



Contractor Pre-Qualification Statement

Section A; General Company Information

Date Submitted by Contractor: _____ Date Received by KUB: _____
(To be filled out by KUB upon Receipt)

Basic Company Information

Legal Name of Business: _____

Street Address (Not a P.O. Box): _____

City: _____ State: _____ Zip Code _____

Principal (headquarters) Office Mailing Address: _____

City: _____ State _____ Zip Code: _____

Admin. Contact Name: _____ Phone No.: _____ Fax No.: _____

Admin. Contact Email: _____ Company Website URL: _____

Company Federal ID#: _____

Type of Firm: Corporation Partnership Individual Sole Proprietorship Joint Venture Other

If Incorporated, State of Incorporation: _____

Number of Years Company has been in Business: _____

Average number of employees in your principal office for the last two years:

Current year _____ Office _____ Crafts TOTAL _____

Prior year _____ Office _____ Crafts TOTAL _____

List the local branch office(s) that will serve the KUB territory (attach additional sheet if necessary):

Company Name City, State, Zip	Branch Manager/ Phone Number	No. of Employees	
		Office	Crafts

Is Company owned or controlled by a parent company? Yes No If Yes, complete the following:

- Legal Name of parent company: _____
- Full Address of parent company: Street _____
City _____ State _____ Zip _____
- Relationship of parent company: Subsidiary Division Date of Ownership: _____

Does Your company have a certified stormwater inspector(s) licensed by the State of Tennessee for sediment and erosion control practices? Yes No If Yes, List name(s): _____ TN Lisc. #: _____

If No, List Subcontractor Stormwater inspection Company Name(s): _____
And List Subcontractor's Employee(s) name(s): _____ TN Lisc. #(s): _____



Verification of Business Status Minority and Women Owned Business

For Minority and Woman owned companies please list each owner (proprietor, partner, stockholder). The name listed should include Minority Group members and Non-Minority Group Members. Citizenship status - 1 = By Birth or 2 = Naturalized Citizen.

Name/Title	Ethnic Origin*	Gender	Citizenship	Ownership Percentage (entries must total 100%)
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> 1 <input type="checkbox"/> 2	

*** ETHNIC ORIGIN**

A citizen of the United States who is:

- 1. White
- 2. African American
- 3. Asian
- 4. Hispanic
- 5. Native American.

***Asian Pacific** whose origins who are in Japan, China, the Philippines, Vietnam, Korea, Samoa, Guam, the U.S. Trust Territory and the Pacific islands, the Northern Marinas islands, Laos, Kampuchea (Cambodia), Taiwan, Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Republic of the Marshall Islands, or the Federated States of Micronesia.

***Native American** means American Indians, Eskimos, Aleuts, and native Hawaiians.

***Asian Indian Americans** include United States citizens whose origins are from India, Pakistan, and Bangladesh.

DECLARATION OF CERTIFICATION OF STATUS

I have completed the Verification of Business Status Minority and Women Owned Business information above requested by the Knoxville Utilities Board and hereby certify that the information contained herein is true, correct, and accurate to the best of my knowledge and belief. I understand that this Declaration of Certification and the criteria set forth have been developed according to the definitions of minority and women owned businesses established by the Small Business Administration.



Contact Information for Company Principals List Individuals who will be Submitting Bids and Signing Contracts. List All that apply.

Name of Owner or Owner's Representative: _____

Phone No.: _____ E-Mail.: _____

Name of Company President: _____

Phone No.: _____ E-Mail.: _____

Name of Company Vice President: _____

Phone No.: _____ E-Mail.: _____

Name of Bid and Contract Signing Authority 1: _____

Title: _____ Phone No.: _____

E-Mail.: _____

Office Address of Signing Authority 1: _____

Name of Bid and Contract Signing Authority 2: _____

Title: _____ Phone No.: _____

E-Mail.: _____

Office Address of Signing Authority 2: _____

Name of Bid and Contract Signing Authority 3: _____

Title: _____ Phone No.: _____

E-Mail.: _____

Office Address of Signing Authority 3: _____



Prequalification Classifications Contractor's Company is Applying for: (Check all that apply. Note: Unlimited categories require unlimited bonding status and at least 5 years of experience on similar projects among other evaluation criteria. Contact KUB Procurement for further details if in doubt which categories to apply for)

