



Prequalification Instructions: New Trade Partner Applicant

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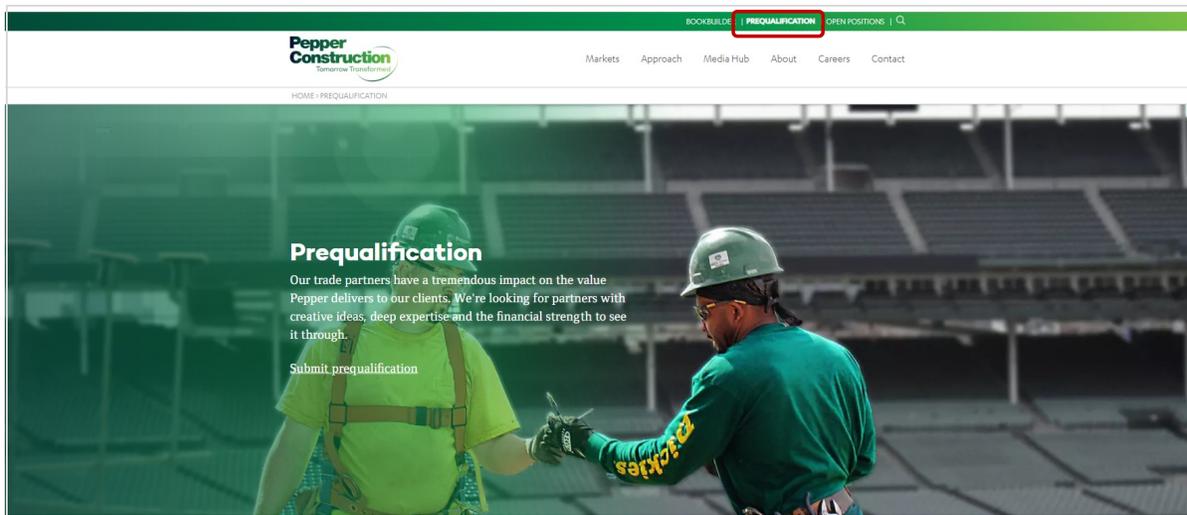
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1. GENERAL INSTRUCTIONS

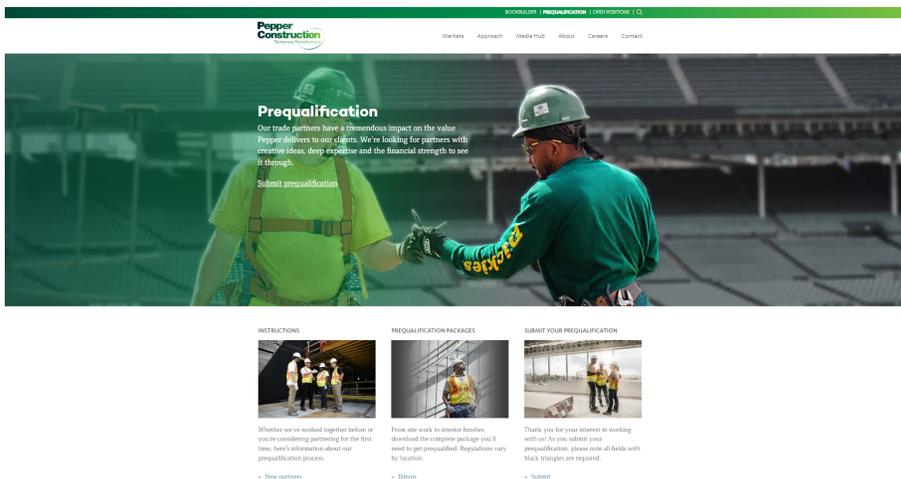
The purpose of this document is to give general instructions on how to apply for prequalification for new trade partners (New Applicants) at Pepper Construction. To apply for prequalification, use the Prequalification Self-Service Portal and fill out the application. Upon submitting the application, you will not be able to go back to the application. If there is any information missing, Pepper's prequalification specialist will contact you via email. Any questions about the process or steps should be directed to prequal@pepperconstruction.com. **This application works in any browser- Google Chrome, Microsoft Edge or Firefox.**

