



For Lauren Use Only:

Date

Procurement Approval

QA/QC Approval

Safety Approval

Subcontractor's Prequalification Form (PQF)

Company Name		Date	
Has your Company Previously Submitted a Lauren Prequalification Package?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date	
Who referred you to Lauren?	What is their relationship with Lauren?		

It is in the best interest of Lauren Engineers & Constructors, Inc. (hereinafter referred to as "Lauren") and or projects, to ensure as far as possible, that the subcontractors we employ share the same commitment to safety and ethical business practices as we do. Poor conditions and practices on the part of any subcontractor, not only jeopardizes their employees, but possibly our own. Regular inspections, timely accident reporting, and tracking subcontractor incident rates, provides a means of monitoring subcontractor performance. Prequalifying subcontractors prior to a contract being awarded allows us to evaluate their safety program, Quality Programming and Processes, past performance and what Lauren can expect when they arrive on site.

While the subcontractor prequalification form below contains information not only directly related to safety, the data does provide an overview of the subcontractors proposed safety program for any given project. A review of the completed questionnaire is needed in order to determine the amount of scrutiny that will be necessary for a subcontractor.

Completing this Subcontractor Prequalification form does not guarantee work nor does it guarantee a bid opportunity. It is still the responsibility of the contractor to undertake marketing initiatives with the appropriate Lauren personnel.

Lauren is continually improving a safe and healthy workplace for employees, contractors, and neighbors. Only those contractors who have demonstrated management leadership and effectively implemented a system resulting in good environmental, health & safety ("EH&S") performance are added to Lauren's approved contractors list. Please complete this PQF and return as instructed below, should you wish to be included on our approved contractor list.

Further information may be required from a contractor should they be placed on a short list of bidders.

Lauren hereby reserves the right to inspect and interview any of your key personnel according to the existing Prequalification Audit. Any misrepresentation of facts will result in rejection/disqualification of your company as a Lauren approved contractor.

Company Points of Contact (POC):

Area of Responsibility	Name	Telephone	Email Address
Questionnaire POC			
Primary POC			
Proposals/Estimator POC			
Financials (AP/AR) POC			
Insurance POC			

PQF completed and signed by: This PQF must be completed and signed by the Company's authorized first level Management			
Name:	Signature:		
Title:	Phone:	Fax:	

NOTE: Sections of this form with red text indicate additional attachments required.

Lauren Prequalification Form

GENERAL INFORMATION					
Company Name (Full Legal Name):		Phone:		Website:	
Street Address:		Mailing Address:			
Project of Interest: <input type="checkbox"/> ANY		<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> <input type="checkbox"/> LLC <input type="checkbox"/> LLP Other _____			
Specific Project(s): _____					
State in which Incorporated:		Date of Incorporation:			
Parent Company Name (if applicable):		City:		State:	Postal Code:
Subsidiaries:					
Principal Company Name (if applicable):		City:		State:	Postal Code:
Has your company changed names or contractor's license number(s) in the past 10 years?				If yes, please attach explanation.	
During the past 5 years, has your company paid liquidated damages in connection with a project?					
If yes, please explain:					
Has any contractor's license held by your company or its managing employee been suspended during the last 5 years?					
If yes, please explain:					
Under Current Management since (date):			Years performing work specialty:		
Is Company in compliance with all EEO requirements?			Have you worked with Lauren before?		
Please check all affiliations:		Please attach all relevant certifications.			
<input type="checkbox"/>	DBE	Disabled Business Enterprise	<input type="checkbox"/>	HUBZone	Historically Underutilized Business Zones
<input type="checkbox"/>	DVBE	Disabled Veteran Business Enterprise	<input type="checkbox"/>	LB	Large Business
<input type="checkbox"/>	MBE	Minority Business Enterprise	<input type="checkbox"/>	LOSB	Locally Owned Small Business
<input type="checkbox"/>	WBE	Women Business Enterprise	<input type="checkbox"/>	SB	Small Business
<input type="checkbox"/>	SBE	Small Business Enterprise	<input type="checkbox"/>	SBA 8(a)	Small Business Administration 8(a)
<input type="checkbox"/>	Other		<input type="checkbox"/>	SDB	Small Disadvantaged Business
			<input type="checkbox"/>	SD-VOSB	Service-Disabled Veteran Owned Small Business
			<input type="checkbox"/>	WOSB	Women Owned Small Business

INSURANCE				
Type of Coverage:	Lauren Requirements:	Carrier's Name:	Agent's Name:	Telephone Number:
General Liability	\$1,000,000			
Auto Insurance	\$1,000,000			
Excess Coverage	\$30,000,000			
Worker's Comp.	\$1,000,000			
Professional Liability	\$5,000,000			
Contractor's Pollution	\$5,000,000			

Please attach proof of insurance (i.e. Insurance Certificate) showing present limits of insurance and deductibles. This can include General Liability, Umbrella/Excess Liability, Professional Liability, Automotive and Aircraft.

