



**GREAT LAKES
DREDGE & DOCK
COMPANY, LLC**

2122 York Road
Oak Brook, IL 60523
630.574.3000

SUBCONTRACTOR / VENDOR PREQUALIFICATION FORM

REQUESTED BY:

Great Lakes Dredge & Dock Contract: Great Lakes Project:

Have you worked with GLDD before? Yes No Date:

If yes, previous project worked with GLDD & name of contact:

I. GENERAL INFORMATION

Company: Federal ID Number:

Address: Year Business Started:

Main Contact:

City: Contact Title:

State: Zip Code:

Phone:

Fax:

Email:

Website:

Dunn & Bradstreet Number:

Contractor's License(s), States and Numbers

State	License Number	Exp Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Attach a copy of license(s)

Subcontractor Vendor/Supplier

Union: Yes No If Union, list affiliation(s):

II. ORGANIZATION

Business Type: Corporation Partnership Limited Liability Company Sole Proprietor Joint Venture

Is your company owned or controlled by a parent company or other organization? Yes No

Provide name of parent company:

Provide number of:

Office Staff Field Supervisors Average Field Labor Average Shop Labor



II. ORGANIZATION (CONTINUED)

Check applicable certification(s): **ATTACH COPIES OF CERTIFICATIONS FOR EACH QUALIFYING SBA CLASSIFICATION.**

- Large business (no special classification)
- Minority Business Enterprise (MBE)
- HUBZone Small Business
- Small Disadvantages Business (SDB)
- 8(a) Certified Small Disadvantaged Business
- Native American/Indian Tribe
- Small Business Enterprise (SBE)
- Veteran Owned Small Business (VOSB)
- Service Disabled Veteran Owned Small Business (SDVOSB)
- Women Owned Small Business (WOSB)/(WBE)
- Alaskan Native Corporation (ANC)
- Other _____

III. LEGAL INFORMATION

Are there any judgments, claims, arbitration proceedings or suits pending/outstanding against your firm, its officers, or principals in the last 10 years?

- Yes No If yes, please attach a complete explanation.

Has your company filed any lawsuits or requested arbitration or mediation with regard to construction contracts within the last three (3) years?

- Yes No If yes, please attach a complete explanation.

Has your company or any organization with which your officers were involved during the last three (3) years ever been in bankruptcy or a voluntary or involuntary reorganization?

- Yes No If yes, please attach a complete explanation.

Has your company ever failed to complete any awarded work?

- Yes No If yes, please attach a complete explanation.

Has your company ever been terminated from a contract?

- Yes No If yes, please attach a complete explanation.

Has your company ever had a license revoked or suspended?

- Yes No If yes, please attach a complete explanation.

IV. FINANCIAL INFORMATION

Annual Volume

What was the average annual revenue from work completed in the last three (3) years?

Year Revenue

Year Revenue

Year Revenue

Attach a copy of the company's W-9



V. SAFETY

This information must include all work undertaken nationwide by Subcontractor and any partnership, joint venture, or corporation that any principal of Subcontractor participated in as a principal or owner for the last three calendar years and the current calendar year prior to the date of the health and safety information submittal. Separate information shall be submitted for each particular partner or joint venture, where or as requested by Great Lakes Dredge & Dock. Subcontractor may be requested to submit additional information or explanation of data for evaluating the safety record for the previous three years.

1. List your firm's Interstate Experience Modification Rate (EMR) and include a letter of certification from your insurance broker:

	EMR	Certification Provided:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20__	_____	Certification Provided:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20__	_____	Certification Provided:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20__	_____	Certification Provided:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current year through _____	_____	Certification Provided:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2. Please use your OSHA Logs to provide the following information:

A. Total hours worked (in thousands)

20__	_____
20__	_____
20__	_____
Current year through _____	_____

B. Number of fatalities

20__	_____
20__	_____
20__	_____
Current year through _____	_____

C. Number of lost workday cases:

20__	_____
20__	_____
20__	_____
Current year through _____	_____

D. Number of injury/illness cases involving restricted work activity:

20__	_____
20__	_____
20__	_____
Current year through _____	_____



E. Other Recordable Cases:

20 ____ _____
20 ____ _____
20 ____ _____

Current year
through _____

F. Number of lost workdays

20 ____ _____
20 ____ _____
20 ____ _____

Current year
through _____

G. Incident Rate for restricted work activity due to injury/illness (DART):

20 ____ _____
20 ____ _____
20 ____ _____

Current year
through _____

H. Incidence rates for Total Recordable cases (TRIR):

20 ____ _____
20 ____ _____
20 ____ _____

Current year
through _____

I. Incidence rates for lost workday cases (LTIR):

20 ____ _____
20 ____ _____
20 ____ _____

Current year
through _____

Note: The information required for items B through G is the same as required for columns G to L, Log and Summary of Occupational Injuries and Illnesses, OSHA 300 Form.

