

# WEBCORBUILDERS

## PREQUALIFICATION APPLICATION REQUIREMENTS

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To be eligible to bid and contract work with Webcor, subcontractors are required to be prequalified annually. If you have any questions, please contact Webcor's Prequalification Team at [subinquiries@webcor.com](mailto:subinquiries@webcor.com).

SUPPORTING DOCUMENTATION .....	2
SUBCONTRACTOR INSURANCE REQUIREMENTS .....	3
SAMPLE APPLICATION FOR PREQUALIFICATION.....	4

## SUPPORTING DOCUMENTATION

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### **APPENDIX A – ADDITIONAL COMPANY INFORMATION** (Optional)

### **APPENDIX B – CURRENT BACKLOG BREAKDOWN** (Required)

### **APPENDIX C – GL INSURANCE CERTIFICATE** (Required)

See the Subcontractor Insurance Requirements section.

### **APPENDIX D – WORKERS COMPENSATION INSURANCE CERTIFICATE** (Required)

See the Subcontractor Insurance Requirements section.

### **APPENDIX E – CURRENT FINANCIAL STATEMENT** (Required)

The statement should represent a period ending within the last ninety (90) days. This can be an internally generated balance sheet, income statement, or P&L statement and does not need to be audited or reviewed.

### **APPENDIX F – AUDITED FINANCIAL STATEMENT** (Required)

Auditor's statement with the most recent audited financial statement

### **APPENDIX G – BANK CREDIT AVAILABILITY LETTER** (Required)

A letter from your bank, indicating credit line availability, issued within the last six (6) months

### **APPENDIX H – SURETY CAPACITY LETTER** (Required)

A letter from your surety broker, indicating your aggregate and per-project bonding capacity, available bond capacity, and current bond rate, issued within the last six (6) months

### **APPENDIX I – BUSINESS CLASSIFICATION CERTIFICATES** (Conditionally Required)

Federal, state, and/or local Disadvantaged Business Enterprise (i.e. SBC, DBE, DVBE, LBE) classification certification(s). Required if you indicate anything in the DBE section of the Webcor Application for Subcontractor Prequalification.

### **APPENDIX J – INJURY, ILLNESS, AND PREVENTION PLAN / CODE OF SAFE PRACTICES** (Required)

### **APPENDIX K – EMR LETTER OF VERIFICATION, OSHA 300 FORMS, CORRECTIVE ACTION PLAN** (Required)

A letter from your insurance company or agent indicating your Worker's Compensation Experience Modification Rate (EMR) history for the last three (5) years. If your current year EMR is greater than 1.0, provide a Corrective Action Plan (CAP).

OSHA 300 reports for the last three (5) years

If your company has been cited by OSHA in the last five (5) years, include a brief description of each citation, the citation number, and a Corrective Action Plan (CAP).

### **APPENDIX L – QUALITY CONTROL MANUAL** (Optional)

### **APPENDIX M – CURRENT CONTRACTOR'S LICENSE(S)** (Required)

Provide your current contractor's pocket licenses for states that you wish to be considered for work.

### **APPENDIX N – CURRENT W9** (Required)

A signed copy of your company's Form W-9, indicating your current legal name and addressed, signed within the last ninety (90) days.

### **APPENDIX O – PUBLIC WORKS CONTRACTOR REGISTRATION** (Conditionally Required)

Required if you wish to be considered for publicly funded projects. This refers to Contractor Registration with the Department of Industrial Relations (DIR), also known as DIR 854 Contractor Registration - For Registering/Renewing: <https://efiling.dir.ca.gov/PWCR/>; For checking Registration: <https://efiling.dir.ca.gov/PWCR/Search>

Should you have questions regarding any of the above Appendices, please do not hesitate to contact [subinquiries@webcor.com](mailto:subinquiries@webcor.com)