KUB 2.0 Wastewater Division

- 2.1 Wastewater Testing and Inspection Services, Includes: Smoke Test, Line Cleaning, Chemical and Mechanical Root Control, TV Inspection, Dye Testing, Flow Testing and Monitoring, Utility Locating, Site Video Recording, Lab Services.
- 2.2 Wastewater Utility Construction, Unlimited: Includes Conventional Trenching for Pipe and Manhole Installation, Manhole Restoration, Pipebursting, CIPP, Auger Boring and Tunneling, Point Repairs, Pump Station Construction and Rehabilitation. Includes Participation in Categories 2.3, 2.4 and 3.2.
- 2.3 Wastewater Pipeline Construction, \$225,000.00 Bid Limit and Nominal 12 inch and under pipe size: Includes Conventional Trenching for Pipe and Manhole Installation, Manhole Restoration, Pipebursting, CIPP(subject to approval), Auger Boring and Tunneling, Point Repairs
- 2.4 Wastewater Pump Station Construction, \$225,000.00 Bid Limit per Lump Sum Pump Station Item: Includes 4MGD and smaller Pump Station construction, replacement, or rehabilitation, and includes Odor Control Facilities. Electrical work to be 600VAC and below.
- 2.5 Wastewater Plant Construction, Unlimited: Includes all facets of Wastewater Plant, Pump Station, and Facility Construction, Rehabilitation, and Repair. (Certain Large scale projects may require project specific prequalification and are subject to separate requirements) Includes Participation in Categories 2.4, 2.6, 3.5 and 3.6.
- 2.6 Wastewater Plant Construction, \$175,000.00 Bid Limit: Includes Plant Repairs, Upgrades, Small Projects and Subsystem Specific Work. Pipework to be 12 inches nominal size and below. Electrical work to be 600VAC and below. Includes Participation in Category 3.6

KUB 3.0 Water Division

- 3.1 Water System Testing and Inspection Services, Flow Testing and Monitoring, Leak Detection Services, Utility Locating, Site Video Recording, Hydrant Services (Inspection, Flow Testing, Flushing), Meter Services (Inspection, Testing, Repair, Replacement).
- 3.2 Water Utility Construction, Unlimited: Includes Conventional Trenching, Pipebursting, and Boring (Auger, Pipe Ramming, and Directional Drilling) for Installation of all Pipe Sizes. Includes Construction of Water Pressure Booster Stations. Includes Participation in Categories 3.3, 3.4 and 2.2.
- 3.3 Water Utility Construction, \$225,000.00 Bid Limit and Nominal 8 inch and under pipe size: Includes Conventional Trenching, Pipebursting, and Boring (Auger, Pipe Ramming, and Directional Drilling). Includes Construction of Water Pressure Booster Stations. Includes Participation in Category 3.4
- 3.4 Water Utility Construction, No Bid Limit and Nominal 2 inch and under pipe size: Includes Conventional Trenching, Pipebursting, and Boring (Auger, Pipe Ramming, and Directional Drilling). Includes Construction of Water Pressure Booster Stations with inlet and outlet connections of 2 inch and under pipe size. This category serves the galvanized line replacement initiative.
- 3.5 Water Plant Construction, Unlimited: Includes all facets of Water Plant, Booster Station, Facility and Storage Tank Construction, Rehabilitation, and Repair. (Certain Large scale projects may require project specific prequalification and are subject to separate requirements) Includes Participation in Categories 3.6, 2.5 and 2.6.
- 3.6 Water Plant Construction, \$175,000.00 Bid Limit: Includes Plant Repairs, Upgrades, Small Projects and Subsystem Specific Work. Pipework to be 12 inches nominal size and below. Electrical work to be 600VAC and below. Includes Participation in Category 2.6



KUB 4.0 Gas Division

- 4.1 Gas System Testing and Inspection Services, Leak Testing and Monitoring, Utility Locating, Site Video Recording, Meter Services (Inspection, Testing, Repair, Replacement).
- 4.2 Gas Utility Construction, Unlimited: Includes Conventional Trenching and Boring (Auger and Directional Drilling) for Installation of all Pipe Sizes and materials as specified. Includes Construction of Gas Pressure Regulator Stations, Mainline Construction, Commercial and Residential Service lines.
- 4.3 Gas Utility Construction, No Bid Limit and Nominal 4 inch and under pipe sizes in HDPE material: Includes Conventional Trenching and Boring (Auger or Directional Drilling), Mainline Construction, Commercial and Residential Service lines.

