

Tocci Building Corporation



Company Profile

Company Name

OFFICE LOCATIONS

Office Name	Address	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Labor Type

Work Performed

NUMBER OF EMPLOYEES

Department	Number of Employees
Estimating Department	<input type="text"/>
Field Supervision	<input type="text"/>
Tradespeople	<input type="text"/>
Clerical / Accounting	<input type="text"/>
Other	<input type="text"/>
Total	<input type="text" value="0"/>

OWNERS/OFFICERS OF YOUR COMPANY

Name	Email	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Certifications & Licenses

TRADE UNIONS

Trade	Agreement	Year Expires
<input type="text"/>	<input type="text"/>	<input type="text"/>

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MBE, WBE, SBE OR ANY OTHER TYPE OF CERTIFIED BUSINESS ENTERPRISES

Type of certified business	Certifying Agency	Vendor ID
<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you participated in projects where certified payrolls, diverse or local manpower reports or apprentices are required? No Yes

If yes, what programs

Do you sponsor a state-approved apprenticeship program? No Yes

Please tell us about your craftsman workforce: Trade

% Caucasian %

% Hispanic %

% Black %

% Native American %

% Asian/Pacific %

% Veteran %

Trade

% Caucasian %

% Hispanic %

% Black %

% Native American %

% Asian/Pacific %

% Veteran %

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Trade

% Caucasian

% Hispanic

% Black

% Native American

% Asian/Pacific

% Veteran

Health & Safety

Attach a copy of your safety program

Do you have a safety officer or department?

No Yes

PLEASE PROVIDE CONTACT INFO:

Name

Email

Phone

PROVIDE YOUR WORKERS COMPENSATION EXPERIENCE MODIFICATION RATE (EMR)

2018 (if available)

2017

2016

2015

Attach your insurance agent's EMR Verification Letter

Has your company had any OSHA citations or jobsite fatalities within the last 5 years?

No Yes

If yes, please explain

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ATTACH COPIES OF YOUR OSHA NO. 300A SUMMARY LOGS

2018 (if available)	2017	2016	2015
⊕ upload files	⊕ upload files	⊕ upload files	⊕ upload files

MAN-HOURS WORKED

2018	2017	2016	2015

OSHA RECORDABLE CASES

2018	2017	2016	2015

RECORDABLE INCIDENT RATE (RIR)

2018	2017	2016	2015

LOST TIME/WORKDAY CASES

2018	2017	2016	2015

LOST TIME/WORKDAY INCIDENT RATE (LTWR)

2018	2017	2016	2015

FATALITIES

2018	2017	2016	2015

OSHA INSPECTIONS

2018	2017	2016	2015

Are you aware of Tocci's Safety and Environmental policies and are you prepared to be in full compliance? No Yes

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Insurance & Surety

Total bonding capacity

Bonding capacity per project

Available bonding capacity as of this date

Bond rate (%)

Attach a reference letter stating aggregate and single project bonding capacity from your surety company

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INSURANCE LIMITS

General Liability Aggregate	General Liability Single Occur.	Workers Compensation	Automobile
<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>

BONDING AGENT REFERENCES

Company Name	Branch Address	Phone	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SURETY REFERENCES

Company Name	Branch Address	Phone	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

INSURANCE REFERENCES

Company Name	Branch Address	Phone	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Financials

Federal Tax ID Number

Please attach your latest IRS W-9 form

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Attach a current financial statement. Ideally, this is an audited financial statement covering the last three years.

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What is your current backlog?

AVERAGE CONTRACT SIZE

2018	2017	2016	2015
<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>

BANKING REFERENCES

Company Name	Branch Address	Phone	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Work Experience

LIST AT LEAST THREE MAJOR PROJECTS YOUR COMPANY CURRENTLY HAS UNDER CONTRACT

Project Name	Client	Contract Value	Completion Date
<input type="text"/>	<input type="text"/>	<input type="text" value="\$"/>	<input type="text" value="📅"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="\$"/>	<input type="text" value="📅"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="\$"/>	<input type="text" value="📅"/>

WHAT IS THE LARGEST CONTRACT YOUR COMPANY HAS COMPLETED IN THE LAST THREE YEARS?

Project Name	Client	Contract Value	Completion Date
<input type="text"/>	<input type="text"/>	<input type="text" value="\$"/>	<input type="text" value="📅"/>

LIST AT LEAST THREE ADDITIONAL PROJECTS YOUR COMPANY HAS COMPLETED IN THE LAST FIVE YEARS

Project Name	Client	Contract Value	Completion Date
<input type="text"/>	<input type="text"/>	<input type="text" value="\$"/>	<input type="text" value="📅"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="\$"/>	<input type="text" value="📅"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="\$"/>	<input type="text" value="📅"/>

Project Reference #1- Contact Name and Number

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Project Reference #2- Contact Name and Number

Project Reference #3- Contact Name and Number

Legal

Has your company, its owners, or officers been in involved in litigation regarding a construction contract within the last three years?

No Yes

If yes, please explain

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Has your company failed to complete a construction contract, defaulted, or been terminated for cause within the last three years?

No Yes

If yes, please explain

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Has your company had any safety or environmental related citations from authorities in the last three years?

No Yes

If yes, please explain

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Has your company, its owners, or officers filed for bankruptcy protection within the last three years?

No Yes

If yes, please explain

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Has a complaint ever been filed with a licensing agency against your firm?

No Yes

If yes, please explain

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Has a surety ever finished one or more of your construction projects? No Yes

If yes, please explain

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Has your firm ever been assessed liquidated damages on a project? No Yes

If yes, please explain

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Are there any remaining issues or conflicts of interest that would have material effect on your company, its owners or officers, in their operation, financial structure, or ability to perform work for Tocci Building Corporation? No Yes

If yes, please explain

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Other

Would you like to provide any additional information you feel would help Tocci Building Corporation determine your company's qualifications and expertise? No Yes

If yes, please explain

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Signature

Full Name

Title