

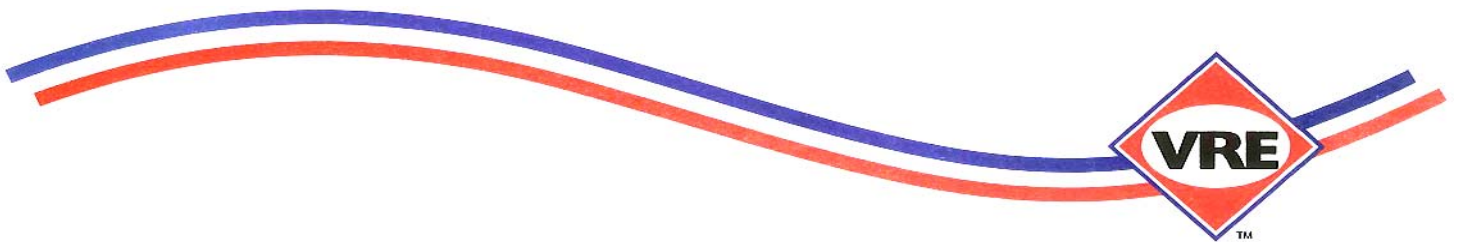


ATTACHMENT C

PRE-QUALIFICATION APPLICATION

Applicant Name: _____

Date: _____



PRE-QUALIFICATION APPLICATION

All required attachments and any additional information requested in this pre-qualification application must be attached to each copy submitted.

Submitted by:

Applicant Name: _____

Address: _____

City/State/Zip Code: _____

Applicant telephone No.: (____) _____ Fax No.: (____) _____

Email: _____

Authorized
Signature: _____

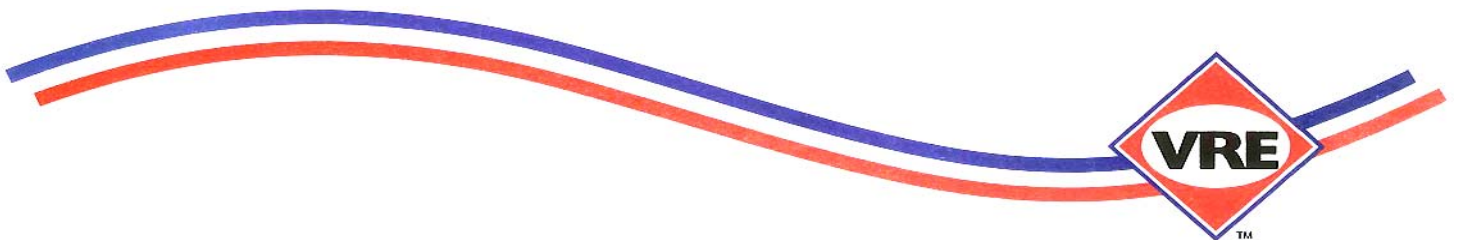
Printed Name: _____

Title: _____

Applicant's Virginia Contractor's License Number: _____

Class: _____

Federal Identification No. (Soc. Sec. No. If Sole Proprietor): _____



1. ORGANIZATION

Indicate which of the following applies:

Corporation ____ Sole Proprietor ____ Partnership ____ Joint Venture ____

Other (Indicate): _____

A. If the organization is a corporation, indicate:

Date of incorporation: _____

State of incorporation: _____

President's name: _____

Vice President's name(s): _____

Secretary's name: _____

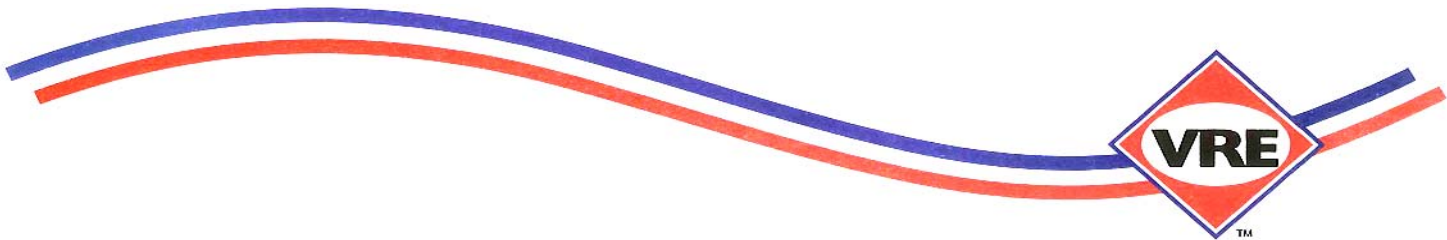
Treasurer's name: _____

B. If the organization is a partnership, indicate:

Date of organization: _____

Type of partnership
(if applicable): _____

Name(s) of general partners: _____



C. If the organization is a sole proprietorship, indicate:

Date of organization: _____

Name of owner: _____

D. If the form of the organization is other than those listed above, indicate:

Description of organization:

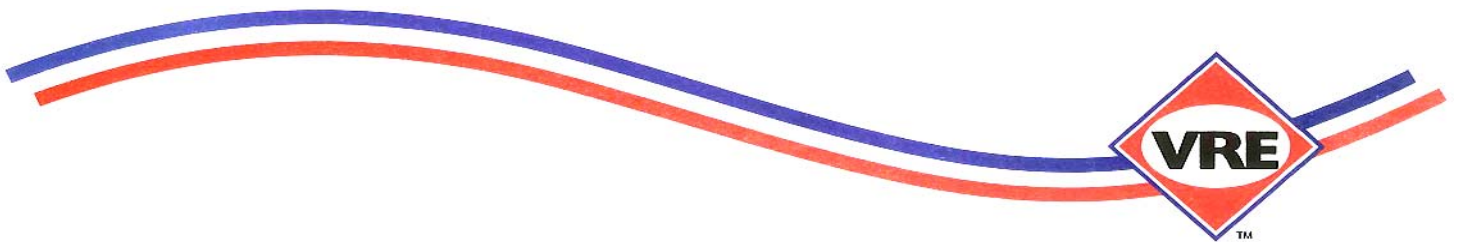
Date of commencement of business: _____

Name the principals:

E. Is the applicant related to another firm as a parent, subsidiary or affiliate?

Yes _____ No _____

If yes, on a separate sheet, give names and addresses of all affiliated parent and/or subsidiary companies. Indicate which companies are subsidiaries.



- F. If the Offeror is a limited liability company, joint venture or any form of partnership, provide copies of the organizational documents that allow, or would allow by the time of Contract award, the Applicant to do business in the Commonwealth of Virginia.

2. OTHER INFORMATION

- A. Describe the general nature of the services performed and/or goods provided by the firm:

- B. Indicate the length of time the firm has been in business as a construction Contractor?

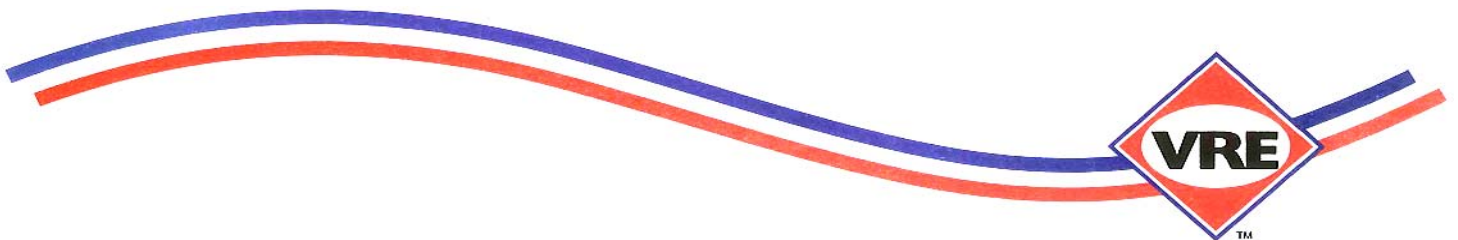
_____ Years _____ Months

- C. Indicate the length of time the firm has been in business as a design Consultant?

_____ Years _____ Months

- D. Indicate the length of time the firm has been in business as a design-build Contractor?

