

# **Pinner Construction Company, Inc.**

## **SUBCONTRACTOR PREQUALIFICATION QUESTIONNAIRE**

Pinner Construction thanks you for completing our subcontractor prequalification application. Subcontractors have been paramount to our success for over 90 years. For Owners, other subcontractors and ourselves, it is imperative that we continue to select only the most qualified subcontractors to perform work on our projects. Please do not hesitate to contact **Belinda Visaychack** at (714) 490-4000 if you have any questions pertaining to completing this document. The completed form can either be hand delivered or mailed to our main office at 1255 South Lewis St. Anaheim, CA 92805.

### **SECTION 1: GENERAL INFORMATION**

#### **Company Information**

Date: \_\_\_\_\_ Type of Ownership: ☐Corporate ☐Partnership ☐Individual ☐Other: \_\_\_\_\_

Company Name: \_\_\_\_\_ Target Value: \_\_\_\_\_  
(Identify your firm's competitive project value range)

Contractor's State License: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Fed EIN/Tax ID#: \_\_\_\_\_

Scope of Work: \_\_\_\_\_  
(Identify the trades that you perform)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Contact & Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Web Address: \_\_\_\_\_

#### **Corporate Officers**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

% Owned: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

% Owned: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

% Owned: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

% Owned: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Business Classifications (DVBE, SDVOSB, SBE, MBE, WBE, etc.)**

SBE - Certified By:_____	Exp. Date:_____
MBE - Certified By:_____	Exp. Date:_____
DBE - Certified By:_____	Exp. Date:_____
WBE - Certified By:_____	Exp. Date:_____
DVBE - Certified By:_____	Exp. Date:_____
Other - Certified By:_____	Exp. Date:_____

**(Attach All Certifications)**

**Bonding**

Surety:\_\_\_\_\_ Single Project Capacity:\_\_\_\_\_ Total Aggregate:\_\_\_\_\_

**Volume**

What was the average annual volume of work performed over the past 4 years?\_\_\_\_\_

**Financing**

Bank Name:\_\_\_\_\_

Bank Contact (Name):\_\_\_\_\_ Bank Contact (Number):\_\_\_\_\_

Amount of Line of Credit:\_\_\_\_\_ Available Amount of Credit:\_\_\_\_\_

**Parent Company Information**

Company Name:\_\_\_\_\_

Contractor's State License:\_\_\_\_\_ Exp. Date:\_\_\_\_\_

Street Address:\_\_\_\_\_

City:\_\_\_\_\_ State:\_\_\_\_\_ Zip Code:\_\_\_\_\_

Name of Contact & Title:\_\_\_\_\_

Telephone:\_\_\_\_\_ Fax:\_\_\_\_\_ E-Mail:\_\_\_\_\_

Web Address:\_\_\_\_\_

## **SECTION 2: FIRM'S EXPERIENCE**

### **Public Construction Experience**

List 5 completed projects that your firm has constructed. If you have not completed 5 projects then list on-going projects.

Project Name	Start Date	Initial Contract Value	Current Contract Value	Project GC	Local Hire %

### **Pinner Experience**

List projects that you have completed or are currently constructing with Pinner Construction.

Project Name	Your Project Manager	Your Superintendent	Your Foreman

### **Outreach/Labor Compliance**

Is your firm a Union Shop? ☐ Yes ☐ No

Local #: \_\_\_\_\_ Union Name: \_\_\_\_\_

Are there any portions of a Project Stabilization Agreement that your firm either will not or cannot abide by? ☐ Yes ☐ No – *if yes, please explain*

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Has your firm ever failed to submit Certified Payroll Reports for the duration of a project? ☐ Yes ☐ No

Has your firm ever received a penalty for not paying the prevailing wage rate to an employee? ☐ Yes ☐ No

Is your firm fully aware of the obligations with regards to the hiring and training of apprentices? ☐ Yes ☐ No

Is your firm fully aware of the apprentice-to-journeyman ratio? ☐ Yes ☐ No

How many total We-Build hours have you accumulated on LAUSD projects? \_\_\_\_\_

### **BIM**

Are you currently using Building Information Modeling (BIM) for shop/coordination drawings?