2. HOW TO NAVIGATE TO THE SELF-SERVICE PORTAL

1. Go to Pepper's website (www.pepperconstruction.com), and click on Prequalification at the top of the page.

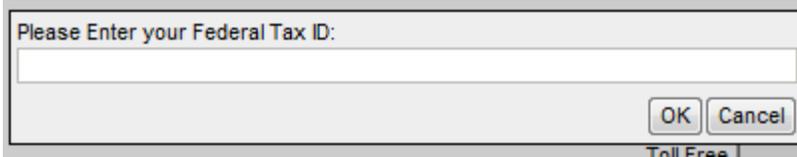


2. You are now connected to the Pepper's Trade Partner Prequalification Self Service page.



3. SELF-SERVICE PORTAL SUBCONTRACTOR PREQUALIFICATION INSTRUCTIONS

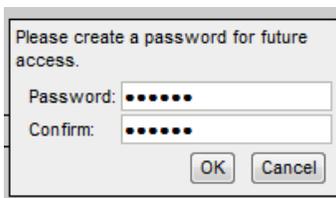
Enter your Federal Tax ID (FEIN#), using XX-XXXXXXX format. It is important that this number is entered accurately, so please double check prior to clicking OK



Please Enter your Federal Tax ID:

OK Cancel

Enter a password and be sure to write it down and keep it in a safe place. If the application will not be completed all at once you will need this password to complete the application at a later time. Note that the password is case sensitive.



Please create a password for future access.

Password:

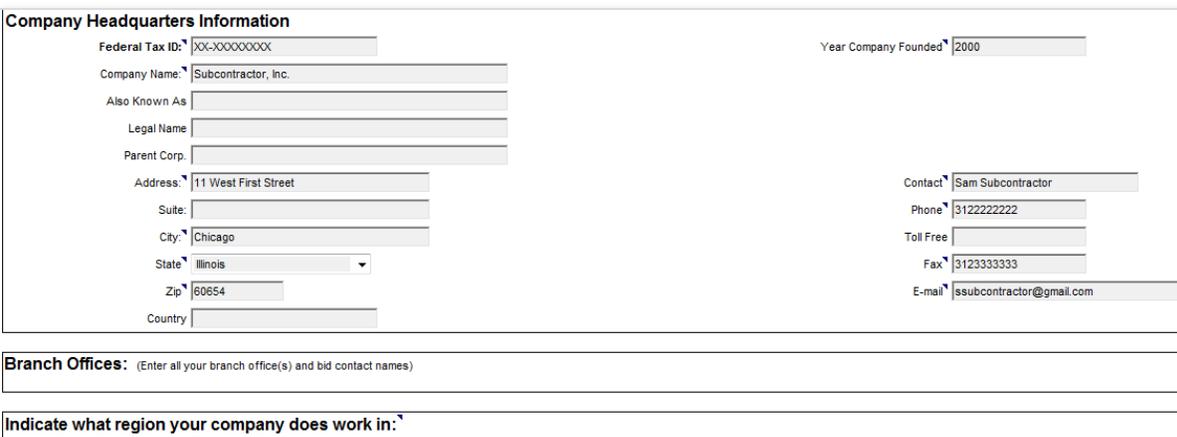
Confirm:

OK Cancel

If you saved your application initially and forgot your password when trying to login again, please contact prequal@pepperconstruction.com. The application consists of 6 pages. Page 7 summarizes the information entered and allows you to update it or submit.

Page 1 of the application

Enter all the required fields that are indicated by a black triangle.



Company Headquarters Information

Federal Tax ID: Year Company Founded:

Company Name:

Also Known As:

Legal Name:

Parent Corp.:

Address:

Suite:

City:

State:

Zip:

Country:

Contact:

Phone:

Toll Free:

Fax:

E-mail:

Branch Offices: (Enter all your branch office(s) and bid contact names)

Indicate what region your company does work in:

- Complete *Company Headquarters Information* section.
- If your company has multiple branch offices, please click [**Add Row**] to complete information for each branch office.
- Check the box next to all Pepper offices that you plan on working with in the future.
- Click [**Next**] to move on to the next page.

Page 2 of the application

General Information

License Information: Enter your company's contractors license information

Authority: N/A Class: License Number: Date Expire: Remove Row Add Row

Minority Business Enterprise Status:

HUBZone Small Business Minority Owned Business Enterprise Small Disadvantaged Business

Small Business Service Disabled Veteran Owned Small Business Small Women Owned Business

Veteran Owned Small Business Women Owned Business Enterprise

Other: Is your firm signatory to any unions? Yes No

Trade Information: 03 - Concrete Remove Row Add Row

Certifying Agency Names: Remove Row Add Row

Union Affiliations: Add Row

Save Draft | Previous | Page 2 of 7 | Next

Enter all required general information (indicated by the black triangle).

