



820 Lakeside Drive, Suite 3      Gurnee, Illinois 60031  
Phone (847) 856-0123      Fax (847) 856-0696  
[www.warandolph.com](http://www.warandolph.com)

Re:    Pre-Qualification Statement

Wm. A. Randolph, Inc. strives to build and maintain positive working relationships with the most qualified, professional and cost effective specialty subcontractors throughout the country.

The primary goal of Wm. A. Randolph, Inc.'s subcontractor selection process is to identify companies with a strong financial standing, a reputation for quality and timely workmanship along with a proven track record for operating safely and according to all OSHA standards.

Therefore, we ask that each considered new subcontractor complete and return the attached form along with all requested supporting documents to our office via fax or mail in a timely manner. All information received is considered highly confidential and will be available only to company officers.

Wm. A. Randolph, Inc. appreciates your cooperation and looks forward to working with your company on future projects.

Sincerely,

**WILLIAM A. RANDOLPH, INC.**

A handwritten signature in black ink, appearing to read "Eric P. Handley", written over a white background.

Eric P. Handley  
Vice President



## PRE-QUALIFICATION STATEMENT

**Business Information**

Legal Company Name \_\_\_\_\_  
 Mailing Address (PO Box) \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_  
 Website Address \_\_\_\_\_

**Contact Information**

	<u>Name</u>	<u>E-Mail Address</u>
President/CEO	_____	_____
Vice President	_____	_____
Vice President	_____	_____
Controller	_____	_____
Accounts Receivable	_____	_____
Safety Coordinator	_____	_____

**Type of Business**     Subcontractor     Supplier    **SIC Code** \_\_\_\_\_

**What divisions of work does your company perform?**

- |                |                      |                           |
|----------------|----------------------|---------------------------|
| 01 – General   | 06 – Wood & Plastics | 11 – Equipment            |
| 02 – Site Work | 07 – Thermal         | 12 – Furnishings          |
| 03 – Concrete  | 08 – Doors & Windows | 13 – Special Construction |
| 04 – Masonry   | 09 – Finishes        | 14 – Conveying Systems    |
| 05 – Metals    | 10 – Specialties     | 15 – Mechanical           |
|                |                      | 16 – Electrical           |

**What specific CSI Specification Sections?**

\_\_\_\_\_  
 \_\_\_\_\_

**Type of Organization**    Corporation    Partnership    Individual    Joint Venture

**State/Date Organized**    \_\_\_\_\_ / \_\_\_\_\_    **Federal Employer ID No.**    \_\_\_\_\_

**Name and Title of Officers, Owners, and/or Partners in Organization**

<u>Name</u>	<u>Title</u>	<u>% of Ownership</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Average Number of Employees**      Office \_\_\_\_\_      Field \_\_\_\_\_  
**Staff (No.)**      Full Time \_\_\_\_\_      Project Managers \_\_\_\_\_      Estimators \_\_\_\_\_

**Method of Operation**      Union \_\_\_\_\_      Non-Union \_\_\_\_\_

**What Local(s) does your company belong to?** \_\_\_\_\_

**Are you or any officers, stockholders, key members, or any related companies involved in any litigation or disputes, or any judgments pending or rendered?**

No      Yes      If so, please explain on a separate page and attach.

**Have you failed to complete any work awarded to you?**

No      Yes      If so, please explain on a separate page and attach.

**Attach a list of major construction projects (minimum of 5) completed in the last five (5) years with approximately the same contract value. Include the following information:**

Project Name, Location, Contract Amount, Owner’s Name, Architect/Engineer’s Name, General Contractor’s Name, Contact Name and Phone Number, Bid/Negotiated, Bonded/Non-Bonded. (See last page of form)

**Attach a list of all you major construction projects currently in progress. Include the following information:**

Project Name, Location, Contract Amount, Owner’s Name, Architect/Engineer’s Name, General Contractor’s Name, Contact Name and Phone Number, Bid/Negotiated, Bonded/Non-Bonded. (See last page of form)

**List five (5) trade credit references**

Company Name	Contact	Phone Number	Fax Number

## Standard Insurance Requirements

- (I) Certificates of Insurance and required endorsements must be on file prior to any performance of site. Copies sent via U.S. Mail; E-mail and Fax will be accepted.
- (II) Coverage must be in a company or companies licensed to do business in the state of which the project exists, with an A. M. Best Rating of A X or better, or otherwise acceptable to the Owner and William A. Randolph, Inc.