KUB 5.0 Electric Division

- 5.1 Electric System Testing and Inspection Services, Pole Inspection, Line Inspection, Utility Locating, Site Video Recording, Meter Testing and Repair.
- 5.2 Electric Utility Construction, Unlimited 161KV: Includes all Construction and Maintenance of KUB Overhead and Underground Electric Distribution and Transmission Systems up to 161KV. (Certain Large scale projects may require project specific prequalification and are subject to separate requirements) Includes Participation in Categories 5.3, 5.5 and 5.6.
- 5.3 Electric Utility Construction, \$225,000.00 Bid Limit and 13.2KV: Includes all Construction and Maintenance of KUB Overhead and Underground Electric Distribution System up to 13.2KV. Includes setting pad mounted and overhead transformers, primary and secondary wiring and connections for residential and light commercial applications. Includes Participation in Category 5.6.
- 5.4 Electric Utility Substation Construction, Unlimited: Includes all Construction and Upgrades to KUB Substations and Substation Systems (Substation projects may require project specific prequalification and are subject to separate requirements)
- 5.5 Electric Utility Construction, Unlimited 600VAC: Includes all Construction, Maintenance, and Renovation of KUB Electric Systems up to 600VAC. Includes Plant, Pump Station, and Street Lighting Applications. Includes Participation in Categories 5.6.
- 5.6 Electric Utility Construction, \$225,000.00 Bid Limit and 600VAC limit: Includes all Construction, Maintenance, and Renovation of KUB Electric Systems up to 600VAC. Includes Plant, Pump Station, and Street Lighting Applications.



Contractor Pre-Qualification Statement

Section B; Financial, Bonding, License, Insurance, Legal Company Information

Date Submitted by Contractor: _____ Date Received by KUB: _____
(To be filled out by KUB upon Receipt)

Section B Information for (Company Name): _____

1. FINANCIAL INFORMATION (KUB reserves the right to request a copy of Firm's most recent audited financial statement.)

Value of Assets Owned by Firm: \$ _____

Annual Sales Volume for the three **most recently completed** Fiscal Years: (Indicate Year and Dollar Volume)

FY 20____ \$ _____ FY 20____ \$ _____ FY 20____ \$ _____

Largest Single Contract in the last 3 years: \$ _____

Current Dun & Bradstreet Rating: _____ Duns # _____

Bank Reference: _____
(Name) (Address) (Contact) (Phone)

Materials Suppliers: For Gas, Water, Wastewater Pipe and Fittings and for Electrical conduit and supplies: Name Your Top Two Materials Suppliers by Annual Dollar volume of purchases.

Supplier #1: _____
(Name) (Address) (Contact) (Phone)

Supplier #2: _____
(Name) (Address) (Contact) (Phone)

2. BONDING INFORMATION (Projects require a 100% Performance Bond and a 100% Payment Bond)

Bonding Company: _____ Contact: _____ Phone: _____

Current Bonding Capacity of Firm: _____ Currently Bonded: _____ Project Limit: _____

Number of Years Contractor has used this Bonding Company: _____

Bonding Company's Rating from Best's Key Rating Guide: _____

(A signed statement from the surety, and certificates of the authority signing the statement that the above is correct, may be required.)

In the past five years have Performance or Payment Bond claims been made to a surety for this firm on any project? (If yes, describe the claim(s), the name of the company or person making the claim, and the resolution.)

Yes No

Explanation if Yes: _____

In the past five years, has any surety company refused to bond the firm on any project? (If yes, specify reasons for the refusal and the name of the surety company).

