

# 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 Propriet	orship	_
Where Organized		Year Found	ded		
Years in Business		Years Und	er Present Manag	jement	_
Federal Tax ID  Attach a signed W-9		Dunn & Bra	adstreet Number		=
Officers, Partners Owner(s):	<u>Title</u>		Years Here	Total Experience	_
				_	_
Please provide numbers for the f	following categories	of employees:			
Executive Management					
Home Office Engineering					
Home Office Construction Manag	gement				
Home Office Clerical					
Home Office – Other					
Safety (Home Office and Field)					
Field Construction Management					
Total Permanent Employees					
Field Labor (Average Week)					



### **REFERENCES**

Gen	eral Contractors (attach a separate sheet if necessary)	
	General	Contact Name
1	Phone	Fax
	Email	Worked for How Long?
	General	Contact Name
2	Phone	Fax
	Email	Worked for How Long?
	General	Contact Name
2	Dhana	Γav

 3
 Phone
 Fax

 Email
 Worked for How Long?

 General
 Contact Name

 4
 Phone
 Fax

 Email
 Worked for How Long?

Suppliers (attach a separate sheet if necessary)

	onore factaers a coparate enect is necessary	
	Vendor	Contact Name
1	Phone	Fax
	Email	Worked for How Long?
	Vendor	Contact Name
2	Phone	Fax
	Email	Worked for How Long?
	Vendor	Contact Name
3	Phone	Fax
	Email	Worked for How Long?
	Vendor	Contact Name
4	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 Bo	onding Capacity, Available Bonding
Capacity for this Project, and Credit Line Availability and complete the table below. Ple	lease 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 ou	tstanding against you or affiliated firms?
Are you now or have you ever been involved in any bank	kruptcy 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, but in no event shall the limits be less than those specified herein.

  Insurance must be carried for the warranty period plus an additional one (1) year.
- ♦ All insurance certificates need to list **Robert E. Porter Construction Co., Inc.** as the certificate holder. All certificates shall be issued on the current ACORD form. **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 may result in "Insurance Hold", placing a block on payments.

#### GENERAL LIABILITY ......\$1,000,000 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; (e) personal and advertising injury; 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. Coverage must include a Waiver of Subrogation Endorsement Form. The General Aggregate shall apply on a per project basis.
- ♦ Must include the **Primary and Non-Contributory Endorsement Form.**
- ♦ Must include the Additional Insured ISO endorsement forms CG2010B 07/04 AND GC2037 07/04 or their equivalent naming Robert E Porter Construction Co., Inc., the OWNER of the project, and any additional parties as required by the specifications as additionally insured shall be named as additional insureds for the full limits of liability purchased by the Subcontractor even if those limits of liability are in excess of those required by this agreement.
- Must include: Comprehensive Form -or all of the following -

All Operations Subcontract Work 30 Day Notice of Cancellation

Contractual Obligations Product or Completed Operations

AUTOMOBILE ......\$1,000,000 Minimum Limits

♦ Must include: Any Auto - or all of the following

All Owner Autos Non-Owned Autos Hired Autos



#### **INSURANCE REQUIREMENTS (CONTINUED)**

#### 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

\*If your Employers Liability is less than 1,000,000/1,000,000/1,000,000 we need a copy of the "Schedule of Underlying Insurance from your Umbrella Policy stating your Worker's Compensation insurance in increased to 1,000,000/1,000,000/1,000,000 or we need you to have your limits increased.

#### **CONSTRUCTION EXPERIENCE**

#### **CURRENT PROJECTS UNDER CONSTRUCTION**

Owner	General Contractor	Project	Contract Value	Percent Complete	Reference Name Company and Phone Number



#### **MAJOR PROJECTS COMPLETED IN LAST 3 YEAR**

Owner	General Contractor	Project	Contract Value	Duration in Months	Reference Name Company and Phone Number
	_				
	1				
	1				

## **CONTRACTOR'S SAFETY RECORD**

Robert E. Porter Construction places a high emphasis on a contractor's safety performance record as part of the criteria for being awarded work on our projects. Robert E. Porter Construction will emphasize safety continually, from the very inception of the bid process, throughout construction and/or contract execution and post contract completion. Robert E. Porter Construction requires our contractors to be fully committed to safety and to meet certain performance criteria before being allowed to participate on our construction projects.

Robert E. Porter Construction requires that an officer of the contractor execute the "STATEMENT OF SAFETY COMMITMENT" at the end of this form. He shall personally assume responsibility for the safety of their employees and all lower tier subcontractors.



Upon completion of the subcontract, the safety performance of the contractor will be evaluated. The contractor will be judged on attitude, compliance, responsiveness and injury or incident occurrence. The evaluation results will be noted in the Robert E. Porter Construction database and used as the basis for future bidders list. Only contractors with a favourable safety and performance records shall be allowed to bid future work.

#### **SAFETY**

Phor	e		at your frim			
1101	ne		Fax			
Ema	il					
2.	Safety History					_
		20	20	20	20	Current
Α	Total number of field man-hours.					
	Number of Recordable Incidents with <b>no lost time</b> .					
	Number of Recordable Incidents <b>with lost time</b> .					
D	Total number of lost workdays.					
E	Number of fatalities.					
F	Incident Rate. (B+C)(200,000)/A					
	Published EMR (Experience Modification Rate)					
rovic	le documentation to support the above EMR in	formation. Ar	y of the follow	vina methode v	vill be accepta	
) ) )	Letter from insurance agent, insurance carrier, modification rate. Copies of the Experience Rating Calculation S to you annually. Copy of the page from each of the noted y coverage period.	, or appropria	te governme	nt agency (on t	their letterhea	d) verifying
) ) 3.	modification rate. Copies of the Experience Rating Calculation S to you annually. Copy of the page from each of the noted y coverage period.  OSHA  Written Safety Program? OSHA or OHS Violations? Attach explanation Do you have Toolbox Meetings?	, or appropria sheets for eac rears where	te governme	nt agency (on the veryears that you will be shown the very large of the very large o	their letterheat our insurance e modification	d) verifying
) )	modification rate. Copies of the Experience Rating Calculation S to you annually. Copy of the page from each of the noted y coverage period.  OSHA Written Safety Program? OSHA or OHS Violations? Attach explanation Do you have Toolbox Meetings?	or appropriation of the sears where	te governme th of the above insurance po	nt agency (on the veryears that you will be shown the very large of the very large o	their letterheat our insurance e modification o	d) verifying



# SAFETY (CONTINUED)

	Does your Company require post-accident employee drug and alcoh		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 Train	er?	
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			
·			of any lower tier
l perso		our employees and that	
l perso subcor relevar	onally assume the responsibility for the safety and health of my stractors. I will make every effort and agree that my/our employees at legislation and Company procedures/rules.	our employees and that	e and comply with
I perso subcor relevar	onally assume the responsibility for the safety and health of my stractors. I will make every effort and agree that my/our employees at legislation and Company procedures/rules.	our employees and that shall at all times observed.  Date:	e and comply with
I perso subcor relevar S S STATI I have Robert	conally assume the responsibility for the safety and health of myntractors. I will make every effort and agree that my/our employees at legislation and Company procedures/rules.  Igned:  Corporate Officer Position Held:  EMENT OF INSURANCE UNDERSTANDING  read the Insurance Requirements listed. I understand that if my/our C E. Porter Construction Co., Inc. that we are expected to meet or expected to meet or expected.	Company bids and is award	e and comply with
I perso subcor relevar S S STATI I have Robert	conally assume the responsibility for the safety and health of myntractors. I will make every effort and agree that my/our employees at legislation and Company procedures/rules.  Igned:  Corporate Officer Position Held:  EMENT OF INSURANCE UNDERSTANDING  read the Insurance Requirements listed. I understand that if my/our Company procedures and the procedure of the my/our Company procedures and the procedure of the my/our Company procedures and	Company bids and is award	e and comply with
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I perso subcor relevar S STATI I have Robert any ad	conally assume the responsibility for the safety and health of myntractors. I will make every effort and agree that my/our employees at legislation and Company procedures/rules.  igned:  corporate Officer Position Held:  EMENT OF INSURANCE UNDERSTANDING  read the Insurance Requirements listed. I understand that if my/our C E. Porter Construction Co., Inc. that we are expected to meet or exditional cost for such coverage will be included in my bid and not present	Cour employees and that is shall at all times observed.  Date:  Company bids and is award acceed those insurance requented as an extra.  Date:	e and comply with