



CONSTRUCTION LEADERS

SUBCONTRACTOR QUALIFICATION

Project:			
Subcontractor:			
Definition of Work:			
Contract Type:		Contact Name:	
Contractors State License # (US Only)			

A1 Corporation Information			
Legal Name of Firm (in full)			
Other Trade Name(s)			
Parent Company			
Dunn & Bradstreet #		FEID #	
Business Address		Phone	
		Fax	
City		Province/State	
Email Address		PC/Zip	

Form of Business	Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Limited Liability Corp <input type="checkbox"/>		
Date Business Commenced		Date Incorporated	

A2 Bonding & Insurance			
Name of Broker Reference		Bonding Company	
Insurance Provider(s)			
Auto Liability limits			
General Liability limits			
E&O limits (if design/build)			
Could subcontractor provide a performance bond if required?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Bond Rate \$ _____/1000

A3 Financial Information			
Primary Bank		Account #	
Address		Account Manager	
Will parent company provide a guarantee?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Audited financial statements provided?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Financial reports for period ending?			
Working Capital?			
Equity?			

A4 Supplier References			
1. Name		Acct #	
Address		Contact Name	
2. Name		Acct #	
Address		Contact Name	
3. Name		Acct #	
Address		Contact Name	
4. Name		Acct #	
Address		Contact Name	



SUBCONTRACTOR QUALIFICATION

A5 Project Experience			
List two largest projects currently under construction?			
1. Project Name		Subcontract Value	
Prime Contractor		Contractor Reference	
Did you provide a Perf. Bond?	Yes __ No__ Bond Rate \$ ___/1000	Phone Number	
Adherence to Schedule		Manpower Planning	
2. Project Name		Subcontract Value	
Prime Contractor		Contractor Reference	
Did you provide a Perf. Bond?	Yes __ No__ Bond Rate \$ ___/1000	Phone Number	
Adherence to Schedule		Manpower Planning	

List two largest projects completed by subcontractor within last year?			
1. Project Name		Subcontract Value	
Prime Contractor		Contractor Reference	
Did you provide a Perf. Bond?	Yes __ No__ Bond Rate \$ ___/1000	Phone Number	
Adherence to Schedule		Manpower Planning	
2. Project Name		Subcontract Value	
Prime Contractor		Contractor Reference	
Did you provide a Perf. Bond?	Yes __ No__ Bond Rate \$ ___/1000	Phone Number	
Adherence to Schedule		Manpower Planning	

Name largest project ever undertaken by subcontractor?			
Project Name		Subcontract Value	
Subcontractor on-site date		Completion Date:	
Prime Contractor		Contractor Reference	
Did you provide a Perf. Bond?	Yes __ No__ Bond Rate \$ ___/1000	Phone Number	
Adherence to Schedule		Manpower Planning	

A6 Principal Information			
Proprietorship or Partnership: List all owners and/or Partners			
Corporation or Limited Liability Company: List all Officers, Directors, Members and Major Stockholders			
Name	Position	Length of time in position	Length of time with firm



SUBCONTRACTOR QUALIFICATION

A7 Firm Size			
Number of people employed by your firm for last three years			
	Year _____	Year _____	Year _____
Corporate:			
Field Supervisory:			
Trades people:			
Other:			
List your annual construction revenues over the last 4 years and a projection for this year			
Reporting Period:	Current Year Projection		
Revenue			

A8 Work Experience			
Number of contracts you have completed in the volume ranges indicated below:			
Under \$100,000			
\$100,001 to \$250,000			
\$250,001 to \$500,000			
\$500,001 to \$1,000,000			
\$1,000,001 to \$2,500,000			
\$2,500,001 to \$5,000,000			
\$5,000,001 to \$7,500,000			
\$7,500,001 to \$10,000,000			
\$10,000,001 to \$15,000,000			
\$15,000,001 to \$25,000,000			
Above \$25,000,000			
Number of projects completed in construction types indicated below:			
Office (1-3 stories)		Correctional Facilities	
Office (4-10 stories)		High Tech	
Office (11+)		Design Build	
Hotel/Motel		Residential	
Airport		School/Institutional	
Sports/Entertainment		Power/Energy	
Hospital		Roads	
Interior/Build Out		Bridges	
Retail		Water Treatment Plant	
Industrial		Waste Water Treatment Plant	
Other			



