



SUBCONTRACTOR / SUPPLIER QUALIFICATION

1.0 COMPANY INFORMATION

Company Name			
Company Address		City, State, Zip	
Company Phone #	Fax #	Website	
Contact Person	Phone #	Email	
License #	State Licensed In	License Expiration Date	

1.1 - Type of organization

Type of Business	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier	Trade(s) : _____
Established as	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC
Tax ID #	Dunn & Bradstreet #	DUNSRating	

1.2 - List the following Officers of your Company - President, Vice President, Treasurer, & Secretary or Chief Executive Officer, Chief Operating Officer, & Chief Financial Officer

Title	Name	Phone	Email

1.3 - Incorporated

State Incorporated	Date Incorporated	
Year Established	Years in Business under present name	
<input type="checkbox"/> Owners in Partnership	<input type="checkbox"/> Sole Proprietorship	
<input type="checkbox"/> Subsidiary	<input type="checkbox"/> Division of a Parent Company	Name of Parent Company

2.0 TYPE OF BUSINESS

<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier	<input type="checkbox"/> Trucker
Type of Business	NAICS Code:	SIC Code:

2.1 - Areas of Work

List all States licensed to work in:

State(s)	Business License Number	Regional Information	Expiration Date

2.2 - Business Classifications

Below list all Business Licenses - Electrical, Mechanical, etc

Business Size			
<input type="checkbox"/> A large business	<input type="checkbox"/> A small business		
Type of Ownership			
<input type="checkbox"/> Woman (WOSB) 8 (a)	<input type="checkbox"/> Veteran (VOSB)	<input type="checkbox"/> Native American Owned	<input type="checkbox"/> Service Disabled Veterans (DVSB)
<input type="checkbox"/> HUB Zone	<input type="checkbox"/> Disadvantaged (SBD)	<input type="checkbox"/> HBCU/MI	<input type="checkbox"/> Other Minority Owned

3.0 - BONDING AND INSURANCE

Bonding Company Name	
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Agency			
Contact		Telephone #	
Bonding Capacity Aggregate Limit	\$	Single Job Limit	\$

3.1 - Commercial General Liability Insurance Information. Please provide (attach) a copy of your certificate of insurance that shows your coverage's and limit.

4.0 - PROJECT EXPERIENCE

Below list general contractors, construction managers, or owners of three largest projects in the last three years. Include title, contact person, phone number, project name, and project location. (Use a separate sheet of paper if necessary)

Title	Contact	Phone #	Project Name	Project Location

4.1 - Below list similar type projects completed in the last five years. Include project name, project owners name, point of contact (with a current phone number), contract amount, date completed and percentage of the work performed with your own forces. (Use a separate sheet of paper if necessary)

Project Name	Owner Name	Contact Person	Phone #	Contract Amount	Date Completed	% of work by own forces

4.2 - Are you are debarred from working for any State or Federal Agencies?

Yes No If yes, list all the State or Federal Agencies you have been debarred from working for:

4.3 - Below list principal active work in progress and/or principal contractors that you supply. Include principal active work in progress and/or principal contractors that you supply. Include project owner, with whom you contracted, backlog remaining, and scheduled completion. (Use a separate sheet of paper if necessary)

Principal Work or Contractor	Project Owner	Backlog Remaining	Scheduled Completion

4.4 - Below list Trade References (i.e.: material supplier, equipment supplier)

Company Name	Address	Phone #



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5.0 LABOR & SAFETY			
5.1 - What unions are you signatory to?			
Current Number of Full Time Field Personnel:			
Your Labor Policy	<input type="checkbox"/> Union	<input type="checkbox"/> Open Shop	<input type="checkbox"/> Merit Shop
Union Bond Value:			

5.2 - Compliance with United States Employment Laws			
Vendor/Supplier/Subcontractor is in compliance with:			
Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	Equal Employment Opportunity	
<input type="checkbox"/>	<input type="checkbox"/>	Affirmative Action	
<input type="checkbox"/>	<input type="checkbox"/>	Harassment Free Work Environment	
<input type="checkbox"/>	<input type="checkbox"/>	The Immigration Reform and Control Act of 1986 PUB. L. NO. 99-603	
Have you been cited for any labor law violations in the past 5 years?		<input type="checkbox"/> Yes If yes, please attach statement	<input type="checkbox"/> No