Yes No

Explanation if Yes: _____

3. LICENSE INFORMATION

Attach a photocopy of Contractor's current valid State of Tennessee Contractor's License.



4. INSURANCE INFORMATION

Attach a photocopy of Contractor's current valid insurance certificate with category and limits identified. Contractor is responsible for reviewing KUB insurance requirements for each project prior to Contractor's bid submittal. Award of Contractor's bid obligates Contractor to supply an Insurance Certificate to KUB naming KUB as additional insured for the categories and limits defined in the bid documents and delivered with Contractor's executed bid documents.

Does Contractor have, or is eligible to obtain, Professional Liability Insurance, if required? Yes No

Does Contractor have, or is eligible to obtain, Environmental Pollution Liability insurance, if required? Yes No

Insurance Company: _____ Contact: _____ Phone: _____

5. LEGAL INFORMATION

In the past five years prior to the date of this application, has this firm or any principal of the firm been deemed to be in default on any contract, or been forcefully terminated from any contract? If yes, state on attached pages the names of the owner, the circumstances, and the resolution. Yes No

Indicate if the firm has any judgments that are not personal injury related against firm that are not fully settled. Include judgments in favor of project owners, subcontractors and suppliers. If yes, state on attached pages the names of the entity, relationship to firm, and the circumstances. Yes No

6. TENNESSEE DRUG FREE WORKPLACE COMPLIANCE

Does Contractor's firm employ 5 or more employees? Yes No

If yes, attach a photocopy of the most recent State of Tennessee Letter issued to Contractor recognizing Contractor's Firm as currently meeting State of Tennessee Drug Free Workplace requirements. Letter Dated: _____



Contractor Pre-Qualification Statement

Section C; Company Health and Safety Information

Instructions to Contractor:

- I. All blanks must be filled in and all requested attachments must be present for consideration.
- II. If information is not available or does not apply, please put "N/A".

1. Name of Firm: _____ Date: _____
 Submitted By: _____ Title: _____
 Is the Submitting Individual the Company Safety Officer? Yes No; if no, provide the name, telephone and email of Safety Officer _____
 SIC Code: _____ NAICS Code: _____

- 2. List your firm's Worker's Compensation experience modification rates (EMR) for the last three years, and provide a letter from your Comp. Carrier verifying these rates. If EMR is 1.0 or above, please explain why. If you do not have an EMR, please explain: _____

Year	Rate	Policy Number	Carrier
20__			
20__			
20__			

Current Carrier Telephone: _____
 Policy Anniversary Date: _____
 Type of Policy: Interstate Intrastate If Intrastate, please list applicable states: _____

- 3. List your firm's OSHA incidence rates for the last three years and attach OSHA 200/300 logs for last 3 years
 Provide the incidence numbers and rates, including employee numbers and hours worked, for the entries in the table below by using your OSHA Form No. 300. Using the formulas provided calculate OSHA Incidence Rates. Data will be checked against that recoded and provided on the submitted copies of your OSHA 300 logs.



Categories	PART 1. USE THE FORMULA BELOW TO COMPLETE THE LAST TWO ENTRIES OF THIS TABLE.					
	20__		20__		20__	
a. Fatalities						
b. Number of cases involving days away from work, restrictions, or transfers (DART cases)						
c. Number of days away from work						
d. Number of non-fatal cases without days away from work, restrictions, or transfers						
Average number of employees						
Number of hours worked						
e. Total OSHA recordable cases (injury & illness)	No.	Rate	No.	Rate	No.	Rate
<i>Number of recordable cases x 200,000 hrs. = Incidence Rate Number annual hours worked</i>						
f. OSHA recordable cases that resulted in DART cases						
<i>Number DART (b) cases x 200,000 hrs. = Incidence Rate Number annual hours worked</i>						

4. Has your firm been cited by a regulatory agency, e.g. OSHA, EPA, DOT, etc, in the past 3 years? If yes, please attach an explanation..... Yes No
5. Do you have a new employee-training program? Yes No
6. Do you plan to operate heavy equipment? Yes No
7. List the employees in your organization who are responsible for developing/ implementing your corporate H&S program:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____



