



SUBCONTRACTOR'S QUALIFICATIONS

Safety, Financial, Performance

COMPANY NAME: _____

PRIMARY CONTACT: _____

E-MAIL ADDRESS: _____

SECONDARY CONTACT: _____

E-MAIL ADDRESS: _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE: _____

FAX NO.: _____

ORGANIZATION

Corporation _____ Partnership _____ Sole Proprietorship _____

Where Organized _____ Year Founded _____

Years in Business _____ Years Under Present Management _____

Federal Tax ID _____ Dunn & Bradstreet Number _____

Attach a signed W-9

<u>Officers, Partners Owner(s):</u>	<u>Title</u>	<u>Years Here</u>	<u>Total Experience</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please provide numbers for the following categories of employees:

Executive Management _____

Home Office Engineering _____

Home Office Construction Management _____

Home Office Clerical _____

Home Office – Other _____

Safety (Home Office and Field) _____

Field Construction Management _____

Total Permanent Employees _____

Field Labor (Average Week) _____



REFERENCES

General Contractors (attach a separate sheet if necessary)

1	General	Contact Name
	Phone	Fax
	Email	Worked for How Long?
2	General	Contact Name
	Phone	Fax
	Email	Worked for How Long?
3	General	Contact Name
	Phone	Fax
	Email	Worked for How Long?
4	General	Contact Name
	Phone	Fax
	Email	Worked for How Long?

Suppliers (attach a separate sheet if necessary)

1	Vendor	Contact Name
	Phone	Fax
	Email	Worked for How Long?
2	Vendor	Contact Name
	Phone	Fax
	Email	Worked for How Long?
3	Vendor	Contact Name
	Phone	Fax
	Email	Worked for How Long?
4	Vendor	Contact Name
	Phone	Fax
	Email	Worked for How Long?

Banking Reference

Bank Name	Contact Name
Phone	Fax
Email	

Bonding Reference

Agent Name	Contact Name
Phone	Fax
Email	
Bonding Company	

Please supply "Letters of Comfort" from your banks confirming your company's Total Bonding Capacity, Available Bonding Capacity for this Project, and Credit Line Availability and complete the table below. Please have the bank(s) address the letter(s) to "To Whom It May Concern".

Total Bonding Capacity _____ Current Available Capacity _____

Have you at any time failed to complete a contract? _____

Are there any judgements, claims or suits pending or outstanding against you or affiliated firms? _____

Are you now or have you ever been involved in any bankruptcy or reorganization proceedings? _____



STATE CONTRACTOR’S LICENSE INFO

1	State Issued	
	Classification	License Number
2	State Issued	
	Classification	License Number
3	State Issued	
	Classification	License Number
4	State Issued	
	Classification	License Number

INSURANCE INFORMATION

Agency Name	Contact Name
Phone	Fax
Email	

INSURANCE REQUIREMENTS - THEY MUST BE MET PER OUR SUBCONTRACT, UNLESS CURRENT JOB SPECIFICATIONS SET HIGHER LIMITS.

Subcontractor shall obtain and submit before any work is performed under the contract or within five (5) calendar days after the award of the contract whichever occurs first. Certificates of insurance shall comply with requirements as specified in the contract and as required by the specifications.

All insurance certificates need to list **Robert E. Porter Construction Co., Inc.** as the certificate holder. **All Certificates MUST Include the Actual Endorsement Forms.**

Insurance carrier(s) must be **A.M. Best: A-VII rated or better**. All insurance carriers must be rated by A M Best as A- in Financial Strength and VII or higher in Financial Size (ambest.com)

Failure to meet any of Robert E. Porter Construction Co., Inc.’s Insurance Requirements will result in an Insurance Hold, placing a block on payments.

Cost to meet any of these requirements shall be included in your base bid and will not be a change order for additional fees.

(I) WORKERS’ COMPENSATION

- Coverage A Statutory Benefits
- Coverage B Employers Liability
- Bodily Injury by Accident \$1,000,000 each accident
- Bodily Injury by Disease \$1,000,000 policy limit
- Bodily Injury by Disease \$1,000,000 each employee

◆ **Must include a waiver of subrogation endorsement**

(II) GENERAL LIABILITY \$1,000,000/\$2,000,000 Minimum Limits

◆ Commercial General Liability Insurance on an “occurrence” form, including coverage for (a) all operations; (b) subcontract work; (c) contractual obligations; (d) product/completed operations, with limits of at least \$1,000,000 for each occurrence and \$2,000,000 general aggregate and \$2,000,000 products/completed operations aggregate

◆ **Must include the Primary and Non-Contributory Endorsement Form.**



SAFETY

1. Contact information for person responsible for safety at your firm.

Name	
Phone	Fax
Email	

2. Safety History

		20__	20__	20__	20__	Current
A	Total number of field man-hours.					
B	Number of Recordable Incidents with no lost time .					
C	Number of Recordable Incidents with lost time .					
D	Total number of lost workdays.					
E	Number of fatalities.					
F	Incident Rate. (B+C)(200,000)/A					
G	Published EMR (Experience Modification Rate)					

Provide documentation to support the above EMR information. Any of the following methods will be acceptable:

- a) Letter from insurance agent, insurance carrier, or appropriate government agency (on their letterhead) verifying the modification rate.
- b) Copies of the Experience Rating Calculation Sheets for each of the above years that your insurance carrier forward to you annually.
- c) Copy of the page from each of the noted years where insurance policies show the modification rate and the coverage period.

3. OSHA

Written Safety Program? Yes No

OSHA or OHS Violations? *Attach explanation if Yes* Yes No

Do you have Toolbox Meetings? Yes No

4. DRUG FREE POLICY

Does your Company comply with the Drug Free Work Act? Yes No

Does your Company have a pre-employment and random drug testing policy? Yes No

Does your Company require post-accident employee drug and alcohol testing? Yes No

Does your Company have a medical marijuana policy? Yes No



5. EMPLOYEE TRAINING

Does your Company have Employee Safety Training?

Yes No

How often is this done and is it done by an OSHA 500 Certified Trainer?

STATEMENT OF SAFETY COMMITMENT

I speak on behalf of my Company in committing our resources to this project.

I personally assume the responsibility for the safety and health of my/our employees and that of any lower tier subcontractors. I will make every effort and agree that my/our employees shall at all times observe and comply with relevant legislation and Company procedures/rules.

Signed: _____ Date: _____

Corporate Officer Position Held: _____

STATEMENT OF INSURANCE UNDERSTANDING

I have read the Insurance Requirements listed. I understand that if my/our Company bids and is awarded any projects for Robert E. Porter Construction Co., Inc. that we are expected to meet or exceed those insurance requirements and that any additional cost for such coverage will be included in my bid and not presented as an extra.

Signed: _____ Date: _____

Corporate Officer Position Held: _____