SUBCONTRACTOR QUALIFICATION

A9 Safety Evaluation						
If a "Yes" response entered, please attach additional information.						
	Yes	No	Answer Below			
Do you have a formal/written safety program?			If yes, please submit a copy when requested			
Do you know your EMR? If so, list your EMR for the past three years.			<table border="1"> <tr> <td>1st Year</td> <td>2nd Year</td> <td>3rd Year</td> </tr> </table>	1 st Year	2 nd Year	3 rd Year
1 st Year	2 nd Year	3 rd Year				
If your EMR is exactly 1.0 for any policy year, was or is your firm too new or too small to have an EMR calculated?						
Is your firm self-insured for Workers Compensation claims?						
To whom are Incidents/Accident reports sent to within your company?						
Do you hold on-site Safety Meetings with field supervisors? If yes, how often?						
Do you conduct project safety inspections? If yes, how often?						
Do you hold (Tailgate/Toolbox) Weekly Safety Meetings? If so, how often?						
Do you have a written Fall Protection Plan?			If yes, please submit a copy when requested			
Do you have a written Hazardous Comm. plan?			If yes, please submit a copy when requested			
Does your company have an individual dedicated specifically to safety? If yes, please identify by name and title.			Name: _____ Title: _____			
If no, identify the person (Title) within your company directly responsible for the mgmt of your company's Safety Program:			Name: _____ Title: _____			
Do you have an Orientation Program? If yes, which of the following does it include?			Check those below which apply			
<input type="checkbox"/> Head Protection <input type="checkbox"/> Hearing Protection <input type="checkbox"/> Fall Prevention <input type="checkbox"/> Housekeeping <input type="checkbox"/> First Aid Procedures <input type="checkbox"/> Toxic Substances <input type="checkbox"/> Trenching & Excavation	<input type="checkbox"/> Vehicle Safety <input type="checkbox"/> Hand Tool Safety <input type="checkbox"/> Scaffold Safety <input type="checkbox"/> Electrical Safety <input type="checkbox"/> Eye Protection <input type="checkbox"/> Respiratory Protection <input type="checkbox"/> Perimeter Guarding	<input type="checkbox"/> Fire Prevention & Protection <input type="checkbox"/> Emergency Procedures <input type="checkbox"/> Right to Know Laws <input type="checkbox"/> Signs and Barricades <input type="checkbox"/> Foot Protection <input type="checkbox"/> Ladder Safety <input type="checkbox"/> Welding & Cutting				
Please use the previous three (3) years OSHA 300 records to complete the following:						
Number of lost workday cases:	_____	_____	_____			
Number of restricted workday cases:	_____	_____	_____			
Total Recordable Injury Rate:	_____	_____	_____			
Number of employee hours worked:	_____	_____	_____			

COMELCO

General & Electrical Contracting Services



SUBCONTRACTOR QUALIFICATION

A10 General		
If a "Yes" response entered please attach additional information		
	Yes	No
Has any license ever been denied or revoked (US Only)?		
Does the work description and volume fit within your scope of license?		
Has your Company ever petitioned for bankruptcy, failed in a business endeavor, defaulted or been terminated on a contract awarded to you?		
Has your surety every finished one or more of your construction projects?		
Has your Company ever been disbarred or precluded from public work?		
Has any entity made a claim against your Company for failing to make payments to that or any other entity?		

I/we certify that the above information is correct and complete and further understand that COMELCO, Inc. and/or any of its affiliate companies will rely on this information for subcontractor pre-qualification. The above subcontractor and its principals authorizes COMELCO, Inc. and/or any of its affiliates at any time and from time to time to obtain Credit Reports on Subcontractor or any individuals listed above or to obtain credit and funding information from other persons or entities listed above. The subcontractor further agrees to supply such additional information as may be required by COMELCO, Inc. to warrant future extension of contracts.

Applicant(s):

By: _____

By: _____

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

Form Completed by:

Please print name clearly _____



Subcontractor Health, Safety and Environmental (HSE) Qualification

Note: It is imperative that this Qualification be returned to COMELCO by emailing this complete form to vendor@comelcoinc.com. Not doing so could result in a delay with the start of your operations on this project.

