

Subcontractor Qualification Form

ALASKA
 907.780.1500 TEL
 907.780.1501 FAX
 P.O. Box 35825
 Juneau, AK 99803

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.

WASHINGTON
 360.756.1000 TEL
 360.756.1001 FAX
 P.O. Box 30920 (98228)
 405 32nd Street, Suite 110
 Bellingham, WA 98225

1. Company Information:							dawson.com
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): Rate = $\frac{\text{Total No. of OSHA Recordable injuries} \times 200,000}{\text{Total Employee Hours}}$			

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: _____

Contracts

Reviewed By: _____ Date: _____ Comments: _____

P/M (Optional)

Reviewed By: _____ Date: _____ Comments: _____