



# HASKELL CORPORATION

1001 Meador Ave P.O. Box 917 Bellingham, WA 98229  
Phone: 360-734-1200 FAX: 360-734-5538  
www.haskellcorp.com

## CONTRACTOR'S QUALIFICATION FORM

Project (If Applicable): \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Company: \_\_\_\_\_  
Legal Business Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Shipping Address: \_\_\_\_\_

City

State

ZIP Code

Phone: \_\_\_\_\_

Point of Contact: \_\_\_\_\_

Mobile: \_\_\_\_\_

Title: \_\_\_\_\_

FAX: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Union?  YES  NO

Trades: \_\_\_\_\_

Owners/Officer: \_\_\_\_\_

Type of Entity: Sole Proprietorship  Partnership  Corporation  LLC/LLP  Federal Tax ID# \_\_\_\_\_

Years in Business: \_\_\_\_\_ Contractor License / Certificate # \_\_\_\_\_ State \_\_\_\_\_ Classification \_\_\_\_\_

D&B # \_\_\_\_\_ Current Rating: \_\_\_\_\_ UBI # \_\_\_\_\_

Does your company qualify as a :  MBE  WBE  DBE  SBE  JSEB  VSOB  HUB Zone

Has your company: Ever operated under another name, ever failed to complete a project or ever filed bankruptcy?  Yes  No

If YES, Please Explain \_\_\_\_\_

Have your Principals: Ever worked for a company that failed to complete a project or ever worked for a company that filed bankruptcy?  Yes  No

If YES, Please Explain \_\_\_\_\_

### Safety

List your Experience Modification Rate for the last three years:	Year:	EMR:	OSHA TRIR	Hours
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Number of OSHA Recordable Incidents for the past three years: \_\_\_\_\_

Do you have a written Safety Program?  Yes  No

Are all employees trained in Safety Requirements?  Yes  No

Do you have a company safety director or safety professionals on Staff?  Yes  No

If yes, Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Quality

Do you have a written Quality Control Manual?  Yes  No

Current ASME Stamps:  A  S  U  R  PP

Do you have a Full Time company Quality Control Manager?  Yes  No

If yes, Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Fabrication

Briefly describe your companies fabrication capabilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Bonding & Insurance

Do you currently carry, or can you obtain the following insurance coverage?

Worker's Compensation Statutory Maximum at Project Site Location?

General Liability (\$1,000,000)

Automobile Liability (\$1,000,000)

Employer Liability (\$1,000,000)

Yes  No

Yes  No

Yes  No

Yes  No

\_\_\_\_\_ Insurance Company

\_\_\_\_\_ Insurance Agent

\_\_\_\_\_ Contact #

What is your company's current bonding capacity? Total \$ \_\_\_\_\_ Single Project: \$ \_\_\_\_\_

\_\_\_\_\_ Name of Bonding Company

\_\_\_\_\_ Bonding Agent

\_\_\_\_\_ Contact #

## Experience

Does your company have experience on similar projects? If yes, please list.

Project Name & Location: \_\_\_\_\_ Contract Amount : \$ \_\_\_\_\_

Project Name & Location: \_\_\_\_\_ Contract Amount : \$ \_\_\_\_\_

Project Name & Location: \_\_\_\_\_ Contract Amount : \$ \_\_\_\_\_

List the Types of projects for which your company typically performs, or which it specializes: \_\_\_\_\_

## Resources

What is the largest contract ever performed? \$ \_\_\_\_\_ Current value of work on hand: \$ \_\_\_\_\_

What is company average annual volume for the last three years? \$ \_\_\_\_\_ Average number of employees: \_\_\_\_\_

## License and Work Location

Select the geographical areas where your company is licensed and will provide quotes for work:

AK  CA  HI  ID  MT  ND  NV  OR  SD  UT  WA  WI  Other

List license numbers of jurisdictions in which your company is legally qualified to work:

State:

License Number:

Expiration:

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## Requested Attachments – References, Financial Statement, Resume

Attach a list of References for the following: 1) Clients 2) Trade References 3) Bank References

Note: Please include a point of contact and their phone / fax numbers

Attach a copy of your audited financial statement.

For specific project, attach a copy of proposed organizational chart.



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## Confidentially Note

*The information supplied by the undersigned in this document is intended only for the use of Nesco.*

*The Undersigned certifies that the information provided herein is a clear and accurate representation of this organization.*

Information Supplied by:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title