



SUBCONTRACTOR'S QUALIFICATION FORM

Trade(s): _____ Date Completed: _____

Legal Name of Company: _____

Mailing Address: _____

City _____ *State* _____ *Zip code* _____

Shipping Address: _____

City _____ *State* _____ *Zip code* _____

Point of Contact: _____ Office Phone: _____ Cell Phone: _____

Fax #: _____ E-mail Address: _____

Website address: _____

Company Principal Name or Names: _____

Type of Entity: Corporation Sole Proprietorship Partnership Sub S Corp LLC

Federal ID # or Social Security # _____ Number of Full time employees: _____

Parent Company (if applicable) _____

How long have you been in business? _____ Years

Are your employees Union or Open Shop? _____

Fill in your contractor license info for all states you are licensed to conduct business:

Contractor License #: _____ State: _____ Classification _____ Exp. Date _____

Contractor License #: _____ State: _____ Classification _____ Exp. Date _____

Contractor License #: _____ State: _____ Classification _____ Exp. Date _____

Geographic areas you can perform work: _____

What type of Jobs does your firm normally do? _____

SUBCONTRACTOR DIVERSITY

Does your company qualify as a: Small Business Enterprise Woman Owned Small Dis-advantaged 8a Veteran Owned Service Disabled Veteran Owned HUB Zone

Subcontractor Diversity (for office use only)

Safety

Please complete the Contractor Safety Questionnaire provided with this document to include supply of OSHA logs.

Quality

Does your company have a written quality program? Yes No

If yes, please supply a copy of your program for our review with this form.

Is your quality program compliant or certified? (e.g. ISO 9001:2008) Yes No

Insurance

Do you carry General Liability Insurance? Yes No

Do you carry Automobile Insurance? Yes No

Do you carry Employer's Liability Insurance (Worker's Compensation)? Yes No

Do you carry Umbrella Insurance? Yes No

Do you carry Professional Liability Insurance? Yes No

PLEASE NOTE: A sample document listing minimum required coverage is included with this document. Return this form with a current copy of an ACORD certificate listing your company's current limits carried. You will be required to provide minimum coverage listed in the sample provided in order to bid work.

Name of Insurance Company / Carrier: _____

Agent: _____ Phone: _____ Fax: _____

Payment & Performance Bonding

Can you provide a Payment & Performance bond for this project? Yes No

What is the largest project that you have done: Unbonded? _____ Bonded? _____

Location/Name/Completion Date: _____

What is your company's current bonding capacity? Total \$ _____ Single Project \$ _____

Bond Rate (per thousand) \$ _____

Name of Bonding Company: _____

Agent Name: _____ Phone: _____ Fax: _____

Legal

Have any lawsuits been filed by or against the company in the last three years? Yes No

If "YES,"

Please explain _____

Has the company: Ever operated under another name? Yes No Ever failed to complete a project? Yes No Ever filed bankruptcy or receivership proceedings? Yes No

If "YES,"

Please explain _____

Does the company have any uncollected judgments against it? Yes No

If "YES"

Please explain _____

Financials

Please attach a copy of your current financial statement (Minimum of Current Balance Sheet) and previous year end financial statement.

Was your Financial Statement prepared by a Certified Public Accountant? Yes No

Contact Name and Number of CPA: _____

Bank Name: _____ Contact: _____

Account #: _____ Phone: _____ Fax: _____

Bank Information: Total amount of line(s) of credit \$ _____ Unused portion of lines of credit \$ _____

Financials (for office use only)

Other Lender's Name and Address: _____

Other Lender's Contact Name and phone number: _____

Financial Statements received (for office use only)

Suppliers

1. Name: _____ Contact: _____

Account#: _____ Phone: _____ Fax: _____

Date of Account Opening: _____ Payment Terms: _____ Pay Per Terms: _____

Twelve Month High: _____ Current Balance: _____

2. Name: _____ Contact: _____

Account#: _____ Phone: _____ Fax: _____

Date of Account Opening: _____ Payment Terms: _____ Pay Per Terms: _____

Twelve Month High: _____ Current Balance: _____

3. Name: _____ Contact: _____

Account#: _____ Phone: _____ Fax: _____

Date of Account Opening: _____ Payment Terms: _____ Pay Per Terms: _____

Twelve Month High: _____ Current Balance: _____

4. Name: _____ Contact: _____

Account#: _____ Phone: _____ Fax: _____

Date of Account Opening: _____ Payment Terms: _____ Pay Per Terms: _____

Twelve Month High: _____ Current Balance: _____

Suppliers (for office use only)

Project Experience

What type of jobs do you normally do? Wind Solar Biomass Power Commercial Industrial
Government Healthcare Hospitality Residential

What is the average size job you have done? \$ _____ Average number of projects annually? _____

Average size of current project(s) in progress? \$ _____ How many current projects in progress? _____

Project Experience (for office use only)

What was your company's annual volume for the past three years? 20__ \$ _____ 20__ \$ _____ 20__ \$ _____

Current Value of Work on Hand: \$ _____ **Work on Hand (for office use only)**

Energy Project (Wind, Solar, Biomass, etc) Experience:

For Energy Projects, what role(s) have you played in the Design and/or construction of those projects?