1. Complete the *License Information* section. Click on **[Add Row]** for each additional license.
2. If your firm is signatory to any unions, check the box next to *Yes* and complete the *Union Affiliations* section. If you have multiple Union Affiliations click on **[Add Row]** to select additional unions. Note that you can type in the Union Affiliations field to add a new record if your union is not listed. If your firm is not signatory to any unions, check the box next to *No* and move on to the next section.
3. In the *Trade Information* section, select from the drop down box all trades that apply to your firm. To select additional trades click on **[Add Row]**.
4. If your firm has minority business status, check the appropriate box(es) and then select the certifying agency. Click **[Add Row]** to select additional certifying agencies. Note that you can type in the *Certifying Agency* field to add a new record if your agency is not listed.
5. Click **[Next]** to move on to the next page.

The application may be saved by clicking the **[Save Draft]** option at the bottom of the page. The **[Save Draft]** option allows the applicant to save and finish the application at a later time using the FEIN# and password to log back into the system. Click **[Next]** button to proceed with the application.

Page 3 of the application

Insurance Information

NOTE: Please review Pepper Insurance requirements. A Blanket Certificate of Insurance (COI) will cover all projects (per contract terms) with Pepper Construction. Submission of a Blanket COI will reduce the change of delay of payment due to lack of valid insurance. A job specific COI will cover only the job identified and will be required to be submitted for every project.

Insurance Broker Name: Insurance Company: GL Expiration Date: 12/30/2013

We have reviewed the attached documents and we fully meet the Insurance Requirements Yes No

If you have checked No, then please check from the list below, the Insurance Requirements you DO NOT MEET.

GL Limits per occurrence are only \$1M with no Umbrella/Excess Policy.

Aggregate limits do not apply separately per project. (Unless Aggregate + Umbrella Limits are greater than \$5M)

Additional Insured Endorsement does not cover completed operations.

Mold Coverage in GL Policy or Separate Pollution Liability Coverage.

Additional Insured Endorsement does not include primary wording

Other: Insurance Comments:

Safety Information (OSHA Form 300A Must Be Attached)

Is your Company part of an OSHA partnership? Yes No

Does your company conduct weekly, documented safety audits? Yes No

Do your trades people begin each day with safety meeting? Yes No

Does your company have a substance abuse policy? Yes No

A copy of your company's safety manual, hazard communication program and material safety data sheets are required to be uploaded as attachments in order to process your application.

Year*	Citations*	EMR*	RIR*	LTIR*	FWH*	DART*	Fatalities*
2013	0	0	0	0	0	0	0
2012	0	0	0	0	0	0	0
2011	0	0	0	0	0	0	0

[Add Row](#)

Citations - Please enter number of OSHA Citations received during that year (citations, not violations)
EMR - Experience Modification Rate - Your Workers Comp carrier should have this information
RIR - Recordable Incidents - Add columns I & J from the OSHA 300A form.
LTIR - Lost Time Incidents - Column H from the OSHA 300A form
FWH - Total hours worked by all employees - located on right hand side of OSHA 300A form
DART - DART Cases, Total of columns H and I from the OSHA 300A
Fatalities - Column G from OSHA 300A form

1. Before answering any questions, please **review Pepper's Safety Regulations and Insurance Requirements.**
2. Complete the *Insurance Information* section.
 - a. Note insurance is job specific; be sure you meet all the requirements per your contract.
3. Complete the *Safety Information* section.
4. You will need to attach your OSHA Form 300A Summary of Work-Related Injuries and Illnesses filed with the US Department of Labor for the past 3 calendar years on the last page of this application.
5. Use the following link to search for your company's OSHA citations for the last 3 years.
<http://www.osha.gov/pls/imis/establishment.html>
6. Click the **[Next]** button to proceed with the application or click the **[Save Draft]** button to save the application.

Page 4 of the application

Surety Information

Is your Company Bondable? Yes No

Surety Company: \$ 0 - \$ 100 K

Broker Name: \$ 100 K - \$ 500 K

Phone: \$ 500 K - \$ 1 M

Single Project Bonding Capacity: \$ 1 M - \$ 2 M

Aggregate Project Bonding Capacity: \$ 2 M - \$ 5 M

Current amount under bond today:

Financial Information

Financial Year Ending: Add Year

Legal Entry Type:

Do you have D&B Number? Yes No Number:

Year Company Founded: D&B Paydex No:

Fiscal Year End Date: 1

Subsidiary Names: 1.
2.
3.
4.
5.

Parent Organization:

Has Your Firm Ever Filed Bankruptcy? Yes No

If Yes, explain:

Accountant:

Financial Format:

Please provide your financial information for the past 2 years. Please upload a copy of your current financial statement at the last section of this questionnaire and select the financial statement box.