Lauren Prequalification Form

ORGANIZATION			
Type of Business: <input type="checkbox"/> Shop Fabrication <input type="checkbox"/> Field Fabrication <input type="checkbox"/> Field Supply, Install, Erect <input type="checkbox"/> Other _____			
List Services Provided:		ASME Stamp Registered	
List other types of work within the services you normally perform that you sub-contract to others:			
% of work performed by own forces:		Work now under contract \$:	
What dollar value of contract would the Company consider to bid on?		Maximum	Minimum
What is the Company's labor affiliation? <input type="checkbox"/> Union <input type="checkbox"/> Non-Union <input type="checkbox"/> Other _____			
Key Management Personnel: Attach a copy of the Company's latest overall organization charts) showing divisional relationships within the company including home and branch offices and showing relationship with parent company.			
Position:	Name:		Years with the Company:
Total Number of Permanent Employees:			
Total Sales/Estimators:	Project Managers:	Clerical:	Field:
Maximum number of tradesmen the Company has ever employed on a single project:			
Direct Hire:	Subcontract _____	When _____	Where _____
In-house Engineering or Fabrication capability:			
		Fabrication Floor Area:	Ft ²
Please attach a list of references for work performed, including contact name and telephone number. Please attach a summary list of all major construction equipment, which the Company owns and can provide for projects. Please attach a list of at least three major suppliers.			
LICENSING (MARK ALL THAT APPLY AND LIST LICENSE NUMBERS)			
UNITED STATES		CANADA	
<input type="checkbox"/> AL _____	<input type="checkbox"/> LA _____	<input type="checkbox"/> OH _____	<input type="checkbox"/> AB _____
<input type="checkbox"/> AK _____	<input type="checkbox"/> ME _____	<input type="checkbox"/> OK _____	<input type="checkbox"/> BC _____
<input type="checkbox"/> AZ _____	<input type="checkbox"/> MD _____	<input type="checkbox"/> OR _____	<input type="checkbox"/> MB _____
<input type="checkbox"/> AR _____	<input type="checkbox"/> MA _____	<input type="checkbox"/> PA _____	<input type="checkbox"/> NB _____
<input type="checkbox"/> CA _____	<input type="checkbox"/> MI _____	<input type="checkbox"/> RI _____	<input type="checkbox"/> NS _____
<input type="checkbox"/> CO _____	<input type="checkbox"/> MN _____	<input type="checkbox"/> SC _____	<input type="checkbox"/> NL _____
<input type="checkbox"/> CT _____	<input type="checkbox"/> MS _____	<input type="checkbox"/> SD _____	<input type="checkbox"/> NT _____
<input type="checkbox"/> DE _____	<input type="checkbox"/> MO _____	<input type="checkbox"/> TN _____	<input type="checkbox"/> NU _____
<input type="checkbox"/> FL _____	<input type="checkbox"/> MT _____	<input type="checkbox"/> TX _____	<input type="checkbox"/> ON _____
<input type="checkbox"/> GA _____	<input type="checkbox"/> NE _____	<input type="checkbox"/> UT _____	<input type="checkbox"/> PE _____
<input type="checkbox"/> HI _____	<input type="checkbox"/> NV _____	<input type="checkbox"/> VT _____	<input type="checkbox"/> QC _____
<input type="checkbox"/> ID _____	<input type="checkbox"/> NH _____	<input type="checkbox"/> VA _____	<input type="checkbox"/> SK _____
<input type="checkbox"/> IL _____	<input type="checkbox"/> NJ _____	<input type="checkbox"/> WA _____	<input type="checkbox"/> YT _____
<input type="checkbox"/> IN _____	<input type="checkbox"/> NM _____	<input type="checkbox"/> DC _____	
<input type="checkbox"/> IA _____	<input type="checkbox"/> NY _____	<input type="checkbox"/> WV _____	
<input type="checkbox"/> KS _____	<input type="checkbox"/> NC _____	<input type="checkbox"/> WI _____	
<input type="checkbox"/> KY _____	<input type="checkbox"/> ND _____	<input type="checkbox"/> WY _____	
INTERNATIONAL (List all that Apply):			

