

Contractor Qualification Statement

PART I - OPERATIONAL INFORMATION

Date: _____

A. GENERAL

Legal Name of Business: _____

Principal Office Street Address: _____ Zip Code: _____

City _____ State: _____

Principal Office Mailing Address: _____ Zip Code: _____

City: _____ State: _____ Contact: _____

Phone No.: (____) _____ Fax No.: (____) _____

Company Website URL: _____

Type of Firm:

Corporation Partnership Individual Sole Proprietorship Joint Venture Other

If Incorporated, State of Incorporation _____. Stockholders Equity _____

Average number of employees in your principal office for the last two years:

Last year (20____): _____ Office _____ Crafts TOTAL _____

Previous (20____): _____ Office _____ Crafts TOTAL _____

Is firm qualified as any of the following? Yes No

MBE _____ WBE _____ Certified DBE _____ Other (Specify) _____

(If yes, enclose a copy of certification(s))

In-house engineering capacity? Yes No

In-house fabricating capacity? Yes No

List other fully staffed branch offices (attach additional sheet if necessary):

Company Name City, State	Branch Manager/ Phone Number	No. of Employees	
		Office	Crafts

Business type: Manufacturer Erector, Installer, Contractor
 Representative/Agent Professional Services/Consultant

List states and trade categories in which your organization is legally qualified to do business, and indicate license numbers, if applicable:

State	Trade	License Number

Federal ID# _____

President _____ Years in that Position _____

Date Company Began Under Present Name _____

Former Company Name _____

Value of Assets Owned by Firm _____

B. QUALITY

1. Is your firm ISO 9000 certified? Yes No
2. If not, is your firm currently pursuing certification? Yes No
3. Does your firm have a written Quality Assurance Program? Yes No
4. Is a copy available for review? Yes No

C. LABOR

- Does firm have an approved EEO plan? Yes No
- Is firm in compliance with all EEO requirements? Yes No

Primary Area(s) of Work Experience:

- Industrial Institutional Process Primary Metals (steel)
 Power Commercial Marine/Ports Primary Metals (other)

State the type(s) of work in which you specialize and regularly perform with your own personnel:

Percent of Work Performed by Own Forces _____

Years Performing Work Specialty _____

Labor Relations: Union Open Shop

List Trades with whom you have contract and/or working agreement:

Indicate which of the following classifications you are interested in bidding on and indicate how you would normally perform contract work for the selected classifications:

			% of Work	
Division	Check applicable Classifications	Work Classification	Own Forces	Sub-Contract
Division 1	General Requirements	<input type="checkbox"/> 1-1 Demolition		
		<input type="checkbox"/> 1-2 Geotechnical Engineering/Testing		
Division 2	Site Work	<input type="checkbox"/> 2-1 Clearing/Grading/Excavation		
		<input type="checkbox"/> 2-2 Piling/Caisson/Drilling		
		<input type="checkbox"/> 2-3 Underground Piping		
		<input type="checkbox"/> 2-4 Paving		
		<input type="checkbox"/> 2-5 Railroad		
		<input type="checkbox"/> 2-6 Highway/Bridge/Heavy Construction		
Division 3	Concrete	<input type="checkbox"/> 3-1 Precast Concrete/Roof Deck		
		<input type="checkbox"/> 3-2 Cast-in-Place Concrete		
Division 4	Masonry	<input type="checkbox"/> 4-1 Masonry		
Division 5	Metals	<input type="checkbox"/> 5-1 Structural Steel Fabrication		
		<input type="checkbox"/> 5-2 Structural Steel Erection		
		<input type="checkbox"/> 5-3 Pre-Engineered Building Fabrication		
		<input type="checkbox"/> 5-4 Pre-Engineered Building Erection		
Division 6	Wood and Plastics	<input type="checkbox"/> 6-1 Carpentry		
Division 7	Moisture Protection	<input type="checkbox"/> 7-1 Roofing		
Division 9	Finishes	<input type="checkbox"/> 9-1 Painting/Sandblasting/Coating		
Division 11	Equipment	<input type="checkbox"/> 11-1 Process Equipment Fabrication		
		<input type="checkbox"/> 11-2 Process Equipment Erection		
Division 14	Material Handling	<input type="checkbox"/> 14-1 Elevators		
		<input type="checkbox"/> 14-2 Conveying Systems		
Division 15	Mechanical	<input type="checkbox"/> 15-1 Plumbing		
		<input type="checkbox"/> 15-2 Process/Utility Piping		
		<input type="checkbox"/> 15-3 Equipment Erection		
		<input type="checkbox"/> 15-4 Pipe & Equipment Insulation		
		<input type="checkbox"/> 15-5 Fire/Sprinkler Systems		
		<input type="checkbox"/> 15-6 HVAC		
		<input type="checkbox"/> 15-7 Field Erected Tanks		
Division 16	Electrical	<input type="checkbox"/> 16-1 Electrical (Building)		
		<input type="checkbox"/> 16-2 Electrical (Process)		
Division 17	Instrumentation	<input type="checkbox"/> 17-1 Instrumentation (Building)		
		<input type="checkbox"/> 17-2 Instrumentation (Process)		
Division 18	General Contractor	<input type="checkbox"/> 18-1 General Contractor Commercial		
		<input type="checkbox"/> 18-2 General Contractor Industrial		

D. FINANCIAL

Current Net Worth: \$ _____

Annual Sales Volume for the last Three Fiscal Years:

FY 20__ \$ _____ FY 20__ \$ _____ FY _____ \$ _____

Largest Single Contract: \$ _____

Current Dun & Bradstreet Rating: _____ Duns # _____

Bank Reference: _____
(Name) (Address) (Contact) (Phone)

Bank Reference: _____
(Name) (Address) (Contact) (Phone)

If this firm currently in default on any loan agreement or financial agreement with any bank, financial institution or other entity? (If yes, specify details, circumstances and prospects for resolution). Yes No

Have you ever been adjudged bankrupt or filed a petition in bankruptcy? Yes No

(If either answer is YES, please attach a brief explanation.)

E. BONDING INFORMATION

Bonding Company: _____ Contact: _____ Phone _____

Current Bonding Capacity of Firm _____ Amount Currently Bonded _____

Bonding Company's Rating from Best's Key Rating Guide _____

A signed statement from the surety and certificates of the authority signing the statement that the above is correct may be required.

Have Performance or Payment Bond claims ever been made to a surety for this firm on any project, past or present? (If yes, describe the claim(s), the name of the company or person making the claim and the resolution) Yes No

In the past five years, has any surety company refused to bond the firm on any project? (If yes, specify reasons for the refusal and the name of the surety company). Yes No

In the past five years, has any surety company refused to bond the firm's parent or subsidiaries on any project? (If yes, specify reasons for the refusal and the name of the surety company). Yes No

F. INSURANCE INFORMATION (List Standard Coverage)

Insurance	Insurance Company	Policy No.	Coverage Limits
Commercial/General Liability:			
Auto Insurance:			
Workers Comp:			
Umbrella Coverage:			

Name and Address of Insurance Agent: _____

Phone No. _____

G. EXPERIENCE

Attach Contractor's prepared list of recent major projects completed and work in progress, which must be marked to indicate Owner, Location, Type of Work Performed, Your Contract Value, and Percentage Complete or Year Completed, for each project listed.

LIST THREE (3) MOST SIGNIFICANT PROJECTS PRESENTLY UNDER CONSTRUCTION

<u>Project & Address</u>	<u>Architect/Engineer Contact Phone</u>	<u>Contract With & Contact Phone #</u>	<u>Work & Contract Amount</u>	<u>Award Date</u>

LIST THREE (3) MOST SIGNIFICANT PROJECTS COMPLETED IN THE LAST FIVE (5) YEARS

<u>Project & Address</u>	<u>Architect/Engineer Contact Phone</u>	<u>Contract With & Contact Phone #</u>	<u>Work & Contract Amount</u>	<u>Award Date</u>

H. OTHER

In the five years prior to the date of this application, has this firm or any principal of the firm been deemed to be in default on any contract awarded? If yes, specify date, circumstances and resolution, if Yes explain.

Yes No

Indicate if the firm was a party to any of the following legal or administrative proceedings during the last five years. If yes, state on attached pages the names of the parties, nature of the proceedings, amount in dispute and resolution.

- 1. Arbitrations other than labor or personal injury litigation: Yes No
- 2. Lawsuits other than labor or personal injury litigation: Yes No
- 3. NLRB or equivalent Local Agency proceedings: Yes No
- 4. OSHA or equivalent Local Agency proceedings: Yes No
- 5. Criminal proceedings against firm or of firm's officers during the past 10 years: Yes No
- 6. Substantial claims of any nature for or against firm on projects completed in the past five years: Yes No

Owner Reference: _____
(Name) (Contact) (Phone)

Owner Reference: _____
(Name) (Contact) (Phone)

As an Authorized Representative for _____
I hereby certify that the answers to the foregoing questions, and all documents contained herein, are true and correct.

(Signature)

(Date)

(Above Name Typed or Printed)

(Title of Authorized Representative)

E-Mail

address: _____

PART II - HEALTH AND SAFETY

Contractor Name: _____

Date: _____

A. List your company's Experience Modification Rate (EMR) for the three (3) most recent years.

Policy Year	Interstate	Intrastate (If Applicable)
20____	_____	_____
20____	_____	_____
20____	_____	_____

B. Please provide a letter from your insurance carrier that certifies the above EMR rates. If EMR is greater than 1.0, please provide appropriate information that clarifies EMR history and attach a written explanation of the methods that are being implemented by your company to reduce this rate.

Please use your OSHA No. 300 logs to record the number of injuries and illnesses for the last three (3) years. *A copy of each OSHA No. 300 log from the last three (3) years must be attached to this questionnaire.*

Year	20____	20____	20____
1. Number of Fatalities	_____	_____	_____
2. OSHA Recordable Case Incident Rate ¹	_____	_____	_____
3. OSHA Restricted Duty Case Incident Rate ²	_____	_____	_____
4. OSHA Lost Workday Case Incident Rate ³	_____	_____	_____
5. OSHA Lost Workdays Severity Rate ⁴	_____	_____	_____
6. Number of Hours Worked	_____	_____	_____

Note: We require all subcontractors to provide the above accident information, even though certain companies may not be statutorily required to keep an OSHA 300 log. In addition, if a company does not have OSHA 300 forms to submit as required above, then the company must submit their workers' compensation loss run and the amount of premiums paid over the last three years.

