FORM A

TRANSMITTAL LETTER

PROPOSER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

QS Date: [*Insert date*]

Tony Payberah, P.E.

Texas Department of Transportation

7600 Chevy Chase Drive

Building 2, Suite 400

Austin, TX 78752

The undersigned (“Proposer”) submits this qualification statement (this “QS”) in response to that certain Request for Qualifications dated as of March 10, 2014 (as amended, the “RFQ”), issued by the Texas Department of Transportation (“TxDOT”) to design, construct and, at TxDOT’s election, maintain approximately 9.2 miles of improvements to SH 360 consisting of two toll lanes in each direction from approximately E. Sublett Road/Camp Wisdom Road to East Broad Street and one toll lane in each direction with periodic passing lanes (Super 2 configuration) from East Broad Street to US 287, in addition to frontage road and intersection improvements from E. Sublett Road/Camp Wisdom Road to US 287, (referred to herein as the “Project”), pursuant to a Design-Build Agreement (“DBA”). Initially capitalized terms not otherwise defined herein shall have the meanings set forth in the RFQ.

Enclosed, and by this reference incorporated herein and made a part of this QS, are the following:

Volume 1: Transmittal Letter (this Form A), Executive Summary, Management Structure/Organizational Charts, Technical Qualifications (Forms D-1, D-2 and E), Statement of Technical Approach and Safety Qualifications;

Volume 1 Appendix: Forms B and C, Surety Letter, Personnel Qualifications; and

Volume 2: Financial Qualifications.

Proposer acknowledges receipt, understanding and full consideration of all materials posted on TxDOT’s website with respect to the Project [www.txdot.gov/business/partnerships/current-cda/sh-360/sh360-rfq.html](http://www.txdot.gov/business/partnerships/current-cda/sh-360/sh360-rfq.html) and the following addenda and sets of questions and answers to the RFQ:

[*Proposer to list any addenda to this RFQ and sets of questions and answers by dates and numbers prior to executing Form A*]

Proposer represents and warrants that it has read the RFQ and agrees to abide by the contents and terms of the RFQ and the QS.

Proposer understands that TxDOT is not bound to short-list any Proposer and may reject each QS TxDOT may receive.

Proposer further understands that all costs and expenses incurred by it in preparing this QS and participating in the Project procurement process will be borne solely by the Proposer, except, to the extent of any payment made by TxDOT for work product.

Proposer agrees that TxDOT will not be responsible for any errors, omissions, inaccuracies or incomplete statements in this QS.

This QS shall be governed by and construed in all respects according to the laws of the State of Texas.

Proposer's business address:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(No.) (Street) (Floor or Suite)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(City) (State or Province) (ZIP or Postal Code) (Country)

State or Country of Incorporation/Formation/Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*[Insert appropriate signature block from following]*

1. Sample signature block for corporation or limited liability company:

*[Insert Proposer’s name]*

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Sample signature block for partnership or joint venture:

*[Insert Proposer’s name]*

By: *[Insert general partner’s or member’s name]*

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*[Add signatures of additional general partners or members as appropriate]*

3. Sample signature block for attorney in fact:

*[Insert Proposer’s name]*

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Attorney in Fact

4. Sample signature block for a Proposer not yet formed as a legal entity:

*[Insert lead team member entity name],* on behalf of itself and the other team members expected to be a part of *[Insert Proposer’s expected name]*

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FORM B

INFORMATION REGARDING
PROPOSER, EQUITY MEMBERS, MAJOR NON-EQUITY MEMBERS, GUARANTORS AND CONSTRUCTION TEAM MEMBERS

**(for Public Release)**

Name of Proposer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Entity (check all applicable boxes for the entity completing this Form B):

 񌋠 Proposer; 񌋠 Equity Member; 񌋠 Major Non-Equity Member; 񌋠 Guarantor;

 񌋠 Construction Team Member; 񌋠 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Entity Completing Form B: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year Established: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Federal Tax ID No. (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

North American Industry Classification Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Official Representative Executing Form B: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Individual’s Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Business Organization (check one):

 Corporation

 Partnership

 Joint Venture

 Limited Liability Company

 Other (describe)

A. Business Address:

 Headquarters:

 Office Performing Work:

 Contact Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. Indicate the role of the entity in the space below.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C. If the entity completing this Form B is a joint venture or newly formed entity (formed within the past two years), complete a separate Form B and, if such entity is the Proposer, an Equity Member, Major Non-Equity Member or Guarantor, a separate Form C for each member of or partner in the joint venture or newly formed entity and attach them to the QS. In addition, identify the name of such members or partners in the space below.