(III) Coverage must meet minimum requirements as follows:

A. **GENERAL LIABILITY** Subcontractor shall carry standard **ISO General Liability coverage**, written on an occurrence basis - including Completed Operations. The GL shall include such coverage, but not limited to, premises/operations, employees as insured's, explosion, collapse and underground (XCU), broad form contractual (including personal injury), products/completed operations, independent contractors, broad form property damage and personal injury. The CGL must be written on an occurrence basis, with minimum limits of:

<b>Each Occurrence</b>	\$1,000,000	<b>General Aggregate - Per Project</b>	\$2,000,000
<b>Products &amp; Completed Operations Aggregate</b>	\$2,000,000	<b>Fire Damage</b>	\$100,000
<b>Medical Payments</b>	\$10,000	<b>Personal/Advertising Injury</b>	\$1,000,000

B. **COMPREHENSIVE AUTOMOBILE LIABILITY** on occurrence basis covering all **Owned, Non-Owned and Hired Vehicles for limits of liability equal to \$1,000,000** Combined Single Limit.

C. **UMBRELLA LIABILITY and/or EXCESS LIABILITY** with coverage at least as broad as the **Occurrence and Aggregate Limits \$8,000,000**

D. **WORKER'S COMPENSATION** including Occupations Disease insurance meeting the statutory requirements of the State in which work is to be performed together with a Broad Form All States Endorsement and containing **Employer's Liability** insurance in an amount of at least:

<b>Each Accident</b>	\$1,000,000	<b>Disease – Policy Limit</b>	\$1,000,000
	<b>Disease – Each Employee</b>		\$1,000,000

Workers Compensation shall waive the rights of subrogation in favor of all additional insured's.

E. **ADDITIONAL INSURED/ENDORSEMENT** The coverage must be endorsed to name **William A. Randolph, Inc.** as an "additional insured" and include the Owner, Architect and others as "additional insured's" as required in the Master Contract documents. The Endorsement shall state that this insurance **shall be primary without right of contribution** from any other insurance available to the "additional insured's" and the amount of the company's liability under this policy shall not be reduced by the existence of such other insurance. **A copy of the additional insured endorsement form will be attached to the Certificate of Insurance.**

**SUBMIT A COPY OF YOUR STANDARD INSURANCE CERTIFICATE SHOWING COVERAGES & LIMITS WITH THIS FORM.**

**Can your firm meet these requirements?** Yes No

If no, please explain why: \_\_\_\_\_

**Insurance Company Information**

Company Name \_\_\_\_\_ Agent \_\_\_\_\_  
Telephone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

**Bond Agency Information**

Bond Agency \_\_\_\_\_ Contact \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_  
Amount of bonded work on hand \$ \_\_\_\_\_ % of bonded work to total work \_\_\_\_\_  
Bonding Capacity Total \$ \_\_\_\_\_ Per Project \$ \_\_\_\_\_  
Surety Company \_\_\_\_\_

**Financial Institution Information**

Name of Bank \_\_\_\_\_ Contact \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_  
Accounts Type Account Number  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Line of Credit \$ \_\_\_\_\_

**Total Volume of Sales and/or work performed for each of the previous five (5) years**

Year	2016	2015	2014	2013	2012
Amount \$					

**Submit financial statement, (audited if available).**

**List your firm’s experience modification rate (EMR) for the past three (3) years. You may also attach the EMR letter from your insurance company.**

Year	2016	2015	2014
Rate			

**Does your company comply with the Drug-Free Work Act?** Yes No  
**Does your company have a written Safety Policy/Plan?** Yes No

**Copies of safety awards or recognitions may also be attached.**

**In the last five (5) years has your company been cited by any regulatory agency (EPA, OSHA, etc.) for a “Serious” or “Willful” violation?**

If yes, explain why and attach a copy of each violation.

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**This form completed by**

Company	_____	Telephone	(____) _____
Name	_____	Title	_____
Date	_____		

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**WARI OFFICE USE ONLY**

References Checked By \_\_\_\_\_ Date \_\_\_\_\_

Notes

Concerns