Income Statements

Net Sales	<input type="text" value="0.00"/>
Cost Of Sales	<input type="text" value="0.00"/>
Gross Profit Margin	<input type="text" value="0.00"/>
Selling, General, Administrative	<input type="text" value="0.00"/>
Depreciation and Amortization	<input type="text" value="0.00"/>
Other Operating Expenses	<input type="text" value="0.00"/>
Operating Income	<input type="text" value="0.00"/>
Interest Expense	<input type="text" value="0.00"/>
Interest Income	<input type="text" value="0.00"/>
Other Nonoperating Expenses	<input type="text" value="0.00"/>
Earnings Before Taxes	<input type="text" value="0.00"/>
Income Taxes	<input type="text" value="0.00"/>
Net Income	<input type="text" value="0.00"/>

Balance Sheet

Cash	0
Marketable Securities	0
Accounts Receivable	0
Costs and Profit in Excess of Billings (Underbilled)	0
Inventory	0
Other Long-Term Assets	0
Total Current Assets	0
Gross Fixed Assets	0
Less Accumulated Depreciation	0
Net Fixed Assets	0
Other Long-Term Assets	0
Total Assets	0
Accounts Payable & Accounts	0
Billings in Excess of Costs & Profit (Overbilled)	0
Current Interest Bearing Debt	0
Total Current Liabilities	0
Long Term Debt	0
Long Term Deferred Taxes	0
Other Long Term Liabilities	0
Total Liabilities	0
Preferred Stock	0
Common Stock & Capital Surplus	0
Retained Earnings	0
Total Equity	0
Total Liabilities & Equity	0
Cost Of Goods Sold	0

Amount Line Of Credit*	1,000,000.00
Against Line Of Credit*	500,000.00
Highest Dollar Project Ever Awarded*	50,000,000.00
Average Project Size*	5,000,000.00

Please fill out and attach W-9 form if you have not previously worked for Pepper Construction. PLEASE ATTACH LAST TWO (2) YEARS OF FINANCIAL STATEMENTS (including Balance Sheets, Income Statements and Opinion Letter from Accountant) on the last section of this questionnaire.

Company Officers:		
Company Officer Name	Title	Action
Subcontractor	President	Remove Row Add Row

1. Complete the *Surety Information* section. If you check the box next to Yes, all other fields must be completed. If you check the box next to No, move on to the next section.
 - a. Note that if you check the box next to Yes you will need to attach your Letter of Bondability from Surety stating total and per project bonding capacity.
2. Complete the *Financial Information* section.
 - a. Note that you will need to attach a copy of your financial statements for the last 2 years at the last section of the questionnaire and select the *Financial Statement* box to ensure their confidentiality. This should include your balance sheets, income statements, and opinion letter (accountant's summary).
 - b. *Accountant* refers to the name of the person or firm who prepares your financial statements.
 - c. *Financial Format* refers to whether your financial statements are audited, reviewed, or compiled.
 - d. Financial information must be completed for your most recent set of financial statements.
3. You will need to fill out and attach a W-9 regardless of whether you have worked with Pepper in the past (to find a sample, please refer to section 4 of this document).
4. Complete the *Company Officers* section.
5. Click the **[Next]** button to proceed with the application or click the **[Save Draft]** button to save the application.

Page 5 of the application

Financial Information

Enter information for a contact in your company who can answer specific questions about your Financials:

Contact Name* <input type="text" value="Mandy Money"/>	Phone* <input type="text" value="3122222222"/>	Fax <input type="text" value="3123333333"/>
Title/Position* <input type="text" value="CFD"/>	E-mail* <input type="text" value="mmoney@gmail.com"/>	

Bank Reference:

Name of Bank* <input type="text" value="Bank Inc."/>	Phone* <input type="text" value="3125555555"/>	Fax <input type="text" value="3126666666"/>
Contact Name* <input type="text" value="Bob Banker"/>	E-mail* <input type="text" value="bbanker@gmail.com"/>	
Title/Position* <input type="text" value="President"/>		

Litigation Information

If yes, please enter a brief description

Any current litigation with Owners or General Contractors?*	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="text"/>
Any judgements against your company in the last 5 years?*	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="text"/>
Any Principals of your company in litigation?*	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="text"/>
Any paid liquidated damages?*	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="text"/>
Any labor law violations?*	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="text"/>
Have you ever defaulted on a contract?*	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="text"/>
Ever failed to complete a contract?*	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="text"/>
Have you ever been terminated from a contract?*	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="text"/>
Have you ever had your license revoked or suspended?*	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="text"/>

