



Prequalification Application for IL HSR Tier 2 EA:

Project Name: _____		
Business Name of Applicant _____		
Contractor Number _____		
Business Address (Street or P.O. Box) _____		
City _____	State _____	Zip Code _____
Telephone () _____	Telefax No. () _____	
E-Mail Address _____		
Office Address _____		
Telephone No. () _____	City _____	Zip Code _____
F.E.I.N. No. _____		

Instructions

The purpose of this document is to identify viable and experienced suppliers that have the capability necessary to perform work for Class 1 railroads.

1. Is the Applicant capable of procuring general liability or railroad protective insurance in the minimum amount of \$5,000,000 per occurrence and \$10,000,000 in aggregate for this project? Yes No

2. Has the Applicant been in business for at least 5 years under the business name? Yes No

3. Is the Applicant an outgrowth, result or reorganization of a predecessor business? Yes No
If yes explain:

4. Is the applicant a DBE, Woman-owned or Minority-owned Company? Yes No
If yes, is applicant a State of Illinois Certified DBE? Yes No

5. Does the applicant have experience working for Class 1 Railroads? Yes No

6. Does the applicant have experience working on FRA Class 3 or higher Railroad track including working under Form B's, "On-Track-Safety" requirements, or other types of Track Bulletins? Yes No

7. Would the applicant be willing to conduct background checks for employees/sub-contracted employees?
 Yes No

8. Can the Applicant provide documentation (if requested) from a surety or insurance company stating the Applicant's ability to secure a performance and/or payment bond in an amount greater than the Applicant's bid amount for this project? Yes No

9. Has the applicant filed a construction claim against an owner in the last 3 years? Yes No
If yes, explain fully.

10. Has the applicant had a construction claim filed against them in the last 3 years? Yes No
If yes, explain fully.

11. Does the applicant have previous ARRA Project reporting experience? Yes No

12. Does the applicant have previous experience with Federal Prevailing Wage compensated Projects?
 Yes No

13. Is the applicant debarred from performing work on Federally Funded Projects? Yes No

Safety

14. Does the applicant have a safety training program? Yes No
15. Is the applicants Workman's Compensation Modification Number less than 1.2 ? Yes No

Project Specific Requirements

16. Does the applicant have experience with COE or USCG Permitted Structures? Yes No
17. Does the applicant possess or have the ability to obtain all permits and/or licenses to operate in the State of Illinois? Yes No
18. Has the applicant been fined for any environmental violations during the last 5 years? Yes No
19. Does the applicant have experience coordinating with municipalities including road crossing closures and detours? Yes No
20. Does the applicant have experience performing bridge and structure work under curfews on main line tracks? Yes No
21. Does the applicant have experience constructing concrete tie track? Yes No
22. Does the applicant employ or has the ability to obtain qualified individual(s) to inspect culverts and associated structures? Yes No
23. Does the applicant possess the ability to supply "Buy America" materials that satisfy both the Contract Bid Documents and all "Buy America" requirements? Yes No
24. Other (any pertinent information that would be beneficial in considering this prequalification application):

25. Record of Past Experience

Applications - List major projects performed by the contractor's own forces or acted as General Contractor. Provide previous three (3) years

Project Name and Location	Year	Total in (1000's) (\$)	Railroad Earth- work (\$)	Railroad Bridge installation (\$)	Jack/Bore culverts (\$)	Other Linear Grading (\$)	Other Civil/Site Work (\$)
Sub-Total							

27. What is the construction experience of the key technical, supervisory personnel of the company?

Individual's Name	Present Position	Years Experience	Type of Work	In What Capacity (role)

Please provide any references

Individual's Name	Agency/Owner Name	Contact Info	Type of Work	In What Capacity (General/Sub)