

CONFIDENTIAL

Date: _____

A) Contact Information

Company Name: _____

Primary Contact: _____

Street Address: _____

City, State, ZIP Code: _____

Phone: _____ Fax: _____

E-Mail Address: _____

Company Web Site Address: _____

FEIN Number: _____

B) Organization Information

The year your organization was founded: _____

The year your organization was founded under its present business name: _____

List other or former names under which your organization has operated: _____

If your organization is a corporation, answer the following:

Date of incorporation: _____ State of incorporation: _____

President: _____ Vice President: _____

Secretary: _____ Treasurer: _____

If your organization is a partnership, answer the following:

Date of organization: _____ Type of Partnership: _____

Name(s) of general partners: _____

If your organization is individually owned, answer the following:

Date of organization: _____ Owner: _____

If your organization is a Disadvantaged Business, list any designations that apply (please attach a copy of certificate):

Designation	Agency Issuing Certificate	Expiration
_____	_____	_____
_____	_____	_____
_____	_____	_____

C) Work Type

Please list the types of work your organization self-performs:

State five-year average sales of work performed: _____ \$

What is your company's backlog amount? _____ \$

Please indicate if your company is: Union Merit Shop

If your company is union, list to which unions you are signatory:

If your company is union, list to which agreements you are signatory (e.g., NMA):

D) Financial Information – please complete the table below. Include an audited copy of your latest financial statement and a letter from your bonding company:

Current Ratio (Current Assets / Current Liabilities)			Net Return on Revenue (Income before Tax / Revenue)		
Quick Ratio (Cash + Accounts Receivables / Current Liabilities)			Working Capital Available (Current Assets Minus Current Liabilities)		
Debt to Equity (All Liabilities / Stockholders Equity)			Bond Rate (%)		
Bonding Capacity, Aggregate Amount (\$M)			Bonding Capacity, Single Project (\$M)		
Three largest contracts in the last three years – Please include client name, project, location, value, and project start / completion:					
Client		Value (\$M)	\$	Start/ Finish	
Client		Value (\$M)	\$	Start/ Finish	
Client		Value (\$M)	\$	Start/ Finish	

E) Safety

1. Provide your company's safety statistics in the table below. Include a copy of your OSHA 300 log, an EMR confirmation letter and a description of OSHA citations, if applicable, with your submission.

	Current Year	Previous Year	Before Last
Experience Modification Rate (EMR)			
Number of Days Away from Work			
Number of Medical Attention Cases Only			
Total Recordable Injury Rate (TRIR*)			
Total Lost Workday Injury Rate (LWIR*)			
Number of Fatalities			
Hours Worked			
OSHA Citations			
<i>*Injury Rate Formula = # of Injuries x 200,000 ÷ Hours Worked</i>			

2. Indicate if any of the following are included in your company's safety program? A copy of your safety program must be available for review upon award of contract.

	YES	NO		YES	NO
Written Safety Program	<input type="checkbox"/>	<input type="checkbox"/>	Excavation Program	<input type="checkbox"/>	<input type="checkbox"/>
New Hire Orientation	<input type="checkbox"/>	<input type="checkbox"/>	Fall Protection Program	<input type="checkbox"/>	<input type="checkbox"/>
Foreman Training	<input type="checkbox"/>	<input type="checkbox"/>	Scaffold Program	<input type="checkbox"/>	<input type="checkbox"/>
Supervision Training	<input type="checkbox"/>	<input type="checkbox"/>	Lock Out Tag Out Program	<input type="checkbox"/>	<input type="checkbox"/>
Pre-Job Safety Hazard Analysis	<input type="checkbox"/>	<input type="checkbox"/>	Hand Tool Program	<input type="checkbox"/>	<input type="checkbox"/>
Tool Box Talks	<input type="checkbox"/>	<input type="checkbox"/>	Construction Crane Program	<input type="checkbox"/>	<input type="checkbox"/>
Accident Investigation	<input type="checkbox"/>	<input type="checkbox"/>	PPE Program	<input type="checkbox"/>	<input type="checkbox"/>
Daily Task Safety Analysis Process	<input type="checkbox"/>	<input type="checkbox"/>	Confined Space	<input type="checkbox"/>	<input type="checkbox"/>

3. List any third-party review programs (ISNetworld, PICS, PEC, etc.) in which your company participates. Provide a certificate of your status for each program.
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F) Project Controls

1. Does your company use a software application to develop project schedules? If so, list the software name: _____
2. Indicate the number of schedulers your company employs: _____
3. Indicate if your schedules are cost-loaded: Yes No
4. Indicate if your schedules are man-hour-loaded: Yes No

G) Quality

1. Indicate if any of the following are included in your overall quality program. A copy of your quality plan must be available for review upon award of contract.

	YES	NO		YES	NO
Quality Control System Manual	<input type="checkbox"/>	<input type="checkbox"/>	Welder Qualification Process	<input type="checkbox"/>	<input type="checkbox"/>
Project Quality Plan	<input type="checkbox"/>	<input type="checkbox"/>	NDE Program	<input type="checkbox"/>	<input type="checkbox"/>
Foreman Training	<input type="checkbox"/>	<input type="checkbox"/>	PWHT Program	<input type="checkbox"/>	<input type="checkbox"/>
Inspection and Test Plans	<input type="checkbox"/>	<input type="checkbox"/>	Nonconformities Reporting	<input type="checkbox"/>	<input type="checkbox"/>
Document Management Program	<input type="checkbox"/>	<input type="checkbox"/>	Purchasing Process	<input type="checkbox"/>	<input type="checkbox"/>
Auditing Process	<input type="checkbox"/>	<input type="checkbox"/>	Material Management	<input type="checkbox"/>	<input type="checkbox"/>

2. List any certifications (e.g., AISC) or certificates of authority (e.g., ASME) your company has attained:

H) **Market Segments** – Approximate the percentage of work your company performs in each market segment.

Power Industry	_____%	New Generation	_____%
		Environmental Upgrades	_____%
		Nuclear Facilities	_____%
Metals Industry	_____%	Integrated Steel Mill	_____%
		Blast Furnace	_____%
		Coke Battery	_____%
Process Industry	_____%	Refineries	_____%
		Chemical / Food Processing	_____%
		Material Conveyance	_____%
Other	_____%		_____%

I) **Trade Organizations** – List any of which your company is a member:

J) **Geographic Areas** – List all states in which your company is willing to work:

Please return completed form to:

Graycor Industrial Constructors Inc.
Two Mid America Plaza, Suite 400
Oakbrook Terrace, IL 60181

Attention: Colleen Ceh
Fax: (630) 684-7120
Or e-mail: colleen_ceh@graycor.com