References

Company Name: <input type="text" value="Reference"/>	Contact Name: <input type="text" value="Mr. Reference"/>	
Address: <input type="text" value="22 West 2nd Street"/>		E-mail: <input type="text" value="reference@gmail.com"/>
City: <input type="text" value="Chicago"/>	State: <input type="text" value="IL"/>	Zip: <input type="text" value="60654"/>
		Phone: <input type="text" value="3127777777"/>
Remove Row		
Company Name: <input type="text"/>	Contact Name: <input type="text"/>	
Address: <input type="text"/>		E-mail: <input type="text"/>
City: <input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>
		Phone: <input type="text"/>
Remove Row		
Company Name: <input type="text"/>	Contact Name: <input type="text"/>	
Address: <input type="text"/>		E-mail: <input type="text"/>
City: <input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>
		Phone: <input type="text"/>
Remove Row		
Add Row		

1. Complete the *Financial Information* section.
2. Complete the *Litigation Information* section.
3. Complete the *References* section. If you would like to provide more than 3 references you can click on **[Add Row]**.
4. Click the **[Next]** button to proceed with the application or click the **[Save Draft]** button to save the application.

Page 6 of the application

Additional Info

Bond in Place? <input type="text"/>	AMBEST Rating <input type="text"/>	Largest Single Contract Amt <input type="text"/>
Type of Line of Credit <input type="text"/>		
Largest Project Description <input style="height: 40px;" type="text"/>		

	Safety OSHA Citations	
	Current Year	
OSHA # of Inspections <input type="text"/>	OSHA Citation Other <input type="text"/>	
OSHA Citation Serious <input type="text"/>	OSHA Citation Willful <input type="text"/>	
OSHA Citation Repeat <input type="text"/>		
	Last Year	
OSHA # of Inspections <input type="text"/>	OSHA Citation Other <input type="text"/>	
OSHA Citation Serious <input type="text"/>	OSHA Citation Willful <input type="text"/>	
OSHA Citation Repeat <input type="text"/>		
	2 Years Ago	
OSHA # of Inspections <input type="text"/>	OSHA Citation Other <input type="text"/>	
OSHA Citation Serious <input type="text"/>	OSHA Citation Willful <input type="text"/>	
OSHA Citation Repeat <input type="text"/>		

The following documents are mandatory before we will start the review of your prequalification information.

- Your current Insurance Certificate
- Financial Statement Balance Sheets/Income Statements/Opinion Letter (2 Years)
- Letter of Bondability from Surety stating total and Per Project Bonding Capacity
- Copy of OSHA Form 303A Summary of Work-related Injuries and Illnesses filed with the U.S. Department of Labor for the past three calendar years
- Market Certificate of Insurance, Explanations and/or Certifications.
- Copy of your company's safety manual and hazard communication program are required to be uploaded as attachments in order to process your application.
- Copy of your company's Form W-9.

Attachments

[Add Row](#)

1. Complete the *Additional Info* Section.
 - a. *Bond in Place?* If your company is signatory to a union, please select Y or N as to whether you have a bond in place securing your payment of wages and fund contributions as required by your labor union agreement. If your company is not signatory to a union, you can skip this question.
 - b. *Type of Line of Credit.* Select the appropriate response from the dropdown list.
 - c. *Largest Project Description.* Enter a description of your largest project.
 - d. *AMBEST Rating.* Enter the AMBEST Rating of your bonding company.
 - e. *Largest Single Contract Amt.* Enter the dollar amount of your largest contract.
2. ATTACHMENTS-Click **[Add Row]** to add attachments. Enter a description for each attachment. Once you upload the file will disappear but the file name should appear on your screen. Remember to click the box next to *Financial Attachment* when attaching your financial statements. This will ensure their confidentiality. The following items should be attached:
 - a. Current Insurance Certificate
 - b. Complete Financial Statements including Balance Sheet, Income Statement, and Opinion Letters for the last **2** years. **NOTE: Financial Statements are uploaded to a secure site to which only Pepper's Prequalification administrator has access.**
 - c. Letter of Bondability from surety stating total and per project bonding capacity
 - d. OSHA Form 300A Summary of work-related injuries and illnesses for the last **3** calendar years.
 - e. Blanket Certificate of Insurance, Expirations and/or Certifications
 - f. Copy of your company's Safety Manual and Hazard Communication Program
 - g. Copy of your company's Form W-9.
3. Click the **[Next]** button to proceed with the application.

Page 7 of the application

1. A summary of all information entered will be provided. Please review this for accuracy. By clicking the **[Previous]** button shown either at the top or bottom of the page allows the user to go back to the desired section and update the previously entered information.
2. **PLEASE PRINT A HARD COPY OF THE APPLICATION TO RETAIN FOR YOUR RECORDS.**

When complete, click the **[Submit]** button to submit to Pepper for processing. Once submitted, you can no longer access the form.