3. Are incident reports (e.g., OSHA 300) and report summaries sent to the following?

Corporate Safety Officer Yes No Monthly Quarterly Annually

Division or Operations Manager Yes No Monthly Quarterly Annually

President/CEO of firm Yes No Monthly Quarterly Annually

Local Branch/Field Office Manager Yes No Monthly Quarterly Annually



4. Do you have a Disciplinary Policy Statement? Yes No

5. Do you hold site safety meetings for project supervision? Yes No
 Weekly Bi-Weekly Monthly

Or explain how often:

6. Do you conduct project safety inspections (please provide an example form or system)?

If yes, who conducts this inspection (title)?

How often?

7. Does your company have a written incident notification policy?

Near Misses? Yes No
Recordable injuries? Yes No
First Aid injuries? Yes No
Accident damage > \$5,000 Yes No

8. Are accidents and injuries documented and investigated? Yes No

If yes, are near misses documented and investigated: Yes No

What investigation methodology is used?

Are corrective actions identified in investigations tracked and closeout Yes No

To whom are incidents/accidents reported?

Are incidents/accidents reviewed in training?

9. Do you have an orientation program for new hires? Yes No (please provide the outline)

10. Do you have a written safety program compliant with OSHA/regulatory standards applicable to your business?

Yes No

If yes, are field personnel trained on the following?

	Yes	No	Frequency		Yes	No	Frequency
A. Personal Protection Equipment	<input type="checkbox"/>	<input type="checkbox"/>	_____	M. Trenching & Excavation	<input type="checkbox"/>	<input type="checkbox"/>	_____
B. Hazard Communication	<input type="checkbox"/>	<input type="checkbox"/>	_____	N. Signs, Barricades, Flagging	<input type="checkbox"/>	<input type="checkbox"/>	_____
C. Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>	_____	O. Electrical Safety	<input type="checkbox"/>	<input type="checkbox"/>	_____
D. Respiratory Protection	<input type="checkbox"/>	<input type="checkbox"/>	_____	P. Rigging & Crane Safety	<input type="checkbox"/>	<input type="checkbox"/>	_____
E. Fall Protection	<input type="checkbox"/>	<input type="checkbox"/>	_____	Q. Confined Space	<input type="checkbox"/>	<input type="checkbox"/>	_____
F. Scaffolding	<input type="checkbox"/>	<input type="checkbox"/>	_____	R. Benzene	<input type="checkbox"/>	<input type="checkbox"/>	_____
G. Basic Seaman Ship	<input type="checkbox"/>	<input type="checkbox"/>	_____	S. Lead, Cadmium, Arsenic and Toxic Metal	<input type="checkbox"/>	<input type="checkbox"/>	_____
H. Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	_____	T. Lockout/Tagout	<input type="checkbox"/>	<input type="checkbox"/>	_____
I. Fire Protection	<input type="checkbox"/>	<input type="checkbox"/>	_____	U. Incident Reporting	<input type="checkbox"/>	<input type="checkbox"/>	_____
J. First Aid Practices & CPR/AED	<input type="checkbox"/>	<input type="checkbox"/>	_____	V. Motor Vehicle & Motorized Equip.	<input type="checkbox"/>	<input type="checkbox"/>	_____
K. Emergency Procedures	<input type="checkbox"/>	<input type="checkbox"/>	_____	W. Water Safety	<input type="checkbox"/>	<input type="checkbox"/>	_____
L. Bloodborne Pathogens	<input type="checkbox"/>	<input type="checkbox"/>	_____	X. Climate Hazards Control	<input type="checkbox"/>	<input type="checkbox"/>	_____



11. Do you have a Safety Training program for newly hired or newly promoted supervisors? Yes No

- If yes, does it include instruction on the following?
- | | Yes | No |
|--------------------------------------|--------------------------|--------------------------|
| A. Safe Work Practices | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Supervisors Responsibility | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Conducting Toolbox Safety | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Emergency Procedures | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Injury Reporting Procedures | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Incident Investigation Techniques | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Fire Protection Prevention | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Supervisor's Role in Orientation | <input type="checkbox"/> | <input type="checkbox"/> |

12. Do you hold "Toolbox Safety Meetings"? Yes No
If yes, how often? Daily Weekly Bi-Weekly Monthly

Less often, as needed, explain:

13. What were the dates and discussion topics of the last safety meeting?

Date: Topic:

Date: Topic:

14. Has your company or affiliate received any health, safety, or environmental inspections from a regulatory agency during the past three years? Yes No

15. Has your company or affiliate received any health, safety, or environmental citations from a regulatory agency during the past three years? Yes No

If yes, provide details:

16. Are documents pertaining to this questionnaire available for auditing? Yes No

17. Does your company have a written policy regarding alcohol and or/substance abuse? Yes No
If yes, does your testing program conform to DOT requirements? Yes No

Does your company perform pre-hire drug and alcohol screening for all employees? Yes No

Trade Categories

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Preferred Contract Size: Up to \$250k Up to \$500k Up to \$1M Up to \$5M \$5M+



