



Timberline Communications Inc.
Subcontractor Qualification Document

Contractor's Name: Website:
Address: Phone #:
Fax #:
Primary Contact: Direct Line:
Primary Contact email: cell:

GENERAL INFORMATION

1. Company Information:
Summary of Services Offered:
Average Subcontract Size: \$
SIC Code(s):
Number of Office Employees: Number of Field Employees:
President's Name: Vice President's Name:
Secretary's Name: Treasurer's Name:
Principal's Name: Address: Phone Number
Have you ever done business under a different company name? Yes No
If so, state company name:

2. Structure of Company:
Corporation Individual LLC
Partnership General or Limited Joint Venture
Date of Incorporation or establishment: State where Incorporated or established:
Parent Company (if applicable):
Name:
Address:



Subcontractor Qualification Document

3. Office Locations (city/state):

| | |
|---|---|
| / | / |
| / | / |

List states where registered to do business:

List contractor / trade licenses (including jurisdiction / type) and attach copies of all licenses:

4. Company Certifications:

SB State(s) _____ SDB State(s) _____

WOB State(s) _____ VOSB State(s) _____

SDVOSB State(s) _____ HubZone State(s) _____

Other: _____

5. Check the type of service:

- | | | | |
|--|---|-----------------------------------|--|
| <input type="checkbox"/> Mechanical | <input type="checkbox"/> Electrical | <input type="checkbox"/> Plumbing | <input type="checkbox"/> HVAC-R |
| <input type="checkbox"/> Controls | <input type="checkbox"/> General Contractor | <input type="checkbox"/> Asbestos | <input type="checkbox"/> Environmental |
| <input type="checkbox"/> Other (specify) _____ | | | |

6. Work in Progress:

Amount of Work Under Contract: \$ _____ Amount of Incomplete Work: \$ _____

7. Has your organization ever failed to complete any work awarded to you in the last five (5) years?

If yes, please attach a brief explanation. Yes No

8. Has your organization been involved in any litigation?

If yes, please attach a brief explanation. Yes No

9. Does your organization have any outstanding judgments, claims, or arbitration?

If yes, please attach a brief explanation. Yes No

10. Is your organization familiar with certified payroll reports such as those required by Davis-Bacon or state's Prevailing Wage

Yes No

11. Please list the name of prior project(s) and/or current project(s) for Timberline:



Subcontractor Qualification Document

12. Please attach a list of major construction projects your organization has recently completed and has currently in progress, including; Name of Project, Owner/Point of Contact (including Phone #), Location, Contract Value, Description of Work Being Performed.

13. Please list 3 trade references with whom you have worked in the last year:

| <u>Name</u> | <u>Address</u> | <u>Contact</u> | <u>Phone #</u> |
|-------------|----------------|----------------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

14. Please list 3 general contractors with whom you have worked in the last year:

| <u>Name</u> | <u>Address</u> | <u>Contact</u> | <u>Phone #</u> |
|-------------|----------------|----------------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

15. Please list trade association memberships:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

16. Please list national / local accredited training programs in which you participate:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |



Subcontractor Qualification Document

SAFETY INFORMATION

The qualification form contains several different questions regarding your safety program and performance. All questions must be answered thoroughly. Incomplete responses will result in disapproval of your company safety qualification submittal.

17. List your firm's Experience Modification Rate (EMR) for the past 3 years:

Year: _____ Rate: _____ Year: _____ Rate: _____ Year: _____ Rate: _____

Are the Rates (check one) Interstate Intrastate

If your firm's EMR for any policy year is exactly 1.0, is it because your firm is (or was) too new or too small to have an EMR calculated? Yes No

18. Is your firm self-insured for workers' compensation claims? Yes No

20. Please use the previous 3 years injury and illness records from the company's OSHA logs to complete the following:

Year _____

Number of Lost Work Days Cases: _____

Number of Restricted Workday Cases: _____

Number of Injuries/Illnesses OSHA Recordable: _____

Number of Fatalities: _____

Number of hours worked by the company for the calendar year being reported: _____

20. Has firm been issued a safety violation by government in past 3 years? Yes No
If yes, please attach a brief explanation as well as copy of the violation(s).

21. Has firm been issued an environmental violation by government in past 3 years? Yes No
If yes, please attach a brief explanation as well as copy of the violation(s).

