

Subcontractor Qualification Form

Please complete all fields, inserting "N/A" if question is not applicable.
Responses may continue to a separate page if necessary.
Return completed forms to: Email: subcontractors@dawson.com or Fax: 360-756-1001.

1. Company Information:

Company Name:		Telephone:	
Street Address:		Mailing Address:	
Primary Contact Name		E-mail Address	Cell:
Contractor's License No.	State	Business License No.:	

List Trades typically performed by Bidder's own forces

<u>CSI</u>	<u>DESCRIPTION</u>

Annual Revenue from years prior:
Last year: _____ 2 years ago: _____ 3 years ago: _____

Largest Projects:

Year	Project Name	Contracting Company	Contact/phone No.	Contract Amt.	Completion Date	Bonded (Y/N)
Last year						
2 years ago						
3 years ago						

Completed Representative Projects:

Year	Project Name	Contracting company	Contact/phone No.	Contract Amt.	Completion Date	Bonded (Y/N)

Current Representative Projects:

Project Name	Contracting company	Contact/phone No.	Contract Amt.	Completion Date	Bonded (Y/N)
			\$		
			\$		

Have you worked with Dawson Construction before? No Yes

Are you a certified small, minority or disadvantaged business? No Yes

Are you affiliated with a Union? No Yes

2. Bonding Capacity

Able to provide bid , payment, and performance bonds? No Yes

Bond Rate: \$ _____ Single project limit: \$ _____ Aggregate limit: \$ _____

Bonding Company: _____ Agent Contact: _____ Phone: _____

3. Insurance (complete this section or attach current standard insurance certificate)

General Liability Limits: \$ _____ per occurrence \$ _____ aggregate

Excess / Umbrella Liability Limits: \$ _____ per occurrence \$ _____ aggregate

Insurance Company: _____ Agent Name/Phone Number _____

Date of Last Renewal: _____

Is coverage primary and non-contributory? No Yes

Does general aggregate limits apply per project? No Yes

Is waiver of subrogation applicable to policies listed above? No Yes

4. Safety Record, Policies, and Practices**Workers Compensation Experience Modification Rate (EMR):**

Current Year: ___ Last year: ___ 2 years ago: ___ 3 years ago: ___ 3 Year Average: ___

Injuries (OSHA 300 Log Summary)	3 years ago	2 years ago	Last year
Number of Fatalities (G)			
Number of Lost Workday Cases - Has lost days AND is OSHA Recordable (H)			
Number of Lost Workdays - All lost workdays (regardless of restricted days) AND is OSHA Recordable (K)			
Number of OSHA Recordable Incidents: No lost OR restricted days AND is OSHA Recordable (non-fatal) (J)			
Number of Restricted Cases - Has restricted days AND no lost days AND is OSHA Recordable (I)			
Total OSHA Recordable Injuries and Illnesses (H + J + I)			
Total Man-Hours Worked			

Total OSHA Recordable Incident Rate (TRIR): <i>Rate = $\frac{\text{Total No. of OSHA Recordable injuries} \times 200,000}{\text{Total Employee Hours}}$</i>			
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3 Year TRIR Average: ____

- Does Company have a written safety program and policies No Yes
- Does Company have a written Drug & Alcohol policy No Yes
- Has the Company received any safety citations (OSHA/L&I) within the last 3 years? No Yes
- Does Company employ a full-time safety person? No Yes

If yes, Name: _____ Phone: _____

- Attach copies of the following documents:
- a) EMR Documentation
 - b) Safety Manual Table of Contents
 - c) Explanation of any safety citations within the last 3 years including the dates and corrective actions taken
 - d) OSHA 300 and 300A Logs (Past 3 Years)

OR

- If fewer than 10 employees. Provide the following information on company letterhead:
- "We employed fewer than 10-employees" for the past three years
 - Number of hours worked for the past three years
 - Number of injuries AND description of injuries for the past three years (if any)

Explanation of any safety citations within the last 3 years including the dates and corrective actions taken

5. Company QA/QC Program

- Does Company have a written QA/QC program and/or policies? No Yes
- Does Company employ a full-time QA/QC representative? No Yes
- If yes, Name: _____ Phone: _____

6. Project Performance and Construction Claims History

(if answer to any question in this section is yes, provide explanation on separate page)

- Have you ever failed to complete a contract: No Yes
- Have you ever defaulted on, or been declared in default of, a contract? No Yes
- Have you ever been terminated? No Yes
- Are you currently involved in any bankruptcy proceedings? No Yes
- Have you ever been involved in any bankruptcy proceedings No Yes
- Are you currently involved in any reorganization proceedings No Yes
- Are there, or have there been, any liens, claims or lawsuits against your company either pending or resolved, within the last five years? No Yes
- Are there any pending or unpaid debts or judgments against you? No Yes
- Has company or any of its principals ever been debarred from bidding state or federal public construction work? No Yes

7. References

Material Supplier References List three of your major suppliers:

Company	Contact	Phone

Construction (General Contractor) References: List three contractors with which you do business

Company	Contact	Phone

Bank Reference:

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Company Officer Signature

Name Title Signature Date

FOR OFFICE USE:

Safety

Reviewed By: _____ Date: _____ Comments: _____

Insurance

Reviewed By: _____ Date: _____ Comments: _____

E/M (Optional)

Reviewed By: _____ Date: _____ Comments: _____