## SUBCONTRACTOR INSURANCE REQUIREMENTS

*Excerpted from Webcor Builders Long Form Subcontract Agreement*

*Version 5, dated August 30, 2013*

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### SECTION 16. INSURANCE

- 16.1 Casualty Insurance. Subcontractor shall, at its expense, procure and maintain insurance on all of its operations, in insurance companies with a Best's Insurance Rating of A- or better and Class VI or better or otherwise acceptable to Contractor as follows:
- 16.1.1 Workers' Compensation and Employer's Liability Insurance. Workers' Compensation Insurance shall be provided as required by any applicable law or regulation. Employer's Liability insurance shall be provided in amounts not less than:
- \$1,000,000 each accident for bodily injury by accident
  - \$1,000,000 policy limit for bodily injury by disease
  - \$1,000,000 each employee for bodily injury by disease
- If there is an exposure of injury to Subcontractor's employees under the U.S. Longshoremen's and Harbor Workers' Compensation Act, the Jones Act or under laws, regulations or statutes applicable to maritime employees, coverage shall be included for such injuries or claims.
- 16.1.2 General Liability Insurance. Subcontractor shall carry Comprehensive General Liability or Commercial General Liability insurance, provided on the ISO CGL Form No. CG 00 01 10 01 or equivalent, covering all operations by or on behalf of Subcontractor providing insurance for bodily injury liability and property damage liability of the limits of liability indicated below and including coverage for:
- (a) premises and operations;
  - (b) products and completed operations maintained for a period of ten (10) years following completion of construction or the applicable statutory period for which Subcontractor is liable for its Work, whichever is greater;
  - (c) contractual liability insuring the obligations assumed by Subcontractor in this Agreement; broad form property damage (including completed operations);
  - (d) explosion, collapse and underground hazards;
  - (e) personal injury liability (with deletion of the exclusion for liability assumed under contract); and,
  - (f) Independent contractors.
- 16.1.2.1 If Subcontractor carries a Comprehensive General Liability policy, the limits of liability shall be not less than a Combined Single Limit for bodily injury, property damage and personal injury liability of:
- \$1,000,000 each occurrence
  - \$1,000,000 in aggregate
- 16.1.2.2 If Subcontractor carries an Occurrence form Commercial General Liability policy, the limits of liability shall be not less than:
- \$1,000,000 each occurrence (combined single limit for bodily injury and property damage) \$1,000,000 for personal injury only
  - \$2,000,000 aggregate for products-completed operations
  - \$2,000,000 general aggregate

**Please note that project specific insurance requirements may differ from those above.**

## SAMPLE APPLICATION FOR PREQUALIFICATION

### WEBCORBUILDERS

#### Application for Subcontractor Prequalification

Responses to this application are strictly confidential.

You will be able to save a draft after completing all of the required fields on a page; required fields are indicated with a blue triangle (▲). All supporting documentation can be uploaded on Page 6.

Should you have questions or need assistance, please contact Webcor's Prequalification Team at [subinquiries@webcor.com](mailto:subinquiries@webcor.com).

#### Company Headquarters Information

Federal Tax ID:▲	<input type="text"/>	Year Company Founded▲	<input type="text"/>
Company Name:▲	<input type="text"/>	Contact▲	<input type="text"/>
Also Known As	<input type="text"/>	Phone	<input type="text"/>
Legal Name	<input type="text"/>	Toll Free	<input type="text"/>
Parent Corp.	<input type="text"/>	Fax	<input type="text"/>
Address:▲	<input type="text"/>	E-mail	<input type="text"/>
Suite:	<input type="text"/>		
City:▲	<input type="text"/>		
State▲	<input type="text"/>		
Zip	<input type="text"/>		
Country	<input type="text"/>		

**IMPORTANT NOTE:** If you are an existing Business Partner with Webcor Builders (We sent you a renewal reminder or a password reset) you will NOT be able to Edit the information in the "Company Headquarters Section" or the "Branch Offices". Please send an email to [subinquiries@webcor.com](mailto:subinquiries@webcor.com) with the changes and we can apply them for you.

