



LAWRENCE CONSTRUCTION COMPANY

Heavy Highway Contractor • Design / Build Engineering • Pile Driving

To Potential Subcontractors/Vendors:

Thank you for your interest in joining the Lawrence Construction Company team of quality subcontractors. We understand that our subcontractors are key to the consistent value and quality we deliver to our clients. The attached Prequalification Application will be used to demonstrate and evaluate your resources, experience, financial capability, and risk. If you are unable to meet a criteria below, you may still be prequalified. Please provide details on a separate sheet.

Please include the following in your submittal:

1. Prequalification Application
2. EMR Verification Letter
3. Most Recent Year Financial Statement
4. General bonding capacity letter from your Surety
5. Sample certificate of insurance displaying your insurances in the following minimums
 - General Liability- \$1,000,000.00
 - Worker's Compensation- \$500,000.00
 - Automobile- \$1,000,000.00
6. Copies of any disadvantaged or emerging business status certifications

Please fill out and return these documents as soon as possible to mrachubinski@lawrence-construction.com or you may FAX documents to 303.791.5647. The prequalification review process can take up to 6 weeks. Please keep in mind that the timeframe largely depends on the completeness of the application upon submission and the responsiveness of your references. By submitting this prequalification application, you authorize Lawrence Construction Company to contact your references to obtain past performance information.

Should you have any questions, please contact us at (303) 791-5642. Thank you.

Best Regards,

Mike Rachubinski
Vice President of Procurement and Estimating

Prequalification Application			
Date of Response:			
General Company Information			
Legal Company Name:			
DBA (if applicable):			
Phone:	FAX:	E-mail:	
Main Office Address:			
City:	State:	Zip:	
Corporation <input type="checkbox"/>	Sole Proprietorship <input type="checkbox"/>	Partnership <input type="checkbox"/>	Other <input type="checkbox"/>
Year of Formation:	State of Inc.:	Date of Inc.:	
Union Affiliation:			
Main Contact			
Name:	Phone:	FAX:	
Position:	Email:		
Finance/Accounting Contact			
Name:	Phone:	FAX:	
Position:	Email:		
Project Operations Contact			
Name:	Phone:	FAX:	
Position:	Email:		
Does your company have an EEO Policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Number of Employees:		% of Work Self-Performed:	
Safety Information			
EMR Rates (last three years)	Yr: Rate:	Yr: Rate:	Yr: Rate:
Any OSHA Violations in the last three years?	<input type="checkbox"/> Yes (attach explanation)	<input type="checkbox"/> No	
Any fatalities in the last three years?	<input type="checkbox"/> Yes (attach explanation)	<input type="checkbox"/> No	
Does your company have a qualified person responsible for Safety within your company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Safety POC Name:	Phone:	FAX:	
Position:	Email:		
Does your company have a written Company Safety Policy and Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does your company have a substance abuse policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Legal Information			
Has your company or any of its principals ever failed to complete a contract?	<input type="checkbox"/> Yes (attach explanation)	<input type="checkbox"/> No	
Has your company or any of its principals ever petitioned for bankruptcy?	<input type="checkbox"/> Yes (attach explanation)	<input type="checkbox"/> No	
Has your company or any of its principals ever been suspended, disbarred or precluded from pursuing public work?	<input type="checkbox"/> Yes (attach explanation)	<input type="checkbox"/> No	
Has your company ever had a claim made against it for improper, delayed, defective or non-compliant work or failure to meet warranty obligations?	<input type="checkbox"/> Yes (attach explanation)	<input type="checkbox"/> No	

Legal Information (Cont'd)			
Does your company have any pending judgment claims or outstanding suits filed against it?		<input type="checkbox"/> Yes (attach explanation)	<input type="checkbox"/> No
Has your company or any of its principals ever been investigated for or charged with alleged labor law violations?		<input type="checkbox"/> Yes (attach explanation)	<input type="checkbox"/> No
Bonding/Surety Information			
Surety Company Name:		Surety Broker Name:	
Bonding Capacity per Job:		Aggregate Capacity:	
Insurance Information			
Insurance Company Name:		Insurance Broker Name:	
General Liability Limit:		Automobile Limit:	
Workers' Compensation:		Pollution Liability:	
Business Status or Certification			
Please provide details: (agency, status, etc. and provide a copy)			
Past Performance Information			
Please list three current (within 3 years), completed projects with references.			
Project Name:			
Project Location:		Project Value:	
General Contractor:		Completion Date:	
Reference Contact:		Phone:	
Email:			
Project Name:			
Project Location:		Project Value:	
General Contractor:		Completion Date:	
Reference Contact:		Phone:	
Email:			
Project Name:			
Project Location:		Project Value:	
General Contractor:		Completion Date:	
Reference Contact:		Phone:	
Email:			
Signature			
We have attempted to answer all questions in a full and complete manner to assure that our answers are not in any respect misleading, either by expressing ourselves in a misleading or ambiguous manner or omitting information.			
Name of Company:		Date:	
Completed by:		Title:	

Signature