_____ Years _____ Months



E. Indicate the length of time the firm has been in business under its present business name?

_____ Years _____ Months

F. Under what other or former names has the firm operated?

3. JUDGMENTS

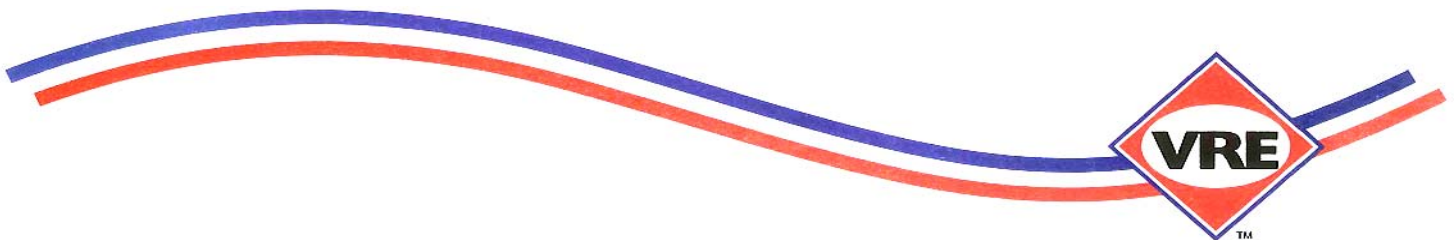
Has the Applicant or any officer, director or owner thereof had any judgments entered against him within the past ten (10) years for breach of contracts for governmental or non-governmental construction, including, but not limited to, design-build or construction management? If yes, provide details on any such judgment.

Yes _____ No _____

4. CONTRACT COMPLIANCE

A. Has the firm been found to be in substantial noncompliance with the terms and conditions of prior construction contracts in the past ten (10) years? If yes, on a separate sheet state details: date(s), contract(s) and reason(s).

Yes _____ No _____



B. Has the Applicant ever failed to complete any work awarded? If yes, on a separate sheet, state date(s), project(s), owner or A/E reference(s), and reason(s).

Yes _____ No _____

C. Has the Applicant ever been party to a construction contract, which was terminated by the owner, for the owner's convenience or otherwise? If yes, on a separate sheet, state date(s), project(s), owner or A/E reference(s), and reason(s).

Yes _____ No _____

D. Has the Applicant ever been declared to be in default or partial default on a construction contract or project? If yes, on a separate sheet, state date(s), project(s), owner or A/E reference(s), and reason(s).

Yes _____ No _____

E. Has the Owner or Owner's Agent ever taken steps to complete contract work, which was the Applicants own responsibility? If yes, on a separate sheet, state date(s), project(s), owner or A/E references, and reason(s).

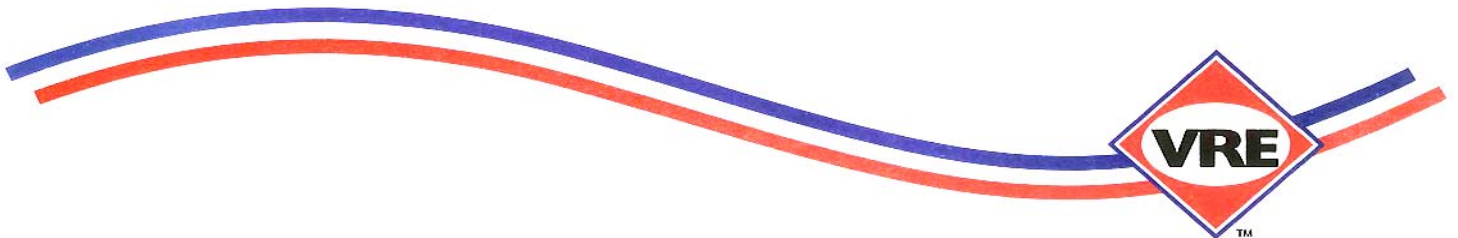
Yes _____ No _____

F. Has the Applicant ever been the subject of a stop work order on a construction project? If yes, on a separate sheet, state date(s), project (s), and reason(s).

Yes _____ No _____

G. Are there any judgments, claims, suits, arbitration proceedings, or other legal proceedings pending or outstanding to which the Applicant is a party? If yes, on a separate sheet, state date(s), project(s), and reason(s).

Yes _____ No _____



H. Has the Applicant filed or caused to be filed, any suits, arbitration requests or claims with regard to any construction contracts within the past five (5) years? If yes, on a separate sheet, state date(s), project(s), and reason(s).