 Name

Under penalty of perjury, I certify that the foregoing is true and correct, and that I am the firm’s Official Representative:

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

FORM C

CERTIFICATION

**Proposer:**

**Name of Firm:**

Entity (check one box for entity completing this Form C as applicable):

🞎 Proposer; 🞎 Equity Member; 🞎 Major Non-Equity Member; 🞎 Guarantor; or

🞎 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Has the firm or any affiliate\* or any **current** officer thereof, been indicted or convicted of bid (i.e., fraud, bribery, collusion, conspiracy, antitrust, etc.) or other contract related crimes or violations or any other felony or serious misdemeanor within the past five years?

 Yes 🞎  No 🞎

If yes, please explain:

2. Has the firm or any affiliate\* ever sought protection under any provision of any bankruptcy act?

 Yes 🞎  No 🞎

If yes, please explain:

3. Has the firm or any affiliate\* ever been disqualified, removed, debarred or suspended from performing work for the federal government, any state or local government, or any foreign governmental entity within the past ten years?

 Yes 🞎  No 🞎

If yes, please explain:

4. Has the firm or any affiliate\* ever been found liable in a civil suit or found guilty in a criminal action for making any false claim or other material misrepresentation to a public entity within the past ten years?

 Yes 🞎 No 🞎

If yes, as to each such inquiry, state the name of the public agency, the date of the inquiry, the grounds on which the public agency based the inquiry, and the result of the inquiry.

5. Has any construction project performed or managed by the firm or, to the knowledge of the undersigned, any affiliate\* involved repeated or multiple failures to comply with safety rules, regulations, or requirements?

 Yes 🞎 No 🞎

If yes, please identify the team members and the projects, provide an explanation of the circumstances, and provide owner contact information including telephone numbers.

6. Has the firm or any affiliate\* been found, adjudicated or determined by any federal or state court or agency (including, but not limited to, the Equal Employment Opportunity Commission, the Office of Federal Contract Compliance Programs and any applicable Texas governmental agency) to have violated any laws or Executive Orders relating to employment discrimination or affirmative action, including but not limited to Title VII of the Civil Rights Act of 1964, as amended (42 U.S.C. Sections 2000 *et seq*.); the Equal Pay Act (29 U.S.C. Section 206(d)); and any applicable or similar Texas law?

 Yes 🞎 No 🞎

If yes, please explain:

7. Has the firm or any affiliate\* been found, adjudicated, or determined by any state court, state administrative agency, including, but not limited to, the Texas Department of Labor (or its equivalent), federal court or federal agency, to have violated or failed to comply with any law or regulation of the United States or any state governing prevailing wages (including but not limited to payment for health and welfare, pension, vacation, travel time, subsistence, apprenticeship or other training, or other fringe benefits) or overtime compensation?

 Yes 🞎 No 🞎

If yes, please explain:

8. With respect to each of Questions 1-7 above, if not previously answered or included in a prior response on this form, is any proceeding, claim, matter, suit, indictment, etc. currently pending against the firm that could result in the firm being found liable, guilty or in violation of the matters referenced in Questions 1-7 above and/or subject to debarment, suspension, removal or disqualification by the federal government, any state or local government, or any foreign governmental entity?

 Yes 🞎 No 🞎

If yes, please explain and provide the information requested as to such similar items set forth in Questions 1-7 above.

9. With respect to legal liabilities, provide a list and a brief description of all instances during the last five years involving transportation projects in which the firm or any affiliate\* was (i) determined, pursuant to a final determination in a court of law, arbitration proceeding or other dispute resolution proceeding, to be liable for a material breach of contract or (ii) terminated for cause. For each instance, identify an owner’s representative with a current phone and e-mail address.

