Submitter:  or Major Participant:  (check appropriate box)

Company Name of Submitter/Major Participant (as indicated above):

Year Established: Federal Tax ID No.:

Name of Official Representative:

Contact Person:

Address:

Telephone No.: Fax No.:

E-mail address:

Business Organization (check one):

Corporation (If yes, indicate the State and Year of Incorporation):

Partnership

Joint Venture

Other (describe):

A. Business Name:

B. Business Address:

Headquarters:

Office Performing Work:

Contact Telephone Number:

C. Bonding Capacity:

Total: Available:

*[Note: Bonding Capacity does not apply to Major Participants that are Designers.]*

D. If the entity is a Joint Venture or Partnership, indicate the name and role of each member company in the space below. Complete a separate Contractor Information form for each member company and attach it to the SOQ. Also indicate the name and role of each other financially liable party and attach a separate form.

Name of Member Company Role Financial Liability

Under penalty of perjury, I certify that I am the company’s Official Representative and that, to the best of my knowledge and belief, following reasonable inquiry; the foregoing is true and correct.

By: Print Name:

(Signature)

Title: Date:

*[Please make additional copies of this form as needed].*

Contractor’s Name:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Year | Incident Rate | Lost Work Day Index | Cost of Accident per Employee | Experience Modification Rating | No. of Fatalities | No. of Lost Work Days | No. of Recordable Injuries |
| 2014 |  |  |  |  |  |  |  |
| 2013 |  |  |  |  |  |  |  |
| 2012 |  |  |  |  |  |  |  |

Incident Rate = (Number of Injuries and Illnesses) x 200,000

Total Hours Worked

Lost Work Day Index = (Number of Lost Work Days) x 200,000

Total Hours Worked

Cost of Accident per Employee = Total Cost of Accidents

Average Number of Employees

Experience Modification Rating = Actual Claims per Year

Expected Claims Based on Past 3 Year Trending

Under penalty of perjury, I certify that I am the company’s Official Representative and that, to the best of my knowledge and belief, following reasonable inquiry; the foregoing is true and correct.

By: Print Name:

(Signature)

Title: Date:

*[Please make additional copies of this form and additional sheets as needed].*

|  |  |
| --- | --- |
| 1. Company Name: Submitter:  or Major Participant:   (check appropriate box) | 2. Name of Project: |
| 3. Owner Contract No. or State Project No. | 4. Type:  Construction  Design-Build  Design |
| 5. Name of Prime Designer/Contractor: | 6. Company Role:  (Joint venture partner, subcontractor, etc.) |
| 7. Owner (Name):  Project Manager (Name) :  Provide the following information for the Project Manager listed above:  Address:  Phone:  Fax:  Email: | 8. Original Project Contract Amount: $  Final Project Contract Amount: $  Percent of Work Performed  by Own Forces (%): |
| 9. Original Project Schedule Milestones:  Final Project Schedule Milestones: | |
| 10. Description of any project claims, dispute proceedings, litigation and arbitration proceedings: | |
| 11. Description of the assessment of any liquidated damages including the causes of the delays and the amounts assessed: | |
| 12. Project Description and Nature of Work Performed by Submitter/Major Participant: | |

[*Please make additional copies of this form as needed.]*

*[Form C may continue onto a page 2.]*

Submitter’s Name:

The undersigned acknowledges receipt of the addenda to the RFQ as indicated below.

**ADDENDA**

|  |  |  |  |
| --- | --- | --- | --- |
| Addendum/Clarification No. |  | Dated |  |
| Addendum/Clarification No. |  | Dated |  |
| Addendum/Clarification No. |  | Dated |  |
| Addendum/Clarification No. |  | Dated |  |
| Addendum/Clarification No. |  | Dated |  |

Failure to acknowledge receipt of all addenda may cause the SOQ to be considered non-responsive to the solicitation. Acknowledged receipt of each addendum must be clearly established and included with response to the RFQ.

\*By: Print Name:

(Signature)

Title: Date:

\*Authorized representative of Submitter or Joint Venture members. If Submitter is not yet a legal authority, the Major Participants must sign Form D.

*[Please make additional copies of this form as needed].*

Under penalty of perjury, I certify that I am the Official Representative of

[Company Name], and that

[Company Name] is currently prequalified to perform work for CDOT.

By: Print Name:

(Signature)

Title: Date:

*[Please make additional copies of this form as needed].*