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

#### Indicate locations where you would like to be considered for work:▲

- Select All Regions
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Alaska                           | <input type="checkbox"/> California - San Diego      | <input type="checkbox"/> Nevada - Northern |
| <input type="checkbox"/> California - Central Coast       | <input type="checkbox"/> California - San Francisco  | <input type="checkbox"/> Nevada - Southern |
| <input type="checkbox"/> California - Central Valley      | <input type="checkbox"/> California - Southern       | <input type="checkbox"/> Oregon            |
| <input type="checkbox"/> California - Greater Los Angeles | <input type="checkbox"/> California - Silicon Valley | <input type="checkbox"/> Utah              |
| <input type="checkbox"/> California - Northern            | <input type="checkbox"/> Guam                        | <input type="checkbox"/> Washington        |
| <input type="checkbox"/> California - Oakland             | <input type="checkbox"/> Hawaii                      |  |
| <input type="checkbox"/> California - Sacramento          | <input type="checkbox"/> Nevada - Las Vegas          |  |

#### General Information

**License Information:** Add your license information for states where you wish to be considered for work.

Issuing Authority▲	License Class	License Number	Date Expire	
N/A	<input type="text"/>	<input type="text"/>	<input type="text"/>	Remove Row
N/A	<input type="text"/>	<input type="text"/>	<input type="text"/>	Remove Row
				Add Row

#### Disadvantaged Business Enterprise Status:

- Fed: 8(a)  Fed: HUBZone  Fed: SBC  
 Fed: SDB  Fed: SDVOSB  Fed: VOSB  
 Fed: WOSB  Local: DBE  Local: LBE  
 Local: SBE  State: DBE  State: DVBE  
 State: SBE  
 Other

Is your firm signatory to any unions?  Yes  No

#### Trade Information:▲

<input type="text"/>	Remove Row
<input type="text"/>	Remove Row
	Add Row

#### DBES Certifying Agencies:

<input type="text"/>	Remove Row
<input type="text"/>	Remove Row
	Add Row

#### Union Affiliations

<input type="text"/>	Remove Row
<input type="text"/>	Remove Row
	Add Row

You may choose from an existing Union or type in your own. If you chose to type in your own union, please follow this naming convention, start with the union name, followed by your local, then location. (e.g. Laborers - Local 324 (Fairfield, CA))

## Insurance Information

Please review the Webcor Insurance Requirements to verify whether or not your company satisfies our requirements. If your policy does not satisfy our requirements, please indicate the differences below.

Insurance Broker Name:

GL Expiration Date:

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
- General Aggregate limit is less than \$2M
- 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
- Waiver of Subrogation does not apply to Workers Compensation
- Other

Insurance Comments:

## Safety Information (OSHA Form 300A Must Be Attached)

- Does your company have a full-time Safety Director/Manager whose sole responsibility is to manage the safety, health, and environmental risk factors of the employees?  Yes  No Contact information?
- Does your company have a Pre-Task Planning or Job Hazard Analysis program in place?  Yes  No
- Does your company have a written safety program that meets or exceeds Cal/OSHA requirements?  Yes  No
- If so, does your written safety program address all elements of your company's scope of work and applicable regulatory standards?  Yes  No
- Are your employees trained in accordance with the requirements of your company's safety program and can you provide records of this training?  Yes  No
- Does your company have a written disciplinary action program and is it enforced?  Yes  No
- Does your company have a formal documented Safety Orientation program for all new hire employees?  Yes  No
- Does your company conduct and document safety inspections and communicate findings to the applicable employees and subcontractors?  Yes  No How often?
- Does your company facilitate tailgate safety meetings?  Yes  No How often?