Yes _____ No _____

I. Has the Applicant been assessed liquidated damages for failure to complete a project by contract date within the past ten (10) years? If yes, on a separate sheet, state date(s), project (s), and reason(s).

Yes _____ No _____

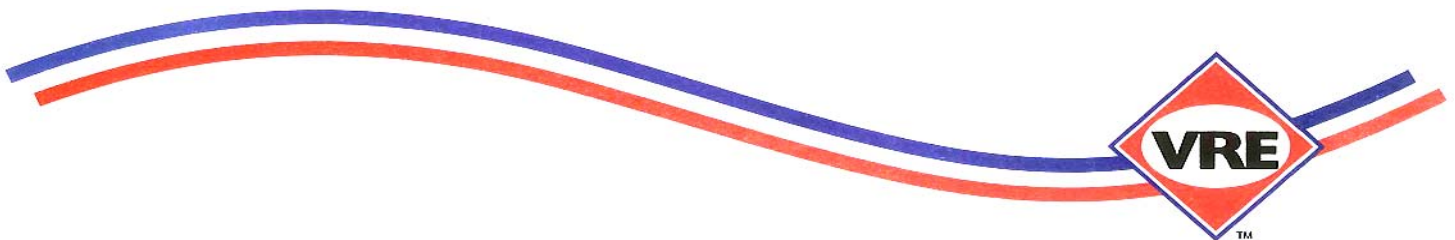
J. Has the Applicant ever failed to complete punch list work on time. If yes, on a separate sheet, state date(s), project(s), and reason(s).

Yes _____ No _____

5. CONVICTIONS

Has the Applicant or any officer, director or owner thereof been convicted within the past ten (10) years of a crime related to governmental or non-governmental construction or contracting? If yes, on a separate sheet, state date(s), project(s) and further details on any such convictions.

Yes _____ No _____



6. DEBARMENT

Is the Applicant or any officer, director or owner thereof currently debarred pursuant to an established debarment procedure from bidding or contracting by any public body, agency of another state or agency of the federal government? If yes, on a separate sheet, provide details.

Yes _____ No _____

7. FINANCIAL

If the Applicant is a joint venture, the information detailed below shall be disclosed for both entities.

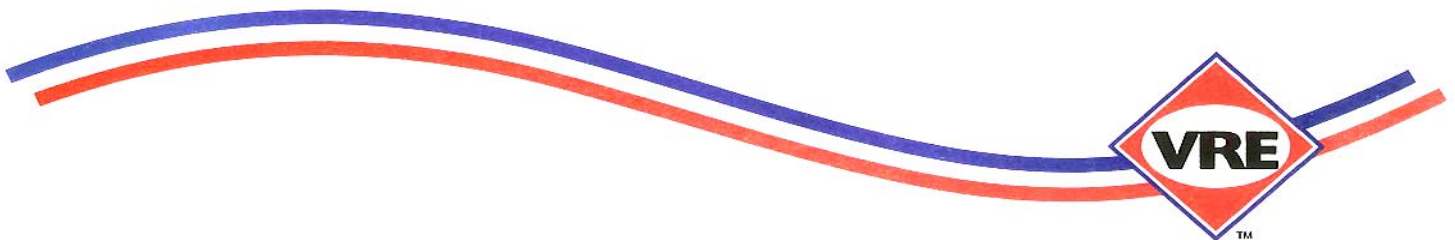
- A. Does any individual, company or corporation own a ten percent (10%) or more interest in the outstanding shares of the capital stock of the Applicant?

Yes _____ No _____

If yes, list the name and percent interest of ownership held in the Applicant.

- B. Is the Applicant currently a debtor in any bankruptcy case or has been in bankruptcy at anytime during the previous five (5) years? If yes, on a separate sheet, state date(s) and reason(s).

Yes _____ No _____



C. Is there any outstanding litigation that could materially and adversely affect the financial condition of the lead contractor and the lead designer. If so, this information must be disclosed on a separate sheet.

Yes _____ No _____

D. Are there any projects that the lead contractor or lead designer were involved in within the past five (5) years that resulted in any of the following situations. This information must be disclosed on a separate sheet, including date(s), project(s), and reason(s).