Lauren Prequalification Form

COMPANY WORK HISTORY				
Are there any regulatory agency judgments, claims or suits pending or outstanding against your company? (If answered Yes please provide details, attach a separate document if necessary) <input type="checkbox"/> YES <input type="checkbox"/> NO				
Has the company ever failed to complete a contract?		Has the company been involved in bankruptcy or reorganization?		
List the four (4) most significant projects completed in the last five (5) years:				
<u>Project/Location</u>	<u>General Contractor</u>	<u>Contract Amount</u>	<u>Date Completed</u>	<u>Contact and Phone number</u>
(1)				
(2)				
(3)				
(4)				
(5)				
List the three (3) most significant projects presently under construction:				
<u>Project/Location</u>	<u>General Contractor</u>	<u>Contract Amount</u>	<u>Date Completed</u>	<u>Contact and Phone number</u>
(1)				
(2)				
(3)				

FINANCIAL & COMMERCIAL INFORMATION				
Be assured that the information provided will be kept in the strictest of confidence. This is preliminary information. Should the Company be invited to bid, the Company may be required to provide additional financial statements such as Balance Sheet, Income Statement or Cash Flow Statement.				
BANKING				
Name of Bank / Financial Institution for the Company:				
Contact Name:		Position:		Telephone No.:
Address:		City:	Prov/State:	Country:
Address (2):		Dun & Bradstreet Number:		Postal Code:
Bonding Company:		Agent Phone Number:		
Bonding Company Best Rating:		Agent Name:		
Current Premium Rate for Performance & Payment Bond \$:				
Total Bonding Capacity \$:		Value of work presently bonded \$:		
Total Dollar Value of Work Completed in the Past Two Years:		Year:	Amount \$:	Year: Amount \$:
SUBCONTRACTOR AND SUPPLIER PAYMENT POLICY AND PRACTICE				
What is the Company's policy and practice regarding the payment of subcontractors and suppliers? How does the Company address liens filed by subcontractors and suppliers. Please attach Company policy.				

QUALITY				
Please provide a copy of the Company's organization chart showing the position of personnel within the company who are responsible for Quality, the manner in which the person responsible reports to management and the manner in which the persons) responsible influences the construction employee.				
Does the Company have a Quality Assurance Program?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
Provide Company's Quality Assurance and Quality Control Manual.				
Does the Company have a Quality Training program for Supervisors?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
Does the Company have a Quality Training program for Non-Supervisory Construction workers?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
Does the Company conduct jobsite quality inspections and frequent audits?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, who conducts the inspections?		Title:		
Does the company have a system of recording the cost of re-works on individual projects which are required due to poor quality control?		<input type="checkbox"/> YES <input type="checkbox"/> NO		

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SAFETY		
You are encouraged to provide the best possible answer. Answers which merely state "See Safety Manual" will be provided a lower score than those which provide a full descriptive answer to the question.		
LEADERSHIP AND COMMITMENT		
Commitment to Environmental Health & Safety (EH&S) through Leadership		
Describe how senior managers are personally involved in EH&S management?		
Provide evidence of commitment at all levels of the organization?		
Describe how you promote a positive companywide culture towards EH&S matters?		
POLICY AND STRATEGIC OBJECTIVES		
EH&S Policy & Documents		
Does the company have a written EH&S policy statement? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Who has overall and final responsibility for EH&S in your organization?		
Who is the most senior person responsible for this policy being carried out at on site where employees are working?		
Availability of Policy Statements to Employees		
Itemize the methods by which you have drawn your policy statement to the attention of all your employees.		
Describe what your methods are for advising employees within the company of changes in the policy?		
ORGANIZATION, RESPONSIBILITY, RESOURCES, STANDARDS AND DOCUMENTATION		
Organizations - Commitment and Communication		
Describe how management is involved in EH&S activities, objective setting and monitoring?		
Do you have a full time field and Corporate Safety Department? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If Yes, please provide an organization chart and a description of responsibilities for the Safety Dept.		
Describe how the company is structured to manage and communicate EH&S effectively?		
Describe the provision(s) your company makes for EH&S communication meetings?		
SAFETY		
Competence and Training of Managers/Supervisors/Senior Site Staff/EH&S Staff		
Have the managers and supervisors at all levels that plan, monitor, oversee and carry out the work, received formal EH&S training as it relates to their responsibilities? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, please give examples of the training.		
Describe the arrangements your company has to ensure employees have basic knowledge of industrial and/or construction EH&S, and to keep this knowledge up to date?		

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SAFETY

Describe the arrangements your company has to ensure new employees, including subcontractors, also have knowledge of your EH&S policies and practices?

