For	Primary CSI Code			Other CSI Codes to List Under			
Zapalac/Reed	Trade						
Use Only	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:	First Name: Last Name:						
Your Email Address:							
Mobile Phone Numbe	r:						
Legal Company Name	:		DBA:				
Company Email Addre	ess:						
Address:							
City/State/Zip: Company Phone Num	City/State/Zip: Fax:						
			Ext				
Bid Contact Email Ad	dress:		1				
Chief Estimator:			Other Estimat	ors:			
President:							
Primary Trades Perfor	rmed:	G	eographical Wor	k Region:			
Are you 100% Bondable? (Please Check one):							
Is audited financial statement available? (Please check one):							
Bonding Company Name (Surety Name):							
Insurance Contact (Local) and Phone #:							
Bank Name:							
Bank Reference, Contact and Phone #:							
Years in Business:			ber of Employee				
Current Work Backlog	j:	MWE	BE Classification	(if applicable):			
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)?					
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? If other, please explain.					
10 HR 30 HR Other					
10 HK 50 HK Other					
What other type of safety training is given to your employees, and who administers the training?					
Do you document certifications given to your employees?)?					
What is your EMR (Experience Modification Rate) for the last three (3) vears?					
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?					
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:					



Name:				Name			
Title:				Title:			
Work Phone:				Work Phone:			
Cell Phone:				Cell Phone:			
Email:				Email:			
Specific citation ar OSHA Non-Compli		ing monetary penalty # of Citations	Year	,	# of Citations Upheld	Citation Paid (\$)	
	2019						
	2019						
Dloggo provide 7ar	palac/Pood wit	h the following attach	monte:				
A. Most rece			illelits.				
B. Insurance	e carrier's cert We may requ	ified letter of experien	c/Reed and t	he Own	ng for each of the previous of ter as an additional insured Yes	, , , ,	
TRADE CONTRA			nian (1	Movit		
	Unio	n Nonu	nion	J	Merit		
Signator	Signatory to any collective bargaining agreements?						
	Name of local union						
	Date of your	current collective ba	argaining a	greeme	ent expires		
PRECONSTRUCT	TION SERVIC	ES					
How mu	ch of your wo	ork is acquired wher	n you have	perforr	ned preconstruction serv	ices? <u>%</u>	
What str	engths does	your firm have while	e performin	g prec	onstruction services?		
	Conceptual Schematic Design deve	sign is your firm c elopment uction documents		in pro	oviding a GMP? check which is a	pplicable	
DESIGN/BUILD:							
How mu	ch of your wo	ork is performed in a	a desian/hu	ild pro	ress?	%	

Do you provide errors and omissions insurance for the design/build subcontracts?



Yes / No circle one

Person submitting this information:	, т	itle