Engineering Only * See below Material Supply Only
Design/Build Other Describe _____
Construction Only

If Engineering/Design was marked above, indicated types of design you provide:

Civil In house? Yes No
Electrical In house? Yes No
Mechanical In house? Yes No
T&D In house? Yes No

Please list below six (6) Energy projects completed by your firm within the last two (2) years:

- Please list as many different Contracted Parties (Owners, GC's , etc.) possible.

1. Name of Project: _____ Date of Completion: _____
Approximate amount of your contract: _____ Bonded? _____
Party Contracted with (Owner, G.C.): _____ Phone: _____
Contracted Party Representative: _____ Fax: _____
Number of jobs completed for this contractor: _____
2. Name of Project: _____ Date of Completion: _____
Approximate amount of your contract: _____ Bonded? _____
Party Contracted with (Owner, G.C.): _____ Phone: _____
Contracted Party Representative: _____ Fax: _____
Number of jobs completed for this contractor: _____
3. Name of Project: _____ Date of Completion: _____
Approximate amount of your contract: _____ Bonded? _____
Party Contracted with (Owner, G.C.): _____ Phone: _____
Contracted Party Representative: _____ Fax: _____
Number of jobs completed for this contractor: _____

4. Name of Project: _____ Date of Completion: _____
 Approximate amount of your contract: _____ Bonded? _____
 Party Contracted with (Owner, G.C.): _____ Phone: _____
 Contracted Party Representative: _____ Fax: _____
 Number of jobs completed for this contractor: _____
5. Name of Project: _____ Date of Completion: _____
 Approximate amount of your contract: _____ Bonded? _____
 Party Contracted with (Owner, G.C.): _____ Phone: _____
 Contracted Party Representative: _____ Fax: _____
 Number of jobs completed for this contractor: _____
6. Name of Project: _____ Date of Completion: _____
 Approximate amount of your contract: _____ Bonded? _____
 Party Contracted with (Owner, G.C.): _____ Phone: _____
 Contracted Party Representative: _____ Fax: _____
 Number of jobs completed for this contractor: _____

Please list below up to four (4) Non-Energy projects completed by your firm that we should know about:

1. Name of Project: _____ Date of Completion: _____
 Approximate amount of your contract: _____ Bonded? _____
 Party Contracted with (Owner, G.C.): _____ Phone: _____
 Contracted Party Representative: _____ Fax: _____
 Number of jobs completed for this contractor: _____
2. Name of Project: _____ Date of Completion: _____
 Approximate amount of your contract: _____ Bonded? _____
 Party Contracted with (Owner, G.C.): _____ Phone: _____
 Contracted Party Representative: _____ Fax: _____
 Number of jobs completed for this contractor: _____
3. Name of Project: _____ Date of Completion: _____
 Approximate amount of your contract: _____ Bonded? _____
 Party Contracted with (Owner, G.C.): _____ Phone: _____
 Contracted Party Representative: _____ Fax: _____
 Number of jobs completed for this contractor: _____
4. Name of Project: _____ Date of Completion: _____
 Approximate amount of your contract: _____ Bonded? _____
 Party Contracted with (Owner, G.C.): _____ Phone: _____
 Contracted Party Representative: _____ Fax: _____
 Number of jobs completed for this contractor: _____

Project References (for office use only)



SUBCONTRACTOR'S SAFETY & HEALTH PERFORMANCE DATA

1 Contractor's Name:	
2 Project Name:	
3 Work Scope (i.e. roads, foundations, tower erection, etc.)	

4 Worker's Compensation Experience Modification Rate (EMR) Data				
4a EMR is (Check One):	<input type="checkbox"/> Interstate Rate	<input type="checkbox"/> Intrastate Rate	Provide a letter from your insurance carrier verifying EMR information	
4b EMR Anniversary Date:				
4c EMR State of Origin:				
4d EMR for past 3 Years:	2009	2010		

5 Work Related Injury/Illness Data				
	2009	2010	2011	
5a Employee Hours Last 3 Years:				

5b Provide the Following Information From Your OSHA Form 300 for the Past 3 Years				
	2009	2010	2011	Provide OSHA Forms 300 and 300A associated with the entered information.
Number of Fatalities (Column G):				
Number of Lost Workday Cases (Column H):				
Number of Modified Duty Cases (Column I):				
Number of Other Recordable Cases (Column J):				
Total Number of Recordable Cases From Above:				

Attach a letter of explanation for any work related fatalities listed above

6 OSHA Inspection History					
	2009	2010	2011	Totals	
Number of OSHA Inspections:					
Number of "Willful" Violations:					
Number of "Repeat" Violations:					
Number of "Serious" Violations:					
Number of "Other Than Serious" Violations:					
Total Number of OSHA Violations:					

Provide a copy of all citations reported in this section

7 Safety Program Information		
Does your company staff projects with dedicated safety professionals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your company require minimum OSHA-10 hr training for supervisors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your company provide and document safety training for project employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your company conduct documented new employee orientation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your company have a written hazard communication program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your company have a written mandatory substance abuse program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your company conduct documented project safety inspections/audits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your company have a written incident investigation program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your written program provide for Stop Work Authority for all employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

8 Organization's Safety Contact Information			
Safety Contact's Name:		Title:	
Phone Number:		e-mail:	