Year	Citations	EMR	Recordables	Lost Time	Hours Worked	Employees	Fatalities
2014	0	0.67	26	15	3,935,058	1,892	0
2013	0	0.72	43	22	4,145,845	1,993	0
2012	0	0.8	34	12	4,019,836	1,932	0
2011	0	0.8	38	7	3,093,722	1,487	0
2010	0	1.03	42	10	2,901,147	1,394	0

Remove Row

Remove Row

Add Row

Please provide the five most recent years of Safety Information. To add new rows for additional years, click on Add Row link, located on the lower right hand side of the safety information entry table.

**IMPORTANT:** If your company has been cited in the last 5 years, please include a brief description of each citation, corrective action plan, and citation number in Attachment K. Attachments can be uploaded on Page 6 of the application.

### Legend

<b>Citations</b>	Number of OSHA citations (serious, willful, and/or failure to abate)
<b>EMR</b>	Experience Modification Rate
<b>Recordables</b>	Recordable Incident Cases - Add columns I & J on the OSHA 300A form.
<b>Lost Time</b>	Lost Time Incident Cases - Column H on the OSHA 300A form.
<b>Hours Worked</b>	Total hours worked by all employees - Located on right hand side of OSHA 300A form.
<b>Employees</b>	Annual Number of Employees - Located on right hand side of OSHA 300A form.
<b>Fatalities</b>	Number of fatalities - Column G from OSHA 300A form

**Surety Information**

Is your Company Bondable?  Yes  No

Surety Company	<input type="text"/>	\$ 0 - \$ 500 K	<input type="text" value="0.00%"/>
Broker Name	<input type="text"/>	\$ 500 K - \$ 1 M	<input type="text" value="0.00%"/>
Phone	<input type="text"/>	\$ 1 M - \$ 2 M	<input type="text" value="0.00%"/>
Single Project Bonding Capacity	<input type="text"/>	\$ 2 M - \$ 5 M	<input type="text" value="0.00%"/>
Aggregate Project Bonding Capacity	<input type="text"/>	\$ 5 M - \$ 1 B	<input type="text" value="0.00%"/>
Current amount under bond today	<input type="text"/>		

**Financial Information**

Financial Year Ending:  Add Year

Legal Entity Type:

Do you have a D-U-N-S Number?  Yes  No Number:

Year Company Founded:

D&B Paydex No:

Fiscal Year End Date:

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

Previous Company Names: 1.   
2.   
3.   
4.   
5.

Parent Organization:

Has Your Firm Ever Filed Bankruptcy?  Yes  No

If Yes, explain:

Accountant:

Financial Format:

**IMPORTANT: The Income Statement and Balance Sheet sections (below) must be completed or your application will be returned.**

**NOTE: Expenses should be entered as negative numbers.**

<b>Income Statements</b>	
Net Sales	<input type="text" value="0"/>
Cost Of Sales	<input type="text" value="0"/>
<b>Gross Profit Margin</b>	<input type="text" value="0"/>
Selling, General Administrative	<input type="text" value="0"/>
Depreciation and Amortization	<input type="text" value="0"/>
Other Operating Expenses	<input type="text" value="0"/>
<b>Operating Income</b>	<input type="text" value="0"/>
Interest Expense	<input type="text" value="0"/>
Interest Income	<input type="text" value="0"/>
Other Nonoperating Expenses	<input type="text" value="0"/>
<b>Earnings Before Taxes</b>	<input type="text" value="0"/>
Income Taxes	<input type="text" value="0"/>
<b>Net Income</b>	<input type="text" value="0"/>
<b>Balance Sheet</b>	
Cash	<input type="text" value="0"/>
Marketable Securities	<input type="text" value="0"/>
Accounts Receivable	<input type="text" value="0"/>
Costs and Profit in Excess of Billings (Underbilled)	<input type="text" value="0"/>
Inventory	<input type="text" value="0"/>
Other Long-Term Assets	<input type="text" value="0"/>
<b>Total Current Assets</b>	<input type="text" value="0"/>
Gross Fixed Assets	<input type="text" value="0"/>
Less Accumulated Depreciation	<input type="text" value="0"/>
<b>Net Fixed Assets</b>	<input type="text" value="0"/>
Other Long-Term Assets	<input type="text" value="0"/>
<b>Total Assets</b>	<input type="text" value="0"/>
Accounts Payable & Accruals	<input type="text" value="0"/>
Billings in Excess of Costs & Profit (Overbilled)	<input type="text" value="0"/>
Current Interest Bearing Debt	<input type="text" value="0"/>
<b>Total Current Liabilities</b>	<input type="text" value="0"/>
Long Term Debt	<input type="text" value="0"/>
Long Term Deferred Taxes	<input type="text" value="0"/>
Other Long Term Liabilities	<input type="text" value="0"/>
<b>Total Liabilities</b>	<input type="text" value="0"/>
Preferred Stock	<input type="text" value="0"/>
Common Stock & Capital Surplus	<input type="text" value="0"/>
Retained Earnings	<input type="text" value="0"/>
<b>Total Equity</b>	<input type="text" value="0"/>
<b>Total Liabilities &amp; Equity</b>	<input type="text" value="0"/>