(1.) The assessment of liquidated damages against one of such parties.

Yes _____ No _____

(2.) Claims being submitted by or against one of such parties that involve the project owner.

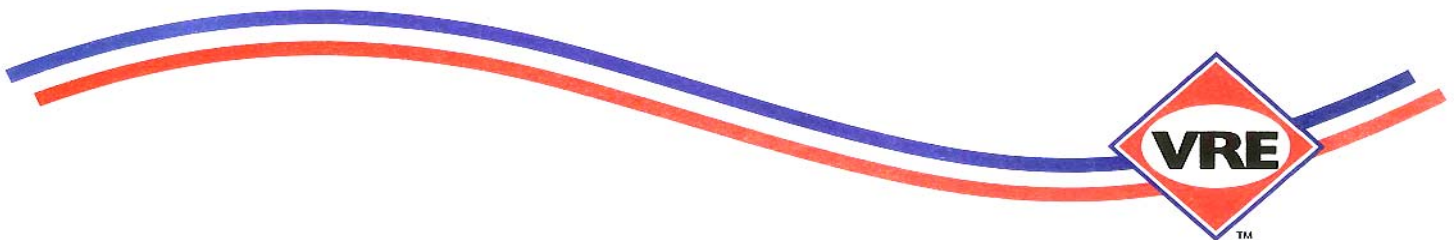
Yes _____ No _____

(3.) One of such parties having received a notice to cure a default due to the party's non-performance or poor performance of the underlying contract.

Yes _____ No _____

(4.) One of such parties work/contract being terminated for cause.

Yes _____ No _____



- (5.) If applicable, for any such situation described above, identify the project owner's representative and its current phone number.

8. WORKERS COMPENSATION EXPERIENCE

List the firm's Experience Modification Rate for workers compensation for the past three (3) years:

2007 _____

2008 _____

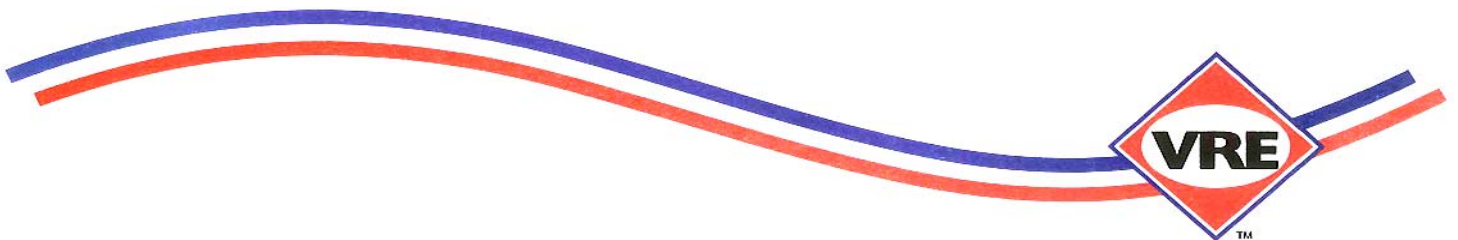
2009 _____

9. SURETY AND INSURANCE

- A. Provide documentation from the firm's Surety identifying the total bonding capacity, individual job bonding capacity, and maximum the Applicant can be bonded on a single project. Provide Surety Statement as outlined in item 10. herein.
- B. On a separate sheet, list all other sureties (name and address) that have written bonds for the Applicant during the last five (5) years.
- C. Provide the following information:

Average annual contract volume for the past five (5) years \$ _____

Total value of work in progress or under contract \$ _____

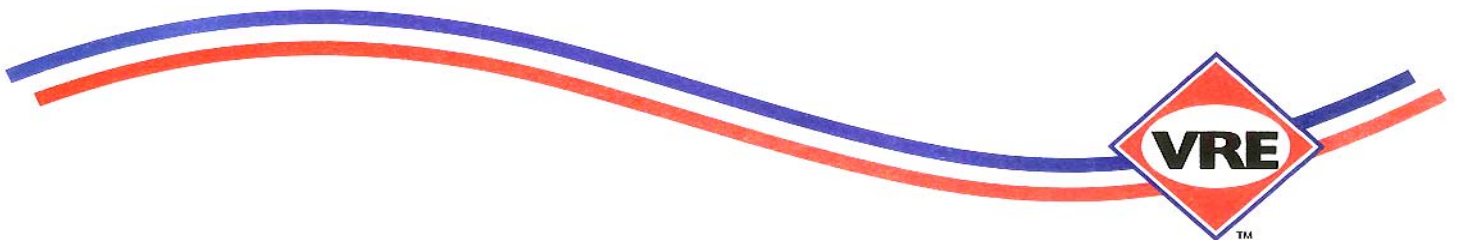


D. Has any surety company made a payment on the Applicant's behalf as a result of default, to satisfy any claims made against a performance or payment bond in connection with any construction project during the previous five (5) years? If yes, on a separate sheet, state date(s), project(s), and reasons.

Yes _____ No _____

E. Has any insurance carrier, for any form of insurance, refused to renew an insurance policy for your firm? If yes, on a separate sheet, state date(s), and reason(s).

Yes _____ No _____



10. SURETY STATEMENT

_____ **(firm)** has been a client of
_____ **(Surety Company)** for over _____ years.

During that time, we have supported this firm in their pursuit of projects in the
\$ _____ range and total programs in excess of \$ _____.

We are prepared to provide Performance and Payment Bonds on the
aforementioned project, provided _____ **(firm)**
is awarded the Contract. We also possess certificates of authority as an
acceptable surety authorized to do business in the Commonwealth of Virginia as
published annually in the Federal Register, Department of Treasurer, Fiscal Service,
Department Circular 570.

Sincerely,

Attorney-In-Fact
(Name of Surety Company)

Name of Surety: _____

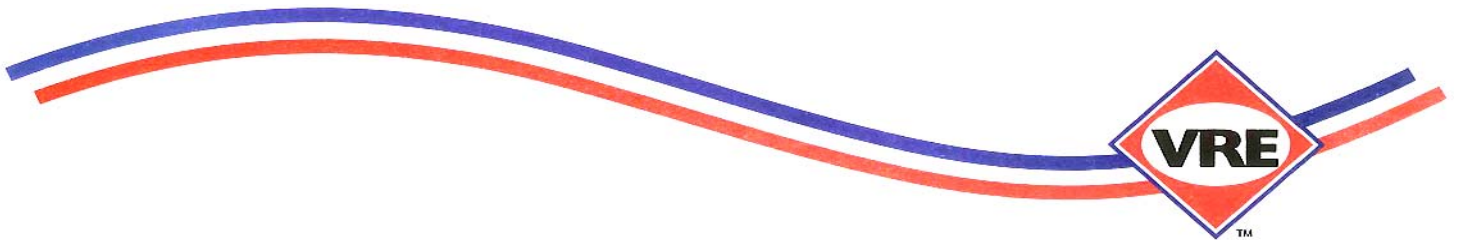
Signature: _____

Printed Name: _____

Date: _____

Address: _____

Telephone: _____



11. SAFETY PROGRAM AND HISTORY

A. Does the firm have a written safety program? If yes, on a separate sheet, provide detail of the firm's safety program.

Yes _____ No _____

B. Does the firm incorporate safety and health related issues into their new employee orientation programs?

Yes _____ No _____

C. Does the firm include work safety as a part of an employee's performance evaluation?

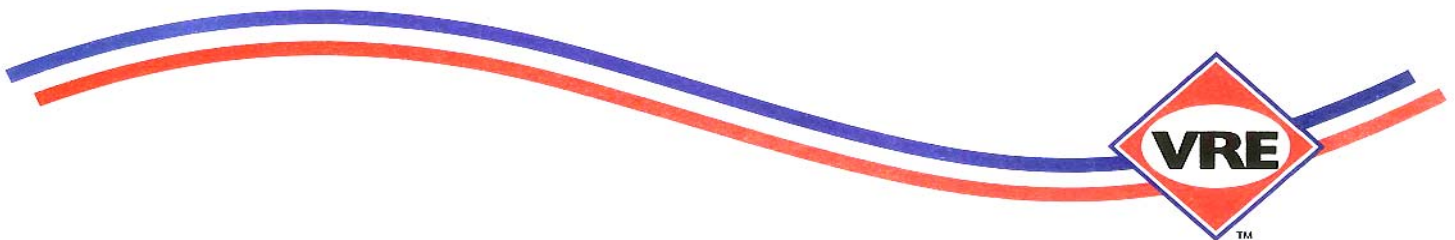
Yes _____ No _____

D. To what degree does senior/corporate management support safety related matters? Does the firm have a safety policy statement signed by a member of senior/corporate management? If yes, provide detail on a separate sheet.