¹The following formula is used for calculating the OSHA Recordable Case Incident Rate:
$$\frac{\text{Number of Recordable Cases} \times 200,000}{\text{Number of Hours Worked}}$$

²The following formula is used for calculating the OSHA Restricted Duty Case Rate:
$$\frac{\text{Number of Restricted Duty Cases} \times 200,000}{\text{Number of Hours Worked}}$$

³The following formula is used for calculating the OSHA Lost Workdays Case Incident Rate:
$$\frac{\text{Number of Lost Workday Cases} \times 200,000}{\text{Number of Hours Worked}}$$

⁴The following formula is used for calculating the OSHA Lost Workday Severity Rate:
$$\frac{\text{Number of Lost Workdays} \times 200,000}{\text{Number of Hours Worked}}$$

C. Has your company received an OSHA (or State OSHA) or MSHA citation within the last five (5) years? Yes No

If yes, please explain (on a separate page) type of citation, fine or penalty assessed, and explanation of final resolution (including fines paid). Were the citations contested/vacated? What corrective actions were taken?

D. Does your company have a written occupational safety and health program? Yes No

If yes, does your safety & health program effectively address all aspects of your scope of services? (We reserve the right to request copies of your health & safety program.)

E. 1. Does your company conduct field safety audits to determine compliance with applicable regulations and procedures? Yes No

2. Who conducts these audits? _____

3. How often are safety audits conducted? _____

F. Does your company have the following on your staff or on retainer?

	Staff	Retainer	Total
Corporate Safety Professional	_____	_____	_____
Project Safety Professional	_____	_____	_____
EMT/Paramedic	_____	_____	_____
Industrial Hygienist	_____	_____	_____

G. 1. Does your company have a safety orientation program for new hires? Yes No

2. Provide a brief description of the topics discussed during new-hire orientation:

3. Does your company conduct annual refresher orientation training? Yes No

4. Do you document the safety training provided to your employees? Yes No

H. Does your company provide task specific training on the following topics?

Yes	No	N/A		Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aerial Life Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hazardous Waste (40-hour)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asbestos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hazard Communication
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blasting/Explosives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Conservation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bloodborne Pathogens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heavy Equipment Operation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Confined Space Entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladder/Scaffolding
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Construction (OSHA Certified 10 hours)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lead
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Construction (OSHA Certified 30 hours)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lockout/Tagout
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Crane and Rigging Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal Protective Equipment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrical Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Powder-actuated Tools
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavation Competent Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Process Safety Management
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fall Protection (100%)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Radiation Protection
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory Protection
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	First Aid/CPR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sign/Signals/Barricades
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Forklift Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Welding/Cutting

I. Does your company conduct additional health & safety training for supervisors, including foremen? Yes No

J. Provide a list of the topics addressed during supervisory training:

K. Does your company conduct pre-task safety planning? Yes No

If yes, provide a brief description of your safety planning process:

L. Does your company have a safety incentive program? Yes No

M. Are your company's subcontractors contractually obligated to comply with all elements of your written safety program? Yes No

N. Does your company have written procedures for waste disposal? Yes No

O. Does your company have a program in place to discipline workers that perform unsafe work practices? Yes No

P. Does your company have written Accident Investigation Procedures? Yes No

Q. Does your company have a home office or corporate safety representative who will audit the job? Yes No

If yes, Name _____ and Title: _____

R. Does your company currently maintain a program in compliance with applicable state "Right to Know" laws and the OSHA Hazard Communication Standard? Yes No

S. Does your company have a clear, written policy on drug and alcohol abuse? Yes No

If yes, does it include:

Pre-employment testing? Yes No Random testing? Yes No

Testing for cause? Yes No DOT testing? Yes No

T. Does your company conduct documented periodic inspections of safety equipment, PPE, & construction tools and equipment? Yes No

If so, list the types of inspections conducted and their frequency:

U. Does your company hold "tailgate/toolbox" safety meetings? Yes No

If yes, how often? _____

INFORMATION SUBMITTAL

Please provide electronic copies of the following with the completed Contractor Qualification Statement:

- EMR Documentation from Your Insurance Provider
- OSHA 300 Logs (Past 3 years)

It is the responsibility of the subcontractor to notify Masterpiece Construction immediately, if any information on the Contractor Qualification Form changes.

STATE OF _____ I HEREBY CERTIFY; BEING

COUNTY OF _____ FIRST DULY SWORN, THAT
THE ABOVE STATEMENTS Sworn to me and subscribed before me this ARE TRUE AND CORRECT.

_____ day of _____, 20_____

(Contractor)

NOTARY PUBLIC _____

My commission Exp. _____

By: _____

Title: _____ Date _____

When finished completing this form, please send it to Accounting@MC-HI.com.