

## SUBCONTRACTOR QUALIFICATION FORM

Please complete the following questionnaire and send it and all material requested to:

Veterans NW Construction, LLC.  
Attn: Angel Vaughn  
2926 6<sup>th</sup> Avenue South  
Seattle, WA 98134

### A. ORGANIZATION GENERAL INFORMATION

Name of Business:

\_\_\_\_\_

Street Address:

\_\_\_\_\_

Post Office Address:

\_\_\_\_\_

City, State, Zip Code:

\_\_\_\_\_

Telephone Number:

\_\_\_\_\_

Facsimile Number:

\_\_\_\_\_

E-mail Address:

\_\_\_\_\_

Key Contact for Bidding:

\_\_\_\_\_

### B. LICENSE INFORMATION (Attach a copy of State License Qualification Form, or some other evidence of licensing.)

License Number	State	Type of License or Work Licensed for

### C. ORGANIZATION OF BUSINESS (Attach copy of last Financial Statement)

1. This firm is a:     Corporation    Partnership    Sole Proprietor    Other \_\_\_\_\_

Names or Officers or Principals:

Title:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Date Founded: \_\_\_\_\_ Under Present Management Since: \_\_\_\_\_

3. Annual Dollar Volume (Last three (3) years):

\_\_/\_\_/\_\_ \$\_\_\_\_\_ \_\_/\_\_/\_\_ \$\_\_\_\_\_ \_\_/\_\_/\_\_ \$\_\_\_\_\_

4. Preferred Job Cost Range:

\_\_\_\_\_

D. BIDDING INTEREST

1. Type of Work:

2. Type of Work Usually Subcontracted to Others:

3. List trades normally performed by your own forces or items normally furnished by your firm:

E. LABOR AND LABOR RELATIONS (Office and Field)

1. This company is signatory to union labor agreements:

Trade Agreement with	Expires	Trade Agreement with	Expires

2. Current number of Employees:

Type	Where Located	Total	Union (Yes/No)

F. RESUME OF PREVIOUS OR CURRENT WORK PERFORMED (Include projects currently under contract and recently completed.)

1. List work completed for Veterans NW Construction, LLC.
2. Provide other jobs similar in nature to the project of interest, if any.

**VETERANS NW CONSTRUCTION, LLC.**

OWNER AND/OR CLIENT (INCLUDE NAME OF VNW PROJECT MANAGER OR SUPERINTENDENT)	DOLLAR VOLUME OF CONTRACT	PROJECT TITLE	LOCATION OF JOB	YEAR COMPLETED	A/E FIRM
1.					
2.					
3.					
4.					
5.					

**OTHER**

GENERAL CONTRACTOR (INCLUDE NAME OF REPRESENTATIVE AND PHONE #)	DOLLAR VOLUME OF CONTRACT	PROJECT TITLE	LOCATION OF JOB	YEAR COMPLETED	A/E FIRM
1.					
2.					
3.					
4.					
5.					

G. COMPLETE IF APPLICABLE

1. Location of Fabrication Shops:

H. SAFETY DATA AND RECORD

1. Is Injury Free Possible?      Yes              No
2. Please describe your company's philosophy on injury free safety: **(on a separate sheet of paper if necessary)**
3. List your firm's Worker's Compensation Experience Modification Factor for the most recent three (3) years.

20\_\_ EMF \_\_\_\_\_      20\_\_ EMF \_\_\_\_\_      20\_\_ EMF \_\_\_\_\_

4. Have you been cited by OSHA in the last year?  
 Yes       No

*If Yes, please provide a copy of the citation(s) or a description.*

5. Does your company have any of the following:

Note: If you answer 'Yes', you may be required to provide a copy to us for our review.

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a. Written safety program and/or policies             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Written drug policy                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Written environmental program                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Safety incentive program                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Outline of all EH&S training provided to employees | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. OSHA Log for last three (3) years                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

6. Does your company employ a full time corporate or site safety professional?  
 Yes       No

7. In the last twelve (12) calendar months:

- a. Number of man-hours worked by employees \_\_\_\_\_

- b. Number of recordable accidents \_\_\_\_\_
- c. Number of restricted workday cases \_\_\_\_\_
- d. Number of lost work day cases \_\_\_\_\_
- e. Incident rate for recordable cases?  
(OSHA recordable incidents \* 200,000 / manhours) \_\_\_\_\_
- f. Incident rate for lost workday cases  
(Lost workday incidents \* 200,000 / manhours) \_\_\_\_\_

I. MISCELLANEOUS INFORMATION

1. Has this organization, or other organization with which the officers or partners were involved in during the past five (5) years ever failed to complete any work awarded to them?  
 Yes       No      If Yes, Explain:

2. Please list any additional information that you feel will help us determine your qualifications and expertise of your firm as they will apply to this project: **(on a separate sheet of paper)**

This pre-qualification questionnaire was completed by:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

3. Circle the appropriate CSI classification that the applicant intends to bid on (see attached sheet)
4. How much insurance coverage does applicant currently carry?

	Yes	No	
General Liability	_____	_____	\$ _____
Auto motive Liability	_____	_____	\$ _____
Workers' Compensation	_____	_____	\$ _____
Employees' Liability	_____	_____	\$ _____

Can applicant provide a minimum of \$1,000,000 coverage in each category?

Yes     No

Can applicant provide a minimum of \$3,000,000 coverage in each category?

Yes     No

5. Can you provide a performance and payment bond for your work? If so, what % of the cost of the work can you provide a bond for and what surety would post the bond?
  
6. What is your corporate policy related to MWBE Outreach and/or participation? Explain. **(On a separate sheet of paper)**
  
7. What is your claim history for the past five (5) years?
  
8. List any and all mediation, arbitration, and litigation your company has been involved with in the past seven (7) years. This includes any mediation, arbitration, and litigation that is your company is currently scheduled to participate in the future.

STATE OF \_\_\_\_\_ )  
 ) ss.

I, \_\_\_\_\_, being first sworn, state that I am \_\_\_\_\_  
 (title)

of the application herein and that the statements made in this application are true: that should there be any subsequent material reduction in applicant's ability to carry out any project for which applicant desires to submit a bid, applicant will give written notice of such change to their designated officer to whom this application is submitted at least ten (10) days prior to the bid opening and that it is understood that such notice may change the eligibility of applicant to submit the bid.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Title

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
 Notary Public

\_\_\_\_\_  
 My commission expires on