VI. PERFORMANCE REFERENCES

Provide four references below. Each reference should be from a different client or general contractor. These references should be for work completed in the last five years and should be representative of the work you are trying to prequalify for now. **One must be for your largest project within the last two years.** **NOTE: The contact provided must have direct knowledge of your performance on that project.** **Leaving out any requested contact information including email address will delay processing of your form.**

1. Project Name	Client/General Contractor
<input type="text"/>	<input type="text"/>
Contract Value	Scope of Work
<input type="text"/>	<input type="text"/>
Contact Name	Contact Email
<input type="text"/>	<input type="text"/>
Phone	Fax
<input type="text"/>	<input type="text"/>

1. Project Name	Client/General Contractor
<input type="text"/>	<input type="text"/>
Contract Value	Scope of Work
<input type="text"/>	<input type="text"/>
Contact Name	Contact Email
<input type="text"/>	<input type="text"/>
Phone	Fax
<input type="text"/>	<input type="text"/>

2. Project Name	Client/General Contractor
<input type="text"/>	<input type="text"/>
Contract Value	Scope of Work
<input type="text"/>	<input type="text"/>
Contact Name	Contact Email
<input type="text"/>	<input type="text"/>
Phone	Fax
<input type="text"/>	<input type="text"/>

3. Project Name	Client/General Contractor
<input type="text"/>	<input type="text"/>
Contract Value	Scope of Work
<input type="text"/>	<input type="text"/>
Contact Name	Contact Email
<input type="text"/>	<input type="text"/>
Phone	Fax
<input type="text"/>	<input type="text"/>



VII. REFERENCES

Banking:

Name: Contact: Phone:
City: State: Zip Code: Since:

Bonding:

Bonding Company: Surety Broker/Agent:
Contact Person: Phone: Time with Bond Co:
Bond Capacity per Project: Aggregate:
Bond Co. Rating: Last Bond Issued: Date: Amount: Rate%:

Insurance: Attach a current copy of insurance certificate.

	Yes	No	N/A to Nature of Subcontractor Operations
All Insurance Companies have A.M. Best rating Of A- VII or Higher	<input type="checkbox"/>	<input type="checkbox"/>	

Workers Compensation

Statutory Limits per State of Hire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiver of Subrogation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
United States Longshore & Harbor Workers Compensation Act Coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jones Act Coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternate Employer Endorsement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employers Liability

\$500,000 Each Accident/\$500,000 Disease Each Employee/\$500,000 Disease Policy Limit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Commercial General Liability

\$1M Each Occurrence/\$2M of A- VII or Higher Per Project Aggregate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No X,C,U Exclusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ISO Additional Insured forms CG 20 10 10/01 and CG 20 37 10/01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiver of Subrogation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary/Non-Contributory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Insurance: Continued

	Yes	No	N/A to Nature of Subcontractor Operations
Business Automobile			
\$1,000,000 Combined Single Limit	<input type="checkbox"/>	<input type="checkbox"/>	
Symbol 1	<input type="checkbox"/>	<input type="checkbox"/>	
Hull & Machinery			
Per Hull Values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Insured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiver of Subrogation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protection & Indemnity			
\$1M Each Occurrence/\$2M Aggregate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crew/Collision Liab./Towers Liab./In Rem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Insured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiver of Subrogation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Umbrella/Excess Liability/Bumbershoot Liability			
Follows Form of Underlying	<input type="checkbox"/>	<input type="checkbox"/>	
\$5M Each Occurrence/\$5M Aggregate (except higher limits required for high hazard operations)	<input type="checkbox"/>	<input type="checkbox"/>	
Pollution Liability			
\$1,000,000 Each Occurrence/\$2M Aggregate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Per OPA 90 and CERCLA for Vessel Pollution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability (for any/all Professional Services provided)			
\$1,000,000 Each Occurrence/\$2M Aggregate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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VIII. ADDITIONAL INFORMATION

Please attach any additional information to help us determine your company's qualifications and expertise.

IX. SIGNATURE

By signing this form, I certify that the information provided therein is accurate, correct, and true. By submitting a valid bid, the subcontractor or vendor authorizes Great Lakes Dredge & Dock to obtain a written or oral credit report on the subcontractor's or vendor's business entity from any credit-reporting agency. The subcontractor or vendor authorizes any bank, commercial business, or bonding company with whom the subcontractor or vendor has current or inactive experience to give any and all necessary information to Great Lakes Dredge & Dock, which will assist Great Lakes Dredge & Dock in the Subcontractor/Vendor Evaluation. The subcontractor or vendor further authorizes Great Lakes Dredge & Dock to reinvestigate the status from time-to-time, as Great Lakes Dredge & Dock deems necessary.

Printed Name:

Date:

Signature:

Phone:

Title:

Prepared By:

The Prequalification Form shall be updated annually, or upon significant changes to the information, and submitted to Great Lakes Dredge & Dock, LLC.