Amount Line Of Credit:

Against Line Of Credit:

Highest Dollar Project Ever Awarded:

Average Project Size:

**Company Officers:**

Company Officer Name	Title	Action
<input type="text"/>	<input type="text"/>	Remove Row
Add Row		

## Financial Information

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

Contact Name:	<input type="text"/>	Phone:	<input type="text"/>	Fax:	<input type="text"/>
Title/Position:	<input type="text"/>	E-mail:	<input type="text"/>		
<b>Bank Reference:</b>					
Name of Bank:	<input type="text"/>	Phone:	<input type="text"/>		
Contact Name:	<input type="text"/>	Fax:	<input type="text"/>		
Title/Position:	<input type="text"/>	E-mail:	<input type="text"/>		

## Litigation Information

Have you ever been disbarred from doing business with any government?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please enter a brief description	<input type="text"/>
Do you have any current disputes with customers?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/>
Has your firm filed any lawsuits or requested arbitration or mediation regarding construction contracts within the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/>
Are there any judgements, suits, or claims outstanding against your company, its officers or any company affiliated with them?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/>
Are there any judgements, claims, arbitration proceedings, or suites pending or outstanding against your firm, its officers or principals?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/>
Are there any liens for labor or materials filed against your Company, its officers, or any company associated with them?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/>
Are there any liens for labor or materials filed against your Company, its officers, or any company associated with them?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/>
Have you ever paid liquidated damages?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/>
Have you ever had any labor law violations?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/>
Have you ever defaulted on a contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/>
Has your surety ever finished one of your construction projects?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/>
Has your firm or any other organization your officers or owners were involved with in the past 3 years ever failed to complete any work awarded or been terminated for cause?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/>
Has your license ever been denied or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/>
Has your firm or any other organization your officers or owners were involved with in the past 3 years ever been in a bankruptcy or a voluntary or involuntary reorganization?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/>
Has a complaint ever been filed with a State License Board against your firm?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/>
Have you had any environmental compliance citations or violations?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/>

## General Contractor References

Company Name:	<input type="text"/>	Contact Name:	<input type="text"/>		
Address:	<input type="text"/>	E-mail:	<input type="text"/>	Remove Row	
City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>
Phone:	<input type="text"/>				
Company Name:	<input type="text"/>	Contact Name:	<input type="text"/>		
Address:	<input type="text"/>	E-mail:	<input type="text"/>	Remove Row	
City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>
Phone:	<input type="text"/>				
Company Name:	<input type="text"/>	Contact Name:	<input type="text"/>		
Address:	<input type="text"/>	E-mail:	<input type="text"/>	Remove Row	
City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>
Phone:	<input type="text"/>				
<a href="#">Add Row</a>					



## WEBCORBUILDERS

### Application for Subcontractor Prequalification

Responses to this application are strictly confidential.

