Insurance.

9. SUBCONTRACTOR INFORMATION:

Name: _____

Address: _____

Specialty: _____

Your Experience: _____

***Include additional information as needed. ***

10. CONSTRUCTION EXPERIENCE:

List on **Schedule A** all uncompleted projects currently over \$30,000 and under contract (If Joint Venture list each participant's projects separately).

List on **Schedule B** projects completed within the last 5 Years and over \$30,000 (If Joint Venture list each participant's projects separately).

Has firm listed in Section 1 ever failed to complete a construction contract awarded to it?

YES NO

If YES, attach as an Attachment details including Project Owner's contact information.

Has any Corporate Officer, Partner, Joint Venture participant or Proprietor ever failed to complete a construction contract awarded to them in their name or when acting as a principal of another entity?

YES NO

If YES, attach as an Attachment details including Project Owner's contact information.

Are there any judgments, claims, disputes or litigation pending or outstanding involving the firm listed in Section 1 or any of its officers (or any of its partners if a partnership or any of the individual entities if a joint venture)?

YES NO

Are you on any list of debarred contractors maintained by the U.S. Department of Labor, the U.S. Department of Housing and Urban Development or the Virginia Department of Transportation?

YES NO

11. EQUIPMENT:

Provide a list of all major pieces of equipment available for use on Owner's project(s), to include the year, make, model, purchase date, condition, and acquired value.

12. EMPLOYEE INFORMATION:

Number of current full-time employees: _____

Number employees at highest level in past twelve months: _____

13. BONDING INFORMATION (Only applicable to CIP projects):

Provide proof of bonding capacity, to include single and aggregate limits.

14. FINANCIAL INFORMATION (Only applicable to CIP projects)

Financial Institution: _____

Address: _____

Account Manager: _____

Phone: _____

INCLUDE AS AN ATTACHMENT AN AUDITED BALANCE SHEET FOR EACH OF THE LAST 3 YEARS

12. SAFETY PROGRAM:

Do you have a current safety program?

YES NO

Name of Contractor's Safety Officer: _____

Include the following attachments (only applicable to CIP projects):

Provide as an Attachment Contractor's (and Contractor's proposed Subcontractors and Suppliers furnishing or performing Work having a value in excess of 10 percent of the total amount of the Bid) OSHA No. 500- Log & Summary of Occupational Injuries & Illnesses for the past 5 years.

Provide as an Attachment Contractor's (and Contractor's proposed Subcontractors and Suppliers furnishing or performing Work having a value in excess of 10 percent of the total amount of the Bid) list of all OSHA Citations & Notifications of Penalty (monetary or other) received within the last 5 years (indicate disposition as applicable) - IF NONE SO STATE.

Provide as an Attachment Contractor's (and Contractor's proposed Subcontractors and Suppliers furnishing or performing Work having a value in excess of 10 percent of the total amount of the Bid) list of all safety citations or violations under any state all received within the last 5 years (indicate disposition as applicable) - IF NONE SO STATE.

Provide the following for the firm listed in Section V (and for each proposed Subcontractor furnishing or performing Work having a value in excess of 10 percent of the total amount of the Bid) the following (attach additional sheets as necessary):

Workers' compensation Experience Modification Rate (EMR) for the last 5 years:

YEAR	_____	EMR	_____
YEAR	_____	EMR	_____
YEAR	_____	EMR	_____
YEAR	_____	EMR	_____
YEAR	_____	EMR	_____

Total Recordable Frequency Rate (TRFR) for the last 5 years:

YEAR	_____	TRFR	_____
YEAR	_____	TRFR	_____
YEAR	_____	TRFR	_____
YEAR	_____	TRFR	_____
YEAR	_____	TRFR	_____

Total number of man-hours worked for the last 5 Years:

YEAR	_____	TOTAL NUMBER OF MAN-HOURS	_____
YEAR	_____	TOTAL NUMBER OF MAN-HOURS	_____
YEAR	_____	TOTAL NUMBER OF MAN-HOURS	_____
YEAR	_____	TOTAL NUMBER OF MAN-HOURS	_____
YEAR	_____	TOTAL NUMBER OF MAN-HOURS	_____

Provide Contractor's (and Contractor's proposed Subcontractors and Suppliers furnishing or performing Work having a value in excess of 10 percent of the total amount of the Bid) Days Away From Work, Days of Restricted Work Activity or Job Transfer (DART) incidence rate for the particular industry or type of Work to be performed by Contractor and each of Contractor's proposed Subcontractors and Suppliers) for the last 5 years:

YEAR	_____	DART	_____
YEAR	_____	DART	_____
YEAR	_____	DART	_____
YEAR	_____	DART	_____
YEAR	_____	DART	_____

REQUIRED ATTACHMENTS

1. Schedule A (Current Experience).
2. Schedule B (Previous Experience).
3. Schedule C (Major Equipment).
4. Certificate of Insurance.
5. Bond Information.
6. Resumes of officers and key individuals (including Safety Officer) of firm named in Section 1.
7. Additional items as pertinent.

SCHEDULE A

CURRENT EXPERIENCE (Uncompleted Projects)

Project Name	Owner's Contact Person	Design Engineer	Contract Date	Type of Work (Include Pipe Sizes & Lengths)	Project Superintendent	Cost of Work
	Name: Address: Telephone:	Name: Company: Telephone:				
	Name: Address: Telephone:	Name: Company: Telephone:				
	Name: Address: Telephone:	Name: Company: Telephone:				
	Name: Address: Telephone:	Name: Company: Telephone:				
	Name: Address: Telephone:	Name: Company: Telephone:				
	Name: Address: Telephone:	Name: Company: Telephone:				
	Name: Address: Telephone:	Name: Company: Telephone:				
	Name: Address: Telephone:	Name: Company: Telephone:				

(Add Additional Sheets as Needed)

SCHEDULE B



PREVIOUS EXPERIENCE (Include Projects Completed within last 5 years)

Project Name	Owner's Contact Person	Design Engineer	Contract Date	Type of Work	Status	Cost of Work
	Name: Address: Telephone:	Name: Company: Telephone:				
	Name: Address: Telephone:	Name: Company: Telephone:				
	Name: Address: Telephone:	Name: Company: Telephone:				
	Name: Address: Telephone:	Name: Company: Telephone:				
	Name: Address: Telephone:	Name: Company: Telephone:				
	Name: Address: Telephone:	Name: Company: Telephone:				
	Name: Address: Telephone:	Name: Company: Telephone:				
	Name: Address: Telephone:	Name: Company: Telephone:				

(Add Additional Sheets as Needed)