5.3 - Safety Performance History			
Experience Modification Rate (EMR): List your firm's Interstate (NCCI) EMR for the three most recent years and total hours worked. If the state where the Jobsite is located has an EMR rating system, provide the state EMR for the three most recent years and total hours worked. Attach EMR document for the past three experience periods.			
Current Year -	Last year -	2 years ago -	3 years ago -

5.4 - OSHA Certified Personnel			
Please list all OSHA Certified Personnel with level and date completed. Please attach additional sheets if necessary			
Name	Title	OSHA Certification level	Date Achieved

5.5 - Use your OSHA No. 300 Log to fill in the three most recent years. <u>Attach</u> copies of your OSHA 300 and 300A Log for the past three years:				
	Current Year (YTD)	Last year	2 years ago	3 years ago
a. Hours Worked				
b. Number of fatalities				
c. Number of lost workday cases				
d. Number of restricted workday cases				
e. Number of cases with medical attention only				
f. Lost Workday Case Incident Rate				
g. OSHA Recordable Incident Rate				

5.7 - OSHA Citation History



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Have you received Any Violation in the past 3 years? Yes No

If yes, attach summary and corrective action taken.

5.8 - Do you have a written safety program?

Yes No If yes, submit a copy for evaluation

Does your company require 100% fall protection from a height greater than 6'? Yes No

5.9 - Do you hold site safety meetings for field employees?

Yes No

How Often? Weekly Bi-Weekly Monthly Less Often, As Needed

5.10 - Do you provide an OSHA certified site safety supervisor for all projects?

Yes No

Does this person perform site safety inspections? Yes No

5.11 - Do you have a Safety Orientation Program for new hires?

Yes No

If yes, submit a copy for evaluation.

5.13 - Do you have a Safety Orientation Program for promoted supervisors?

Yes No

If yes, submit a copy for evaluation.

Does it include instruction on the following?

	Yes	No		Yes	No
a. New Hire Orientation	<input type="checkbox"/>	<input type="checkbox"/>	e. Safety Supervision	<input type="checkbox"/>	<input type="checkbox"/>
b. Emergency Procedures	<input type="checkbox"/>	<input type="checkbox"/>	f. Safe Work Practices	<input type="checkbox"/>	<input type="checkbox"/>
c. Safety Auditing	<input type="checkbox"/>	<input type="checkbox"/>	g. Safety Training	<input type="checkbox"/>	<input type="checkbox"/>
d. Accident Investigation	<input type="checkbox"/>	<input type="checkbox"/>	h. Personal Protective Equipment	<input type="checkbox"/>	<input type="checkbox"/>

6.0 - FINANCE

Attach a financial statement, preferably audited, including your organization's latest balance sheet and income statement showing the following items: **Current Assets; Net Fixed Assets; Other Assets; Current Liabilities; Other Liabilities.**

Business Volume Last Three Years

2007: _____ 2008: _____ 2009: _____

6.1 - Bank References

Name	Address	Contact Person	Phone #

Line of Credit: \$ Amount Available: \$ Expires:

7.0 - ADDITIONAL INFORMATION

Are There any Judgments, Claims or Suits Pending Against You?	If Yes, please attach statement	<input type="checkbox"/> No
Has your company or any of its principals ever petitioned for bankruptcy, failed in business, defaulted or been terminated on a contract awarded to you?	Yes If Yes, please attach statement	<input type="checkbox"/> No
Have any of the Owners, officers or major stockholders of your Company ever been indicted or convicted of any felony or other criminal conduct?	<input type="checkbox"/> Yes If Yes, please attach statement	<input type="checkbox"/> No
Has your Company ever been disbarred or	<input type="checkbox"/> Yes	<input type="checkbox"/> No



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otherwise precluded from pursuing public work or ever been found to be non-responsive by a public agency?	If Yes, please attach statement	
Is your Company or any of its owners, officers or major shareholders currently involved in any arbitration or litigation?	<input type="checkbox"/> Yes If Yes, please attach statement	<input type="checkbox"/> No



Date Reviewed	
Date Entered	
Initials of Reviewer/Enterer	