You will be able to save a draft after completing all of the required fields on a page; required fields are indicated with a blue triangle (▼). All supporting documentation can be uploaded on Page 6.

Should you have questions or need assistance, please contact Webcor's Prequalification Team at [subinquiries@webcor.com](mailto:subinquiries@webcor.com).

#### Supporting Documentation

- **IMPORTANT:** Review the [Webcor Prequalification Supporting Documentation Requirements](#) for details on what information should be included within each Appendix.
- All documents are **required**, unless otherwise noted.
- Upload PDF versions of your documents.
- If an Appendix requires multiple documents, combine the documents into a single file prior to uploading.
- Please include the year, appendix and your company name in the file name (e.g. 2015\_ApxG\_SampleConstructionCompany.pdf)
- In the **Description** field below, please include the year, Appendix name and your company name (e.g. 2015 - Appendix G - Sample Construction Company).
- To ensure confidentiality of your financial information, please check the **Financial Attachment** checkbox.

#### Appendix Details

A	Additional Company Information <i>Optional</i>
B	Current Backlog Breakdown
C	General Liability Insurance Certificate
D	Workers Compensation Insurance Certificate
E	Current Financial Statement
F	Audited Financial Statement
G	Bank Credit Availability Letter
H	Surety Capacity Letter
I	Business Classification Certificates <i>Required if you checked anything in the DBES section of the application</i>
J	Injury, Illness, and Prevention Plan / Code of Safe Practices
K	EMR Letter of Verification  OSHA 300 Forms  Corrective Action Plan <i>Required if current year EMR &gt;= 1.0</i>  OSHA Citation Summary <i>Required if cited by OSHA within last 5 years.</i>
L	Quality Control Manual <i>Optional</i>
M	Current Contractor's License(s)
N	Current W9
O	Public Works Contractor Registration <i>Required if you wish to be considered for publicly funded projects.</i>

#### Attachments

Description:	File:	Browse...	Financial Attachment: <input type="checkbox"/>	Remove Row
Description:	File:	Browse...	Financial Attachment: <input type="checkbox"/>	Remove Row
Description:	File:	Browse...	Financial Attachment: <input type="checkbox"/>	Remove Row
<b>Add Row</b>				



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Should you have questions or need assistance, please contact Webcor's Prequalification Team at [subinquiries@webcor.com](mailto:subinquiries@webcor.com).

#### Final Review

- Please review your application for accuracy. If you need to make any corrections, you may go back using the **Previous** link in the top right hand corner of this page.
- If you wish to print a copy of your application for your records, use the **Print** button at the bottom of the page.
- Once you are satisfied that your application is complete, please click the **Submit** button at the bottom of this page.

#### Company Headquarters Information

Federal Tax ID:	Year Company Founded
Company Name:	
Also Known As	
Legal Name	
Parent Corp.	
Address:	Contact
Suite:	Phone
City:	Toll Free
State	Fax
Zip	E-mail
Country	

Please note that after you click the **Submit** button, you should receive a confirmation page. If you do not, please contact Webcor's Prequalification Team at [subinquiries@webcor.com](mailto:subinquiries@webcor.com) immediately.

We strongly advise you to use the **Print** button below to print/save a copy of your application for your records. This will be your only opportunity to do so.

Webcor Builders will review the information furnished; however, Webcor Builders is relying upon your Company to furnish Webcor Builders with truthful and accurate information.

Accordingly, to the best of your Company's knowledge as of the date of this Prequalification Submission, the information contained herein is truthful, accurate, and current. Your Company further understands that by submitting this form, Webcor Builders does not guarantee or promise any work to your Company, nor should this be construed to be an offer of any work. The purpose of this submission is prequalification only.

By submitting this form you certify that the information presented herein is complete and factual.

Please do not hesitate to contact us should you have any questions or would like examples of any of the Appendix items.

[subinquiries@webcor.com](mailto:subinquiries@webcor.com)

Thank you!