10. With respect to legal proceedings, provide a list and a brief description (including the resolution) of each arbitration, litigation, dispute review board and other dispute resolution proceeding occurring during the last five years between the public owner and the firm or any affiliate\* and involving an amount in excess of $300,000 related to performance in capital transportation projects with a contract value in excess of $10 million.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* The term “Affiliates” includes parent companies, subsidiary companies, joint venture members and partners, and partners in which the entity has more than a 15% interest.

Under penalty of perjury, I certify that the foregoing is true and correct, and that I am the firm’s Official Representative:

By:

Print Name:

Title:

Date:

**FORM D-1 - TECHNICAL EXPERIENCE – DESIGN**

**EXPERIENCE OF THE LEAD ENGINEERING FIRM IN THE DESIGN AND ENGINEERING OF REFERENCE PROJECTS**

| COMPANY NAME (1) | PROJECT NAME AND LOCATION (2), (3) | PROJECT COST (4) & (5) | START/END DATES | % OF WORK COMPLETED BY MAY 23, 2014 | LEVEL OF COMPANY’S PARTICIPATION (6) | ROLE OF COMPANY FOR THE PROJECT |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Notes:

1. A maximum of two projects may be included.
2. Only list projects on which the Lead Engineering Firm worked within the past ten years.
3. Only list projects where the Lead Engineering Firm held a minimum 30% of the ultimate responsibility for the design and engineering experience. If the Lead Engineering Firm is a joint venture, only list projects from members of the joint venture that will perform at least 30% of the Lead Engineering Firm’s potential design and engineering work for the Project.
4. In thousands of United States Dollars. Identify exchange rates of amounts in other currencies using the exchange rate as of April 30, 2014, including the benchmark on which the exchange rate is based.
5. Project Cost means the total construction cost budgeted or, if the project is complete, the total construction cost of the completed project.
6. Show company's participation in terms of money and percentage of the design work for the listed project.  For projects/contracts listed for design firms that were traditional consultant/engineering services contracts (as opposed to, for example, design-build contracts), the information sought above shall be limited only to the consultant/engineering services contract, rather than any ensuing construction contract where such entity had limited or no involvement.

**FORM D-2 - TECHNICAL EXPERIENCE - CONSTRUCTION**

**EXPERIENCE OF THE LEAD CONTRACTOR IN THE CONSTRUCTION OF REFERENCE PROJECTS**

| COMPANY NAME (1) | PROJECT NAME AND LOCATION (2), (3) | PROJECT COST (4) & (5) | START/END DATES | % OF WORKS COMPLETED BY MAY 23, 2014 | LEVEL OF COMPANY’S PARTICIPATION (6) | ROLE OF COMPANY FOR THE PROJECT |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Notes:

1. A maximum of three projects may be included.
2. Only list projects on which the Lead Contractor worked within the past ten years.
3. Only list projects where the Lead Contractor held a minimum 30% of the ultimate responsibility for the construction experience. If the Lead Contractor is a joint venture, only list projects from joint-venture members that will perform at least 30% of the Lead Contractor’s potential construction work for the Project.
4. In thousands of United States Dollars. Identify exchange rates of amounts in other currencies using the exchange rate as of April 30, 2014, and identify the benchmark on which the exchange rate is based.
5. Project Cost means the total construction cost budgeted or, if the project is complete, the total construction cost of the completed project.
6. Show company's participation in terms of money and percentage of the work.  For projects/contracts listed for lead contractors that were traditional design/bid/build delivery method, the information sought above shall be limited only to the construction contract, rather than any design contract where such entity had limited or no involvement.

**FORM E**

**PROJECT DESCRIPTION FORM**

**A. TITLE AND LOCATION** (*City and State)*:

**B. YEAR COMPLETED, OR MONTH AND YEAR SCHEDULED FOR COMPLETION:**

**C. PROJECT OWNER'S INFORMATION**

|  |  |
| --- | --- |
| Project Owner: |  |
| Responsible Department: |  |
| Point of Contact (POC) Name: |  |
|  Telephone Number: |  |
|  Email Address: |  |

**D. BRIEF DESCRIPTION OF PROJECT AND RELEVANCE TO THIS CONTRACT** *(Include scope, size, delivery mechanism and any other relevant feature or aspect of the project.)*