☐ Yes ☐ No – *if yes, please fill out questions below*

Do you use a consultant for BIM? \_\_\_\_\_ Consultant Name: \_\_\_\_\_

Consultant Number: \_\_\_\_\_ Number of Projects that You have Used BIM: \_\_\_\_\_

3/21/2012

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### **References**

List 3 General Contractors that your company has completed a project with:

<b>Company Name</b>	<b>Phone Number</b>	<b>Contact Name</b>

### **Claims & Litigation**

Do you have any current claims or litigation pending from or against a General Contractor or Owner?

☐ Yes ☐ No – *if yes, please describe below*

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Has your firm ever been notified by an Owner or General Contractor that you were in default of the terms and conditions in an Agreement that you signed?

☐ Yes ☐ No – *if yes, please describe below*

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### **Subcontracting**

What portion of your work do you subcontract? \_\_\_\_\_  
\_\_\_\_\_

List the subcontractors that you often subcontract work to:

<b>Company Name</b>	<b>Address</b>	<b>Phone Number</b>	<b>License Number</b>

### **Vendors**

List the 3 top vendors you use:

<b>Company Name</b>	<b>Address</b>	<b>Contact Name</b>	<b>Phone Number</b>

## **SECTION 3: SAFETY**

The information required in this questionnaire must include all construction work undertaken nationwide by the firm and any partnership, joint venture, or corporation that any principal of the firm participated in as a principal or owner for the last three (3) calendar years and the current calendar year prior to the date of the bid submittal. The firm may be requested to submit additional information or an explanation of data for evaluation of their safety record. Failure to provide all information listed below could result in exclusion from the selection process.

### **SECTION A:**

#### **Workers Compensation Insurance - Experience Modification Rate (EMR)**

1. Please obtain from your insurance agent/broker/carrier your intrastate EMRs for the last three rating periods. If you do not have an intrastate rating, obtain your interstate EMRs. Then, complete the following data and check the appropriate box for interstate or intrastate EMR\*.

	<u>Policy Year</u>	<u>Experience Modification Rate</u>	<u>Rating Type</u>
Current EMR	_____	_____	<input type="checkbox"/> Intrastate
1 year ago	_____	_____	<input type="checkbox"/> Interstate
2 years ago	_____	_____	
3 years ago	_____	_____	

\* You must submit a copy of your firm's EMR listed on your insurance company's letter head. It must be the most current EMR with a date of revision and a five year history.

By initialing here, I certify that this firm does not have an EMR\*. \_\_\_\_\_

\* You must submit a copy of your firm's Loss Runs for the last three years. Please attach copies of both open and closed cases from your insurance company.

Is your firm self-insured for Workers Compensation Claims? ☐ Yes\* ☐ No

\* If yes, please attach a copy of the latest Annual Report to the State of California Dept. of Industrial Relations and/or State of California Certificate of Self-Insurance.

2. Anniversary Rating Date: \_\_\_\_\_ Rating Bureau File # \_\_\_\_\_

3. Name of your firm's Workers' Compensation carrier \_\_\_\_\_

### **SECTION B.**

#### **OSHA/Lost Workday Incidence Rates**

To answer the following questions, utilize data obtained from your firm's OSHA 300 "Log and Summary of Occupational Injuries and Illnesses", or Workers' Compensation Loss Run (if your company has 10 or fewer employees).

#### **ALL FIRMS HAVE DATA TO REPORT, AND MUST COMPLETE THIS SECTION!**

1. Industry Comparison Information. Enter your NAICS Code below:

North American Industry Classification System (NAICS) Code \_\_\_\_\_

2. What is your company wide OSHA Total Case Incidence Rate\* (recordable cases) for the **last three years**?

Year	# of Cases	Co. Hours****	Rate

3. What is your company wide Lost Workday Case Incidence Rate\*\* (recordable cases with lost workdays or restricted duty) for the **last three years**?

Year	# of Cases	Co. Hours****	Rate

4. What is your company wide number of No Lost Workday Case Incidence Rate\*\*\* (recordable cases without lost workdays) for the **last three years**?