Yes _____ No _____

E. Does the firm have a full time Safety Manager? Does this person report to a high level, authoritative position within the Company?

Yes _____ No _____



F. Are safety inspections conducted at work sites? If yes, how often and by whom? Provide detail on a separate sheet.

Yes _____ No _____

G. Are safety training programs conducted for employees? If yes, what programs and do they include railroad safety training? Provide detail on a separate sheet.

Yes _____ No _____

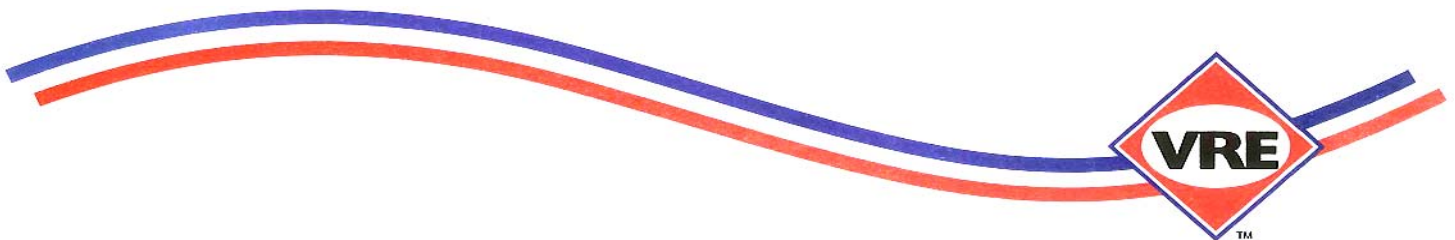
H. Is the firm familiar with railroad operations and safety procedures and requirements? If yes, provide detail on a separate sheet.

Yes _____ No _____

I. Who in the organization is CSXT railroad safety certified?

J. In the previous three (3) years has the firm been cited for a serious violation, willful violation, violation for failure to abate or repeated violation (as defined by OSHA)? If yes, provide detail on separate sheet.

Yes _____ No _____



12. AFFIDAVIT OF ACCURACY

The undersigned swears or affirms under the penalty of perjury and upon personal knowledge that the contents of the Pre-Qualification Application are true and correct. The undersigned swears or affirms under the penalty of perjury that the Applicant, it's agents, servants and/or employees, to the best of his/her knowledge and belief, have not in any way colluded with anyone for and on behalf of the Applicant an unfair advantage over others, nor have they colluded with anyone for and on behalf of the Applicant, or themselves, to gain any favoritism in the award of any Contract resulting from this RFQ.

NAME OF APPLICANT

REPRESENTATIVE TITLE

ADDRESS

TELEPHONE NUMBER

City/County of _____

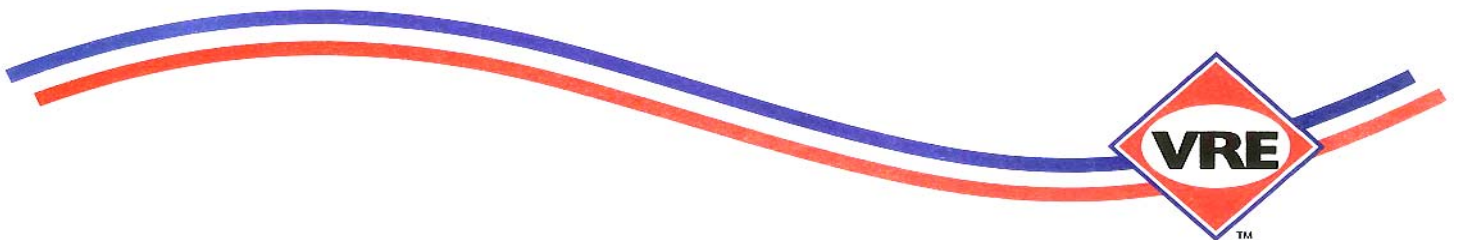
State of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____