Describe the arrangements your company has to ensure new employees and new subcontractor employee have been instructed and have received information on any specific hazards arising out of the nature of the activities? What training do you provide to ensure that all employees are aware of company requirements?

Describe the arrangements your company has to ensure EH&S knowledge of existing staff is up to date? If training is provided in-house please give details of content.

Specialized Training

Describe how your company identifies areas of your company's operations where specialized training is required in dealing with potential hazards? Please itemize and provide details of training given.

If the specialized work involves radioactive, asbestos removal, chemical or other occupational health hazards, how are the hazards identified, assessed and controlled?

EH&S Qualified Staff – Additional Training

Does your company employ any staff that possess EH&S qualifications aimed at providing training in more than the basic EH&S requirements? What format of safety qualifications does your staff have? Describe. YES NO

Assessment of Suitability of Subcontractors / Other Companies

Describe how you assess:
EH&S competence:

EH&S records of the subcontractors and companies with whom you place contracts:

Where do you spell out the standards you require your contractors to meet?

As it relates to the below bulleted items; describe how your company ensures standards are followed, adhered to, and verified?

- Safety training for employees.
- Recruiting process for employees working for your work.
- Employees understand the company, commitments, policy, objectives & standards.
- Interface plan with subcontractor? If any?

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SAFETY		
Standards		
Do you have EH&S performance standards you require to be met?		
Describe how you ensure these standards are up to date?		
Describe how you identify new industry or regulatory standards that may be applicable to your activities?		
Is there an overall structure for producing, and disseminating standards?		
HAZARDS AND EFFECT MANAGEMENT		
Hazards and Effect Management		
Describe the techniques used within your company for the identification, assessment, control and mitigation of hazards and effects?		
Exposures of the Workforce		
Describe the systems that are in place to monitor the exposure of your workforce to chemical or physical agents?		
Handling of Potential Hazards		
Describe how your workforce is advised of potential hazards, e.g. chemicals, noise, radiation, etc., that may be encountered in the course of their work?		
Personnel Protective Equipment		
Describe your company's methods for the upkeep of protective equipment and clothing, both standards issue, and that required for specialized activities?		
Do you provide appropriate personal protective equipment (PPE) for your employees? Please provide a listing of the PPE for the scope of this work.		
Do you provide training on how to use PPE? Briefly explain the content of the training and any follow-up.		
Do you have a program to ensure that PPE is maintained?		
Waste Management (waste is not always classified hazardous, it can be common trash)		
Describe the systems that are in place for identification, classification, minimisation and management of waste? (i.e. trash, paint containers, scrap wood, scrap iron, used oil or other petroleum products, etc.)		
Are the systems in-line with applicable regulations and governmental agencies?		

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SAFETY

Please provide the number of accidents resulting in environmental damage in the amount greater than \$50,000 for the last 36 months.

Attach copies of any governmental reports submitted.

Do you have procedures for waste disposal? YES NO

Please explain:

Are the system in line with applicable laws and regulations? YES NO

Please explain:

Do you have procedures for spill reporting? YES NO

Please explain:

Do you have procedures for spill clean up? YES NO

Please explain:

Provide examples of when your members of Executive Management would be involved in environmental matters.

Who is the senior most person in your company in charge of coordinating environmental matters and what is his/her experience?

Industrial Hygiene

Do you have an industrial hygiene program? YES NO

If so, what does it include?

Describe your risk assessment, or similar type efforts, for identifying work place hazards as it relates to industrial hygiene?

Please describe this process.

If you introduce hazardous materials/substances into the work site, describe the process you will use to document and control these.

Drugs and Alcohol

Do you have a written drug and alcohol policy in your organization? YES NO

If so, does it include, at a minimum, pre-employment, post accident, for cause and random testing? YES NO

PLANNING AND PROCEDURES

EH&S or Operations Manuals

Does your company have an EH&S Manual or Operations Manual with relevant sections on EH&S which describes in detail your company approved EH&S working practices and safety instructions such as those covering scaffolding, lifting, heavy equipment, pressurised cylinders or excavation?

(If answered yes, please attach a copy of supporting documentation)

YES NO

How do you ensure the working practices and procedures used by your employees on-site are consistently in accordance with your EH&S policy objectives and arrangements?