Year	# of Cases	Co. Hours****	Rate

Information to aid in completing Section B, #2, 3 and 4:

\* OSHA Total Case Incidence Rate =  $\frac{\text{Total \# of Recordable Cases} \times 200,000}{\text{Company Man-hours}}$

\*\* Lost Workday Case Incidence Rate =  $\frac{\text{\# of Lost Workday Cases} \times 200,000}{\text{Company Man-hours}}$

\*\*\* No Lost Workday Case Incidence Rate =  $\frac{\text{\# of No Lost Workday Cases} \times 200,000}{\text{Company Man-hours}}$

\*\*\*\* Co. Hours = Hours worked by all employees on the Company payroll in the applicable calendar year.

- Do not use the number of lost workdays in these three calculations.
- Rates are not a “%”, nor should the number be similar to “0.00024”.
- To verify your calculations for a given year; check you math as follows:  
Lost Workday Case Rate + No Lost Workday Case Rate = Total Case Incidence Rate

\* Please attach all OSHA 300 forms including appendix A, B, C.

## SECTION C.

### OSHA Citation (Violation) History

Has your company received any “serious”, “willful”, “repeat”, or “failure to abate” OSHA violations (citations) within the past sixty (60) months, beginning immediately prior to submittal of this Questionnaire? This question includes such citations if they have been appealed or contested, but have not yet been resolved. If yes, check “yes” below and submit copies of all citations and descriptions of abatement actions, your company Injury and Illness Prevention Program and Code of Safe Practices, **and** your OSHA 300 Log and Summaries for each of the last three years.

- ☐ Yes *If yes, list total number of citations (violations) by type per year in the table below.*  
☐ No *If the contractor has answered “no” to having received any citations classified as “serious,” “willful,” “repeat” or “failure to abate” and such violations are found during the verification process the contractor will not be prequalified. A waiting period may be imposed by before the contractor can reapply.*

Year	Serious	Willful	Repeat	Failure to Abate	Total
2009					
2008					
2007					
2006					
2005					
2004					

\* *Include all citation history for the past five years. Submit copies of all citation and their OSHA dispositions from the ALJ (Administrative Law Judge).*

## SECTION D.

### Safety Policies and Procedures (17 Questions)

#	Question	Yes	No	Points
1.	<b><u>Injury and Illness Prevention Program</u></b> . Does your company have an effective, written Injury and Illness Prevention Program (IIPP) in accordance with 8CCR §1509 & §3203? [LC §6401.7]. If yes, copy of the Program must be available at the jobsite. Does your plan cover Heat Illness Prevention? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21
2.	Does your company have a safety policy statement endorsed by top management? [LC§6401]	<input type="checkbox"/>	<input type="checkbox"/>	2
3.	Does your on-site safety representative have the authority and been allocated sufficient time to audit and enforce compliance with job site safety protocol? [LC §6401.7(a)(7)]	<input type="checkbox"/>	<input type="checkbox"/>	4
4.	Does your company have a disciplinary action program that includes provisions for acting on safety and health issues of your employees (and second tiers, if applicable), and is the program enforced? [LC §6401.7(a)(6)]	<input type="checkbox"/>	<input type="checkbox"/>	2
5.	Is safety pre-planning included in project planning and/or progress meeting(s) in order to ensure that safety and loss control activities are integrated into the project work plan? [OCIP Requirements – Safety Standards]	<input type="checkbox"/>	<input type="checkbox"/>	4
6.	Do your company safety and health policies, procedures, and second tier agreements address minimum safety requirements in accordance with OSHA and requirements for suppliers, and vendors? [LC §6401.7(h)] If yes, a copy of these policies, procedures, and second tier agreements must be available for review, if requested.	<input type="checkbox"/>	<input type="checkbox"/>	6
7.	Does your company have a comprehensive Hazard Communication Program that (a) details locations for Material Safety Data Sheets (MSDS) and (b) contains provisions for multi-tier job sites? [8 CCR §5194]	<input type="checkbox"/>	<input type="checkbox"/>	6