8a. Do you have a written safety program? Yes No

8b. If so, does it comply with Title 8 CCR Section 3203 (Illness and Injury Prevention Program IIPP)? Please attach a copy. (California only) Yes No

Does your program include the following (check each applicable box):

	Written Program	Training		Written Program	Training
Company safety policy/rules			Hot Work		
Confined Space Entry* (29 CFR 1910.146)			Decontamination Procedures		
Health and Safety Plan Requirements			Hazard Communication (29 CFR 1910.1200)? Toxic Substances		
Chemical and Physical Hazard Recognition			Electrical Safety/Lockout-Tagout (29 CFR 1910.147)		
Emergency Response Procedures			Safety Belts and Lifelines, Fall Protection* (29 CFR 1926 Subpart M)		
Injury Reporting			First Aid/CPR (29 CFR 1910.151) If so, how many employees _____		
Personal Protective Equipment (29 CFR 1910.132)			Drum Handling		
Non-injury Accident Reporting (near-miss)			Drilling Hazards		
Respiratory Protection (29 CFR 1910.134)/ Respiratory Fit Testing			Hearing Conservation (29 CFR 1910.95)		
Portable Fire Extinguisher (29 CFR 1910.157)			Compressed Gas Cylinders (29 CFR 1910 Subpart M)		
Railroad Roadway Worker Protection* (49 CFR 214)			Trenching/Excavation (29 CFR 1926 Subpart P)		
Bloodborne Pathogens (29 CFR 1910.1030)			If you provide Trenching/Excavation Safety training, do you have a Competent Person?		

9. Can you provide documentation of employee training, if required? Yes No

10a. Does your company have OSHA HAZWOPER trained employees (29 CFR 1910.120(e)(3))? Yes No

10b. If yes how many? _____



12. Do you have a medical surveillance program as required by 29 CFR 1910.120(f)? [] Yes [] No

13. Does your company have a written Alcohol and Substance Abuse Program? [] Yes [] No

If yes, does it include the following?

a. 5-panel substance testing? [] Yes [] No

b. Pre-employment/pre-job assignment testing (within 30 days of pre-job assignment)? ... [] Yes [] No

c. Post-accident drug and alcohol testing? [] Yes [] No

d. Reasonable suspicion drug and alcohol testing? [] Yes [] No

14. Do you hold periodic safety meetings for your employees?..... [] Yes [] No

Daily [] Weekly [] Bi-weekly [] Monthly [] Less often, as needed []

15. Does your company perform Job Hazard Analyses (JHA) for new and existing tasks? [] Yes [] No

If yes, please provide an example of a recently completed JHA.

16. Do you conduct field safety inspection/audits of work in progress? [] Yes [] No

a) If Yes, How often? _____

b) If yes, who conducts the inspection? Name: _____

Title: _____

17. Do you conduct routine equipment inspections/maintenance on your vehicles including drill rigs, excavators etc.? [] Yes [] No

a) If Yes, How often? _____

b) If yes, who conducts the inspection? Name: _____

Title: _____

18. Does your company have written post accident investigation procedures? [] Yes [] No
If yes, please provide the written procedures.

19. Do you notify all employees of accidents and precautions related to accidents and near misses? [] Yes [] No

If Yes, How is this notification accomplished? _____

Are accident reports distributed to management? [] Yes [] No

If Yes, to whom? _____ How often? _____



20. Is safety a specific evaluation criterion in the annual performance reviews of:

- Employees? Yes No
- Supervisors? Yes No
- Management? Yes No

21. Attach documentation for checked boxes below:

- EMR documentation from your insurance carrier**
- OSHA 300 Logs (Past 3 years) for new Subcontractors, Past year for Renewal Subcontractors**
- IIPP Copy (California Companies Only)**
- Safety & Health Program (TABLE OF CONTENTS ONLY)**
- Example of Recently Completed JHA**
- Accident/Incident Investigation Procedure**

22. Certification

The authorized individual signing below hereby certifies that the above information is accurate.

By:

Company Name _____

Signature _____ Date: _____

Print Name _____

Its _____

List of items to be submitted with Form, **checked items (No. 21) are required to be submitted.**