



# SUBCONTRACTOR QUALIFICATION STATEMENT

## SUBCONTRACTOR INFORMATION

Project Name \_\_\_\_\_

Company Name \_\_\_\_\_ website address \_\_\_\_\_

Address \_\_\_\_\_

Contact Name \_\_\_\_\_

Title \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Years in Business \_\_\_\_\_ FEIN # \_\_\_\_\_ D&B # \_\_\_\_\_

Type of Entity:  Corporation  Partnership  Sole Proprietor  LLC  Other

Under what previous names has your Company operated? \_\_\_\_\_

List geographic areas where Company performs work: \_\_\_\_\_

List all trades performed including Design-Build experience: \_\_\_\_\_

List \$ Range of work Company can perform:

\$50K  \$100K  \$100-\$500K  \$500K-\$1MM  \$ > \$1MM

What affiliation does Company have: \_\_\_\_\_ Union \_\_\_\_\_ Open Shop \_\_\_\_\_ Merit Shop

Is your firm currently certified as an Edge, SB, MBE, WBE, DBE, VOB:  Yes  No

If yes, attach a copy of your certification:

Can you provide full time superintendent/supervisor on the project site if required?  Yes  No

## CLIENT REFERENCES:

List three (3) major projects your company has in progress or has completed in the past 12 months.

**1. Project Name** \_\_\_\_\_

Contract Amount \_\_\_\_\_ General Contractor Name \_\_\_\_\_

Project Superintendent \_\_\_\_\_ Trades Performed \_\_\_\_\_

Scheduled Completion Date \_\_\_\_\_ Date of Completion: \_\_\_\_\_ % of work your Company performed \_\_\_\_\_

**2. Project Name** \_\_\_\_\_

Contract Amount \_\_\_\_\_ General Contractor Name \_\_\_\_\_

Project Superintendent \_\_\_\_\_ Trades Performed \_\_\_\_\_

Scheduled Completion Date: \_\_\_\_\_ Date of Completion \_\_\_\_\_ % of work your Company performed \_\_\_\_\_

**3. Project Name** \_\_\_\_\_

Contract Amount \_\_\_\_\_ General Contractor Name \_\_\_\_\_

Project Superintendent \_\_\_\_\_ Trades Performed \_\_\_\_\_

Scheduled Completion Date \_\_\_\_\_ Date of Completion \_\_\_\_\_ % of work your Company performed \_\_\_\_\_

**SUPPLIER REFERENCES:**

**Company Name** \_\_\_\_\_  
Contact \_\_\_\_\_ Phone \_\_\_\_\_

**Company Name** \_\_\_\_\_  
Contact \_\_\_\_\_ Phone \_\_\_\_\_

**INSURANCE CARRIERS:**

Insurer \_\_\_\_\_  
Agent Name \_\_\_\_\_ Phone \_\_\_\_\_

General Liability Limits each occurrence \_\_\_\_\_  
General Aggregate \_\_\_\_\_  
Automobile Liability combined single limit \_\_\_\_\_

Umbrella Liability  Yes  No If yes, limits \$ \_\_\_\_\_

\* Provide a copy of Certificate of Liability Insurance and Workers' Compensation Certificate

**CAN YOUR COMPANY SECURE A BOND?**  Yes  No

Name of Surety \_\_\_\_\_  
Bonding Capacity \_\_\_\_\_

Has your company ever failed to complete any work in the past 5 years?  Yes  No

Are there any judgments, claims, or arbitration proceedings or suits outstanding against your firm or its owners or officers within the past 5 years?  Yes  No

Has your Company filed any lawsuits or arbitration with regard to contracts within the past 5 years?  Yes  No

If yes to any, attach detailed description and outcome.

Do you have a written **Safety Program**:  Yes  No

Do you have a written **Drug Free Workplace Program**?  Yes  No

Please provide a copy of the following documentation to WENCO's Safety Director prior to starting any projects with WENCO:

- Subcontractor Qualification Statement
- Copy of Certificate of Liability Insurance including WENCO and its subsidiaries as additional insureds
- Copy of current Workers' Compensation Certificate

Please have the following documentation on the jobsite at all times while performing work:

- Written Safety Program
- Safety Data Sheets specific to jobsite
- Site specific Fall Protection Plan if applicable
- Site specific Scaffold Erection Plan if applicable

**General Safety Statistics**

- \* If OSHA Data does not apply NUMBER OF EMPLOYEE HOURS STILL NEEDS TO BE COMPLETED - THIS NUMBER INCLUDES EVERYONE IN THE COMPANY INCLUDING OWNER/OPERATOR.
- \* Please note that data for questions 1-8 can be found on your annual OSHA Form 300A.

Category	2013	2012	2011
1. Annual average number of employees			
2. Total hours worked by all employees			
3. Total number of deaths			
4. Total number of cases with days away from work			
5. Total number of cases with job transfer or restriction			
6. Total number of other recordable cases			
7. Total number of days away from work			
8. Total number of days of job transfer or restriction			

Ohio Bureau of Workers' Compensation Experience Modification Rate (EMR): 2013    2012    2011  
\_\_\_\_\_

**OSHA CITATIONS**

Have you or your company received any citations or fines from OSHA or any other regulatory agency during the last 3 calendar years? **If yes, attach a description and actions taken to prevent the violation from reoccurring.**  Yes     No

If yes, how many citations have been received in the past 3 calendar years:

Willful _____ 2013	Repeat _____ 2013	Serious _____ 2013	Other _____ 2013
_____ 2012	_____ 2012	_____ 2012	_____ 2012
_____ 2011	_____ 2011	_____ 2011	_____ 2011

**IF YOU HAVE ANY QUESTIONS PLEASE CONTACT RONNA SPAHR, SAFETY DIRECTOR, @ [rspahr@wencoinc.com](mailto:rspahr@wencoinc.com)  
 FORWARD COMPLETED FORM TO [rspahr@wencoinc.com](mailto:rspahr@wencoinc.com) or fax 937/849-9221**

Safety & Risk Management	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	Reviewed by	Date
Comments:				
Contractor Qualifications	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	Reviewed by	Date
Comments:				