22. Does your firm have a written safety program? Yes No
If "Yes", please supply a copy of the program.



Subcontractor Qualification Document

23. Does your firm require on site Job Hazard Analysis (JHA)? Yes No
 If "Yes", how often?
 Daily Weekly Less Often, as needed

24. Does your firm hold employee toolbox meetings? If "Yes", how often? Yes No
 Weekly Monthly Less Often, as needed

25. Do you conduct project safety inspections? Yes No
 If "Yes", how often?

26. Do you have a drug testing program? Yes No
 If "Yes", please describe?

27. Does your firm's safety program address the following subjects?

| | Yes | No | N/A | | Yes | No | N/A |
|-------------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|
| Head Protection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Rigging & Crane Safety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Eye Protection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vehicle Safety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hearing Protection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Foot Protection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Respiratory Protection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hand Tool Safety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fall Protection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ladders-Scaffolding Safety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Perimeter Guarding | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Welding-Cutting Safety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Housekeeping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Corporate Safety Policy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fire Prevention & Protection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Procedures to Address OSHA Inspections | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| First Aid Procedures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Medical Evaluation & Exams | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emergency Procedures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Confined Space | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Toxic Substances | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Compressed Gas Cylinders | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hazard Communication Standard | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Suspended Work Baskets | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Trenching & Excavations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Asbestos Work Safety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Signs & Barricades | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sandblasting Safety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Electrical Safety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Accident Investigation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Substance Abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |



Subcontractor Qualification Document

28. Does your firm have an orientation program for new hires? Yes No
 If "Yes", does it include any of the following:

| | Yes | No | N/A | | Yes | No | N/A |
|------------------------------|--------------------------|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|
| Head Protection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Rigging & Crane Safety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Eye Protection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vehicle Safety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hearing Protection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Foot Protection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Respiratory Protection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hand Tool Safety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fall Protection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ladders-Scaffolding Safety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Perimeter Guarding | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Welding-Cutting Safety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Housekeeping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hazard Communication | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fire Prevention & Protection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Trenching Excavation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| First Aid Procedures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Signs & Barricades | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emergency Procedures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical Safety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Toxic Substances | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |

29. Identify the person, including title, within your firm directly responsible for your firm's safety program.

Name: _____

Title: _____

Phone Number: _____

email: _____

Also attach the following information.

Initial each item as acknowledgment

___ A letter from your worker's compensation broker stating your firm's interstate EMR for the three most recent years [#17].

___ A loss run showing all workers compensation claims paid that involved payment for time away from work for the past three years. There must be a letter from your workers compensation carrier stating there were no claims for any of the three years where there were none.

___ A copy of your firm's OSHA injury and illness summary log for the three most recent years (OSHA 300) [#21].

___ An explanation, as well as a copy, of any government safety violation(s) during the past three years [#22].

___ An explanation, as well as a copy, of any government environmental violation(s) during the past three years [#23].

___ A copy of your company's safety manual [#24].

___ The resume of the firm's Safety Director or safety representative [#29].



Subcontractor Qualification Document

Insurance and Bonding

30. Insurance Information: along with the below information, please attach an Insurance Certificate:

General Liability Limit: Per Occurrence: \$ _____ Aggregate: \$ _____

Is the GL coverage per project: Yes No

Automobile Liability Limit: \$ _____

Workers Compensation/Employer's Liability Limit: \$ _____

Excess Liability Limit: \$ _____

Insurance Agency: _____

Contact Name: _____ Phone #: _____

31. Bond Information: along with the below information, please attach a letter from your bond agency indicating your bonding capacity:

Average dollar value for bonds obtained in last 3 years: \$ _____

Maximum Bonding Level: Per Project: \$ _____ Aggregate: \$ _____

Current Available Bonding Capacity: \$ _____

Surety: _____

Bonding Agency: _____

Contact Name: _____ Phone #: _____

Surety A.M. Best Rating: _____

Surety's maximum Federal Register Bond Limit: \$ _____



Subcontractor Qualification Document

FINANCIAL INFORMATION

32. Bank Information:

Primary Bank Name: _____ Account #: _____

Bank Officer's Name: _____ Phone #: _____

Contractor hereby authorizes its primary bank officer to release general information requested as part of its due diligence Financial & Safety Review process.

Name: _____ Signature: _____

33. Financial Information - Attach Annual Financial Statements for the past three years

34. Provide your organization's Dun and Bradstreet number if available:

Reminder checklist for requested information to be attached

Initial as acknowledgment

- ___ All requested **SAFETY** information (see reminder checklist on **PAGE 6.**)
- ___ W-9 - using the most recent form as provided at irs.gov
- ___ Copies of all contractor / trade licenses / certifications [#3-4].
- ___ A brief explanation of any work not completed within the past five years, if applicable [#7].
- ___ A brief explanation of any recent litigation, outstanding judgments, claims, arbitration, etc. if applicable[#8-9].
- ___ List of major construction projects [#11-12].
- ___ Insurance certificate (including additional insured endorsement pages) [#30].
- ___ Bond capacity letter [#31].
- ___ Annual financial statements [#33].

All submittal information and the completed qualification form must be submitted back to Timberline Communications Inc. as a single submittal. The information provided to Timberline will be evaluated and any questions developed as a result of the evaluation must be clarified. This qualification document, with attachments, may determine the award of work to your firm.

This completed Contractor Qualification Document must be received and approved by Timberline before bids will be considered valid.

Name of Officer: _____

Signature of Officer: _____

Date Form Completed: _____