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SAFETY		
Equipment Control and Maintenance		
How do you ensure that equipment used within your premises, on-site, or at other locations by your employees are correctly inspected, controlled and maintained in a safe working condition?		
Transport Safety Management and Maintenance		
What arrangement does your company have for vehicle incidents prevention?		
IMPLEMENTATION AND PERFORMANCE MONITORING		
EH&S Management and Performance Monitoring of Work Activities		
What arrangement(s) does your company have for supervision and monitoring of EH&S performance?		
What type of performance criteria are used in your company? Provide examples.		
What arrangements does your company have for passing on any results and findings of this to: Base Management? Site employees?		
Has your company received any award for EH&S performance? If so, please list.		<input type="checkbox"/> YES <input type="checkbox"/> NO
Safety Program		
Do you organize in-house safety meetings? Please describe the frequency, attendance and topics.		<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you organize campaigns to stimulate safe working practices? If so, please give details		<input type="checkbox"/> YES <input type="checkbox"/> NO
Statutory Notifiable Incidents/Dangerous Occurrences, Improvement Requirement and Prohibition Notices		
Has your company suffered any improvement requirement or prohibition notices on statutory notifiable incidents/dangerous occurrences by the relevant national body, regulatory body or other enforcing authority or been prosecuted under any EH&S legislation in the last five years? (i.e. OSHA citations) This information will be verified. If your answer is Yes please give details:		<input type="checkbox"/> YES <input type="checkbox"/> NO

Lauren Prequalification Form

SAFETY					
EH&S Performance Records					
Have you maintained records of your incidents and EH&S performance for the last five years? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If Yes, please provide the following:					
	2015	2014	2013	2012	2011
Number of Fatalities (Column "G" OSHA 300 Log)					
Lost Time Injury Cases (Column "H" OSHA 300 Log)					
Restricted Work Cases (Column "I" OSHA 300 Log)					
"Other" Recordable Cases (Column "J" OSHA 300 Log)					
Total OSHA Recordable Cases (Column G+H+I+J)					
Lost Time Incident Rate (Column H x 200,000/Hrs Worked)					
Total Recordable Incident Rate (Column G+H+I+J x 200,000/Hrs Worked)					
Total Hrs Worked					
Experience Modifier Rate	2015	2014	2013		
How is health performance recorded?					
How is environmental performance recorded?					
How often is EH&S performance reviewed? By whom?					
EH&S Performance Records					
Do you have a procedure for the investigation, reporting and follow-up of accidents, dangerous occurrences or occupational illnesses? <input type="checkbox"/> YES <input type="checkbox"/> NO					
How are the findings following an investigation, or a relevant incident occurring elsewhere, communicated to your employees?					
Are near miss incidents reported and investigated? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Please provide a sampling of investigation reports.					
AUDIT AND REVIEW					
Do you have a written policy on EH&S auditing? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Describe how this policy specifies the standards for auditing, including unsafe act auditing and the qualifications for auditors?					
Do your company EH&S Plans include schedules for auditing? <input type="checkbox"/> YES <input type="checkbox"/> NO					
How is the effectiveness of auditing verified and how does management report and follow up audits?					
EMERGENCY RESPONSE PROCEDURE					
Do you have an emergency response plan? <input type="checkbox"/> YES <input type="checkbox"/> NO					
List Procedures:					

Lauren Prequalification Form

SAFETY		
EH&S MANAGEMENT – ADDITIONAL FEATURES		
Describe the nature and extent of your company's participation in relevant industry, trade, and governmental organizations?		
Does your company have any other EH&S features or arrangements not described elsewhere in your response to the questionnaire?		

INFORMATION SUBMITTALS	
Please confirm the following attachments are included (if applicable) in PDF format.	
EMR documentation on your Insurance Carrier's Letterhead (last 3 years)	<input type="checkbox"/>
OSHA 200/300 Logs (Past 3 years)	<input type="checkbox"/>
EH&S (Environmental, Health, and Safety) Program	<input type="checkbox"/>
Substance Abuse Program	<input type="checkbox"/>
State Contractors License	<input type="checkbox"/>
State Business License	<input type="checkbox"/>
Proof of Payment, State Business Tax	<input type="checkbox"/>
Copy of W-9	<input type="checkbox"/>
Additional attachments detailed in the sections above if applicable.	<input type="checkbox"/>

Vendor Setup Information

Mailing Address	
Name:	
Attention:	
Salutation:	
Address Line 1:	
Address Line 2:	
City:	
State/Province:	
Postal Code:	
Country/Region:	
Phone/Ext:	
Fax/Ext:	
Cell Phone:	
Email Address:	

Remittance Information	
Same As Mailing Address <input type="checkbox"/>	
Name:	
Attention:	
Salutation:	
Address Line 1:	
Address Line 2:	
City:	
State/Province:	
Postal Code:	
Country/Region:	
Phone/Ext:	
Fax/Ext:	

Tax ID Number	
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