**E. PROJECT COST AND SCHEDULE** *(Discuss the basis for any variances between the contracted and actual delivery amount and schedule.)*

|  |  |  |
| --- | --- | --- |
| **Contracted Project Amount** | **Actual Amount Received or Anticipated to Receive Upon Project Delivery** | **Variance** |
|  $ | $ | $ |
| **Contracted Project Schedule** | **Actual Project Schedule** | **Variance** |
| \_\_\_\_ months \_\_\_ days | \_\_\_\_ months \_\_\_ days | \_\_\_\_ months \_\_\_ days |

**F. FIRMS FROM PROPOSER TEAM INVOLVED WITH THIS PROJECT**

|  |  |  |
| --- | --- | --- |
| **FIRM NAME** | **FIRM LOCATION *(City and State)*** | **ROLE** |
|   |  |  |
|  |  |  |
|  |  |  |

**G.   DBE APPROACH, IF APPLICABLE** *(Include any innovative approaches or unique outreach or marketing concepts used successfully by the Proposer’s team member to encourage DBE participation)*

|  |  |  |
| --- | --- | --- |
| **Contract Goal**  | **Actual**  | **Variance** |
|   |   |   |

**FORM F**

**SAFETY QUESTIONNAIRE**

Name of Proposer:

Name of entity completing this Form F:

Role of entity completing this Form F: □ Lead Contractor or □ Construction Team Member

**Instructions for completion:** Should additional lines or space be needed to address the subject areas below, the entity completing this Form F may add additional lines within each subject area as appropriate. Form F has no QS page limitation.

**Part A**

1. Please fill out the Table 1 below by providing the **Number of Fatal Work Injuries** (FWI) and **Fatal Injury Rates** (FIR) for the past three years for all projects in the United States. Also, please provide the **Incidence Rates** (IR) of nonfatal occupational injuries and illnesses for “Highway, Street and Bridge Construction”, as defined by the North American Industry Classification System (NAICS 2373), for each of the cases listed below for the past three years for all projects nationwide. Formulas for calculating the FIR and IR are provided below as well as sample calculations. Additionally, please calculate the average for each line item in the table. Round the averages to a single decimal place. If only two years of data is available, average those two years. If only one year of data is available, that year will be the average.

The **Fatal Injury Rate** (FIR) is calculated as follows:

$$FIR=\left(\frac{number of fatal work injuries (FWI)}{total employee hours worked during the calendar year}\right)x 200,000,000$$

The 200,000,000 in the formula represents the equivalent of 100,000 employees working 40 hours per week, 50 weeks per year and provides the standard base for the fatal injury rates.

**Example**

The XYZ Company had 1 fatal injury (FWI) and 25,000,000 hours worked by all employees during 2011. Using the formula for FIR above, the **Fatal Injury Rate** would be calculated as follows:

$$FIR=\left(\frac{1}{25,000,000}\right)x 200,000,000=8.0$$

The **Incidence Rate of Injury and Illness Cases** (IR) is calculated as follows:

$$IR=\left(\frac{number of cases}{total employee hours worked during the calendar year}\right)x 200,000$$

The 200,000 hours in the formula represents the equivalent of 100 employees working 40 hours per week, 50 weeks per year and provides the standard base for the incidence rates.

**Example**

The ABC Company has 7 total recordable, non-fatal, injuries and illness cases logged and 400,000 hours worked by all employees during 2012. Using the formula for IR above, the **Incidence Rate** would be calculated as follows:

$$IR=\left(\frac{7}{400,000}\right)x 200,000=3.5$$

The same formula can be used to compute the **Incidence Rate** for the most serious injury and illness cases, defined here as cases that result in workers taking time off from their jobs (i.e. days away from work) or being transferred to another job or doing lighter (restricted) duties. ABC Company had 3 such cases. The **Incidence Rate** for these 3 cases is computed as:

$$IR=\left(\frac{3}{400,000}\right)x 200,000=1.5$$

**Table 1.** Work-related Fatalities, Injuries, and Illnesses. Adapted from the United States Department of Labor, Bureau of Labor Statistics.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Data Series** | **Year 201\_\*** | **Year 201\_\*** | **Year 201\_\*** | **Average (AVG)** |
| **Fatalities** |
|  Number of Fatal Work Injuries (FWI) | FWI | FWI | FWI | AVG |
| **Fatal Injury Rate per 100,000 full-time workers** |
|  Hours-Based Construction Fatal Injury Rate (FIR) | *Rates per 100,000 full-time employees* |
| FIR | FIR | FIR | AVG |
| **Incidence Rate of Injury and Illness Cases (IR) per 100 Full-Time Workers** |
| Rate of Total Recordable Cases (A + B) | *Rates per 100 full-time employees* |
| IR | IR | IR | AVG |
| 1. Rate of Cases with Days Away from Work, Job Transfer or Restriction (A = 1 + 2)
 | IR | IR | IR | AVG |
| 1. Rate of Cases with Days Away from Work | IR | IR | IR | AVG |
| 2. Rate of Cases with Days of Job Transfer or Restriction | IR | IR | IR | AVG |
| B. Rate of Other Recordable Cases | IR | IR | IR | AVG |

\*Proposer should include data for the three most recent years for which annual data is available, but should not include any data from years earlier than 2010.

Additional information to aid in calculating the rates above is available from the internet links below.

* How to compute a firm’s incidence rate, Bureau of Labor Statistics (BLS) - [www.bls.gov/iif/osheval.htm](http://www.bls.gov/iif/osheval.htm)
* OSHA Forms for Recording Work-Related Injuries and Illnesses - [www.osha.gov/recordkeeping/RKform300pkg-fillable-enabled.pdf](http://www.osha.gov/recordkeeping/RKform300pkg-fillable-enabled.pdf)
* Industry Injury and Illness Data - [www.bls.gov/iif/oshsum.htm](http://www.bls.gov/iif/oshsum.htm)
* Hours-based fatal injury rates – [www.bls.gov/iif/oshcfoi1.htm#rates](http://www.bls.gov/iif/oshcfoi1.htm#rates)
* Occupational Safety & Health Statistics, BLS Handbook Chapter 9 - [www.bls.gov/opub/hom/pdf/homch9.pdf](http://www.bls.gov/opub/hom/pdf/homch9.pdf)
1. Please provide the firm’s National Council on Compensation Insurance (NCCI) Experience Modifier for the past three years for all projects in the United States, and calculate the average. Round the averages to two decimal places. Additionally, you must include with this Form F, an NCCI letter or a letter from an insurance agent identifying the firm’s NCCI Experience Modifier. If only two years of data is available, average those two years. If only one year of data is available, that year will be the average.

**Table 2.** National Council on Compensation Insurance Experience Modifiers.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Year 201\_\*** | **Year 201\_\*** | **Year 201\_\*** | **Average** |
| NCCI Experience Modifier |  |  |  |  |

\*Proposer should include data for the three most recent years for which annual data is available, but should not include any data from years earlier than 2010.

**Part B**

For purposes of this Part B, describe your firm’s *standard or typical* safety program or practices.

1. To whom and how often are internal accident reports and report summaries sent to your firm’s management?

**Table 3.** Accident report and report summaries distribution.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Position** | **Monthly** | **Quarterly** | **Annually** | **Other** (specify) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. Do you hold site safety meetings? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

How often? Weekly \_\_\_ Biweekly \_\_\_ Monthly \_\_\_ Less often, as needed \_\_\_

1. Do you conduct Project Safety Inspections? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

If yes, who conducts them?

How often? Weekly \_\_\_ Biweekly \_\_\_ Monthly \_\_\_

1. Does the firm have a written Safety Program? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_
2. Does the firm have an orientation program for new hires? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

If yes, what safety items are included?

1. Does the firm have a safety training program for newly hired or promoted foremen?

Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

If yes, does it include instruction of the following?

