

For Zapalac/Reed Use Only	Primary CSI Code	Other CSI Codes to List Under	
	Trade		
	Approval Initials		
Return completed form to: payapp@zapalacreed.com Zapalac/Reed Construction Co., LP 13215 Bee Cave Parkway, A110 Bee Cave, Texas 78738 Phone: (512) 306-8888 Fax: (512) 306-8889			
Date Submitted:			
First Name:		Last Name:	
Your Email Address:			
Mobile Phone Number:			
Legal Company Name:		DBA:	
Company Email Address:			
Address:			
City/State/Zip:		Fax:	
Company Phone Number:		Ext.	
Bid Contact Email Address:			
Chief Estimator:		Other Estimators:	
President:			
Primary Trades Performed:		Geographical Work Region:	
Are you 100% Bondable? (Please Check one): <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is audited financial statement available? (Please check one): Yes <input type="checkbox"/> No <input type="checkbox"/>			
Bonding Company Name (Surety Name):			
Insurance Contact (Local) and Phone #:			
Bank Name:			
Bank Reference, Contact and Phone #:			
Years in Business:		Number of Employees:	
Current Work Backlog:		MWBE Classification (if applicable): <input type="text"/>	
Annual Volume of Work: \$ _____		Average Size of Project: \$ _____	

Largest Job Ever Completed (\$\$, Project Name, City , General Contractor)

Largest Job completed Last Three (3) years (\$\$, Project Name, City , General Contractor)

Recent Projects Completed with Zapalac/Reed

	Project Name, City, State	Contract Amount	Start Date	Completion Date
1.		\$		
2.		\$		
3.		\$		
4.		\$		

Please Provide Zapalac/Reed with the following Attachment:

Please attach a list of other projects completed in the last three (3) years which includes the project name, location, contract amount, start/finish dates, square footage, general contractor's name, and a brief description of the project.

TRADE CONTRACTOR SAFETY INFORMATION

ALL SAFETY INFORMATION MUST BE FILLED OUT

Written Safety Program (Including Hazard Communications)? Yes No

If 'Yes', briefly describe the key elements of your program:

Will you have a competent person as defined by OSHA, for your scope of work on site at all times?

Do employees complete OSHA 10-hour, 30-hour, or other OSHA training? 10 HR 30 HR Other If other, please explain.

What other type of safety training is given to your employees, and who administers the training?

Do you document certifications given to your employees?)? Yes No

What is your EMR (Experience Modification Rate) for the last three (3) years?
 2023 2022 2021

What is your frequency rate (lost-time iniuries per 200.000 man hours) for the last three (3) years
 2023 2022 2021

Have there been any employee deaths in the last three (3) years? Yes No

If so, details:

Are safety inspections and enforcement in-house or by insurance company?

If in-house, by whom and how often?

Are incident/accident reports distributed to upper management? Yes No

Any drug testing program? Yes No
 If so, briefly describe:

Company safety director or other safety contact:

Person submitting this information: _____, Title _____