By _____ (Name of applicant, person seeking acknowledgement)

Notary Public Signature _____ My commission Expires:

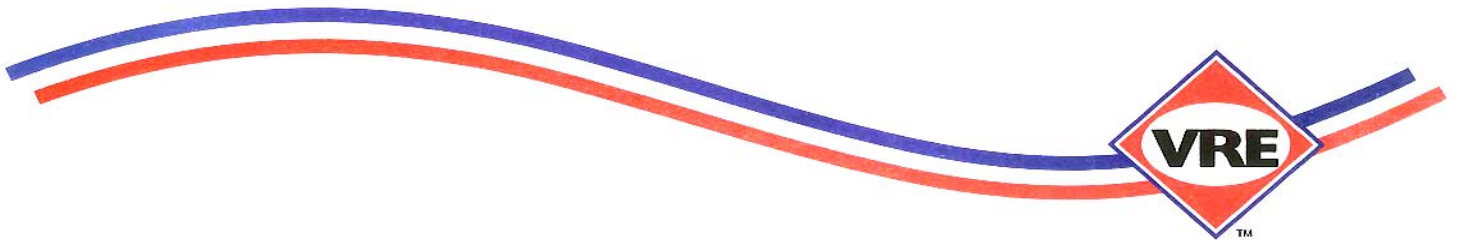
NOTARY SEAL:



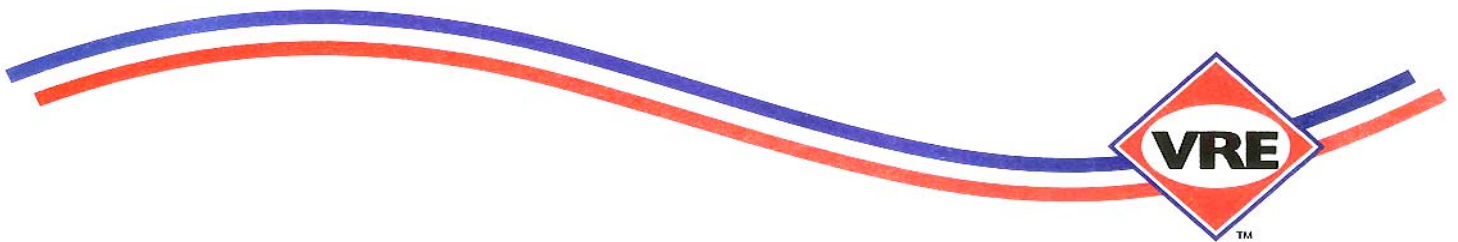
13. ADDITIONAL EXPLANATION SHEETS

This checklist is provided to assist the Applicant in the preparation of the pre-qualification application. If the answer “**yes**” is checked on the application for the questions listed below, details must be provided on additional sheets and attached to the application. Question numbers must be identified with the explanations. Where applicable, applications submitted without details/explanations will be not considered.

(✓) DETAILS ATTACHED (check for questions with “yes”)	(✓) NOT APPLICABLE (check for questions with “no”)	QUESTION NO.
		1. Organization
		1.E.
		1.F.
		3. Judgments
		4. Contract Compliance
		4.A.
		4.B.
		4.C.
		4.D.
		4.E.
		4.F.
		4.G.
		4.H.
		4.I.
		4.J.
		5. Convictions
		6. Debarment



		7. Financial
		7.B.
		7.C.
		7.D.(1.)
		7.D.(2.)
		7.D.(3.)
		7.D.(4.)
		9. Surety/Insurance
		9.D.
		9.E.
		11. Safety Program and History
		11.A.
		11.D.
		11.F.
		11.G.
		11.H.
		11.J.



14. SURETY DOCUMENTATION

(✓) ATTACHED (required for all applicants)	DESCRIPTION	QUESTION NO.
	Documentation from the firm’s Surety identifying: a. total bonding capacity;	9.A.
	b. individual job bonding capacity; and	9.A.
	c. maximum the Applicant can be bonded on a single project.	9.A.
	List all other sureties (name and address) that have written bonds for the Applicant during the last five (5) years.	9.B.