8.	Do you conduct ongoing job site safety and health inspections, and are the inspection records kept on file and available for review? [LC §6401.7(A)(2)] Is there written verification that job site safety and health violations have been reviewed and corrective action taken? [LC§6401.7(b) and (D)]	<input type="checkbox"/>	<input type="checkbox"/>	13
9.	<b>Safety Reviews/Hazard Analysis.</b> Are all job activities identified and Job Safety Analysis' (JSA, a.k.a. Job Hazard Analysis, or JHA) conducted by your firm (and second tiers, if applicable)? [LC§6401.7(A)(5)]	<input type="checkbox"/>	<input type="checkbox"/>	2
10.	Are the procedures for critical (hazardous) job activities written and reviewed with all employees (including second tier employees)? [LC 6401.7(a)(5)]	<input type="checkbox"/>	<input type="checkbox"/>	2
11.	<b>Accident/Incident Investigation and Analysis.</b> Does your company have a written accident/incident investigation procedure in which: (a) all accidents/incidents (including those of second tiers, if applicable) are investigated to determine their root cause, and (b) corrective action is taken by site supervision and management, and (c) written investigation and corrective action records are available for review? [8CCR§3220(a)(5) and (b)]	<input type="checkbox"/>	<input type="checkbox"/>	6
12.	Are reports completed for "near miss" incidents that might have caused serious injury, property or equipment damage? [LC §6403(b)]	<input type="checkbox"/>	<input type="checkbox"/>	2
13.	<b>Emergency Response.</b> Does your company have a comprehensive written emergency response plan (i.e., fire, toxic spills, bomb threats, natural disasters, crowd and traffic control, and media relations) for job sites; and do all employees (including second tier employees, if applicable) receive project-specific emergency response training? [8 CCR §3220 (a) and (e)]	<input type="checkbox"/>	<input type="checkbox"/>	4
14.	<b>Substance Abuse Control Program.</b> Does your company have a written Substance Abuse Program? [LC §6403]	<input type="checkbox"/>	<input type="checkbox"/>	2
15.	Do you require your second tier employees to have a/or comply with your Substance Abuse Program? [LC §6403]	<input type="checkbox"/>	<input type="checkbox"/>	2
16.	<b>Employee Training.</b> Does your company ensure that all employees (including second tier employees) are trained in accordance with your firm's written training plan, and (a) are competent to perform the work required, and (b) that job tasks requiring specific training and/or certification are performed by employees having the appropriate training documentation and certificates, and the documentation is maintained and available for review? [LC §6401.7 (c) and (d)]	<input type="checkbox"/>	<input type="checkbox"/>	11
17.	Is documentation on file and available for review to verify that training and safety meetings for your firm (and second tiers, if applicable) have been completed? [LC §6401.7(c) and 8CCR §1509(e)]	<input type="checkbox"/>	<input type="checkbox"/>	11

- \* Please have all documents available upon our request for all questions that ask for employee training, a program, a plan, and/or protocols.
- \* In question #3 please accompany your prequalification with the safety credentials of your on-site safety representative. (Pinner Construction Company, Inc. now requires that all of your field management be OSHA 30 hour construction trained in an OSHA approved outreach construction training course.)
- \* All work processes require a JSA for Pinner Construction Company, Inc. projects as discussed in question 9.
- \* In conclusion please know that any omission of information is reason for rejection of your prequalification. As is any misrepresentation of any information. All information must be correct and verifiable by third party analysis.



# **SUBCONTRACTOR'S PREQUALIFICATION CERTIFICATION**

## **CHECK APPLICABLE INFORMATION:**

I am ☐ an officer, ☐ a partner, ☐ a \_\_\_\_\_ of  
(State position or office held with Applicant)  
Applicant Name

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and **I certify under penalty of perjury under the laws of the State of California that:** (1) I am authorized to make this verification for and on Applicant's behalf; (2) **all information provided by Applicant to Pinner Construction Co. as part of the prequalification process is true and accurate;** and (3) no attempt has been made by Applicant to purposely give any false, omissive, and/or misleading information.

Executed on \_\_\_\_\_, at \_\_\_\_\_, California.

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Type or Print Name

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Signature

This document must be completed in the presence of a Notary Public.