**Table 4.** Safety categories addressed for newly hired or promoted foreman.

|  |  |  |
| --- | --- | --- |
| **Topic** | **Yes** | **No** |
| **Safety Work Practices** |  |  |
| **Safety Supervision** |  |  |
| **On-site Meetings** |  |  |
| **Emergency Procedures** |  |  |
| **Accident Investigation** |  |  |
| **Fire Protection and Prevention** |  |  |
| **New Worker Orientation** |  |  |

1. Does the firm hold safety meetings, which extend to the laborer level?

Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

How often? Daily \_\_\_ Weekly \_\_\_ Bi-Weekly \_\_\_ Less often, as needed \_\_\_

1. Does the firm have a program or written practices that expressly address the safety of the traveling public?

Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

If yes, describe such programs or practices.

**FORM G**

**KEY PERSONNEL RESUME AND REFERENCES**

|  |  |  |
| --- | --- | --- |
| **Name:** **Firm:**  | **Position:** *(Select one.\*)* [ ]  Project Manager[ ]  Construction Manager[ ]  Design Manager[ ]  Safety Manager[ ]  Lead Quality Manager  | **Tier 1** |
| **Telephone:** **Email Address:**  |
| **Licenses/Certifications:** *(Select all that apply. Provide the license/certification number and expiration date.)*[ ]  Professional Engineer (Date Since: \_\_\_\_\_\_\_\_\_\_ )  State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LIC. No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  DBIA –Design-Build Institute of AmericaLIC. No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  PMP- Project Management ProfessionalLIC. No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  ASQ – American Society of Quality [ ] CQI [ ] CQE [ ] CQMLIC. No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  OSHA -- Construction Safety & Health (30 hours)LIC. No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  CPR and First AidLIC. No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  CHST – Construction Health & Safety Technician by the Board of Certified Safety Professionals LIC. No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  CSHO -- Certified safety and health official LIC. No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  TxDOT Precertification Categories. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  FHWA National Highway Institute Courses on Design and Traffic Operations[ ]  Other(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Design Quality Manager[ ]  Professional Services Quality Control Manager [ ]  Construction Quality Control Manager[ ]  Construction Quality Assurance Manager[ ]  Environmental Compliance Manager[ ]  Capital Maintenance Manager [ ]  Lead Roadway Design Engineer[ ]  Lead Bridge Design Engineer[ ]  ROW Acquisition Manager[ ]  Utility Manager[ ]  Public Information Coordinator | **Tier 2** |
| **Years of Experience:** *(Relative to selected position for transportation projects.)*1. 2 3 4 5 6 7 8 9 10

11 12 13 14 15 16 17 18 19 20+

|  |  |
| --- | --- |
| **Degree:**[ ]  Associate[ ]  Undergraduate [ ]  Graduate[ ]  Doctoral | **Field / Program:**[ ]  Engineering[ ]  Construction Management[ ]  Architecture[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**College/University** *(Name and Location):* |

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Description/ Role** | **Project Value** | **Project Type** | **Project Owner/Manager** |
| **Project Name:** **Project Location:** **Start Date: End Date:** **Project Description:** | ☐ Below $100M☐ $100M-$500M☐ Above $500M**Services Value\***\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐Availability Payment☐Design-Build☐Design-Build w/ ATC☐Design-Build-Maintain☐Design-Bid-Build☐Concession☐CM at Risk☐Other:  | **Name:** **Title:** **Agency:** **Telephone:****Email:** |
| **Describe role and services provided relevant to this Project:** |
| **Project Name:** **Project Location:****Start Date: End Date:** **Project Description:** | ☐ Below $100M☐ $100M-$500M☐ Above $500M**Services Value\***\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐Availability Payment☐Design-Build☐Design-Build w/ ATC☐Design-Build-Maintain☐Design-Bid-Build☐Concession☐CM at Risk☐Other: | **Name:****Title:****Agency:****Telephone:****Email:** |
| **Describe role and services provided relevant to this Project:** |
| **Project Name:** **Project Location:****Start Date: End Date:** **Project Description:** | ☐ Below $100M☐ $100M-$500M☐ Above $500M**Services Value\***\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐Availability Payment☐Design-Build☐Design-Build w/ ATC☐Design-Build-Maintain☐Design-Bid-Build☐Concession☐CM at Risk☐Other: | **Name:****Title:****Agency:****Telephone:****Email:** |
| **Describe role and services provided relevant to this Project:** |

\* Provide the value of the work performed under your supervision (i.e. design, construction, ROW acquisition, etc.)