



## Prequalification Application for IL HSR Tier 4:

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):





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)