Company Name: _____

Mailing Address: _____

Name & Title of Highest Ranking Safety Professional:

Cell Phone Number of the Safety Professional: _____



Subcontractor Health, Safety and Environmental (HSE) Qualification

1.0 Provide the following data for the current year-to-date and the previous three (3) years. Utilize your OSHA 300 for the data.

	2011	2010	2009	2008
1.1 Manhours (Salaried and Hourly)	_____	_____	_____	_____
1.2 Number of Fatalities (Column G)	_____	_____	_____	_____
1.3 Number of injuries / illnesses involving days away from work (Column H)	_____	_____	_____	_____
1.4 Number of injuries / illnesses involving Job Transfer or Restriction (Column I)	_____	_____	_____	_____
1.5 Number of injuries / illnesses listed as Other Recordable Cases (Column J)	_____	_____	_____	_____
1.6 Number of days (calendar) away from Work (Column K)	_____	_____	_____	_____
1.7 Number of days (calendar) of on job transfer or restriction (Column L)	_____	_____	_____	_____
1.8 Total Recordable Incident (Injury) Rate	_____	_____	_____	_____
1.9 Lost Time Incident (Injury) Rate	_____	_____	_____	_____
1.10 Experience Modification Rate for three (3) previous years only.	_____	_____	_____	_____

2.0 Citation History (includes labor and environmental)

2.1 Address all labor and environmental citations issued to this company for the current year and the three (3) previous years.

2.2 Identify the citing regulatory agency, date of violation, type of violation, standard violated and disposition.

3.0 Identify the number of **open** Workman's Compensation claims. Include current year-to-date and three (3) previous years.

4.0 Identify your primary scope of work.

5.0 Identify all that apply to your scope of work

- | | | | |
|------|---|---------|--------|
| 5.1 | Compressed gas cylinders | Yes ___ | No ___ |
| 5.2 | Confined space entry | Yes ___ | No ___ |
| 5.3 | Electrical equipment grounding assurance | Yes ___ | No ___ |
| 5.4 | Lockout / tagout | Yes ___ | No ___ |
| 5.5 | Fall prevention / protection | Yes ___ | No ___ |
| 5.6 | Fire prevention / protection | Yes ___ | No ___ |
| 5.7 | Hazard Communications | Yes ___ | No ___ |
| 5.8 | Housekeeping | Yes ___ | No ___ |
| 5.9 | Perimeter guarding (floor, wall, roof openings) | Yes ___ | No ___ |
| 5.10 | Portable electric | Yes ___ | No ___ |
| 5.11 | Hand / power tools | Yes ___ | No ___ |
| 5.12 | Mechanized equipment (loader, backhoe) | Yes ___ | No ___ |
| 5.13 | Aerial work platform | Yes ___ | No ___ |
| 5.14 | Scaffolding / work platforms | Yes ___ | No ___ |
| 5.15 | Trenching and excavation | Yes ___ | No ___ |

- | | | | |
|------|-------------------------------------|---------|--------|
| 5.16 | Use of vehicles onsite | Yes ___ | No ___ |
| 5.17 | Welding / burning / cutting | Yes ___ | No ___ |
| 5.18 | Use of explosives / blasting agents | Yes ___ | No ___ |
| 5.19 | Demolition | Yes ___ | No ___ |
| 5.20 | Rigging | Yes ___ | No ___ |
| 5.21 | Steel erection | Yes ___ | No ___ |
| 5.22 | Waste disposal / management | Yes ___ | No ___ |
| 5.23 | Crane(s) | Yes ___ | No ___ |
| 5.24 | Respiratory protection | Yes ___ | No ___ |
| 5.25 | Asbestos abatement | Yes ___ | No ___ |
| 5.26 | Lead abatement | Yes ___ | No ___ |
| 5.27 | Road safety | Yes ___ | No ___ |

6.0 Site Specific Health, Safety and Environmental (HSE) Plan (Check appropriate response)

6.1 We intent to submit our own Site Specific HSE Plan _____

6.2 We intent to follow COMELCO's Site Specific HSE Plan _____

7.0 Signatures

7.1 Subcontractor representative who supplied the information outlined in this Qualification:

Name: _____ Date: _____

7.2 COMELCO Review

Name: _____ Date: _____

7.3 Comments:
