



SUBCONTRACTOR QUALIFICATION STATEMENT

SUBCONTRACTOR INFORMATION

Project Name _____

Company Name _____ website address _____

Address _____

Contact Name _____

Title _____ Email _____

Phone _____ Fax _____

Years in Business _____ FEIN # _____ D&B # _____

Type of Entity: Corporation Partnership Sole Proprietor LLC Other

Under what previous names has your Company operated? _____

List geographic areas where Company performs work: _____

List all trades performed including Design-Build experience: _____

List \$ Range of work Company can perform:

\$50K \$100K \$100-\$500K \$500K-\$1MM \$ > \$1MM

What affiliation does Company have: _____ Union _____ Open Shop _____ Merit Shop

Is your firm currently certified as an Edge, SB, MBE, WBE, DBE, VOB: Yes No

If yes, attach a copy of your certification:

Can you provide full time superintendent/supervisor on the project site if required? Yes No

CLIENT REFERENCES:

List three (3) major projects your company has in progress or has completed in the past 12 months.

1. Project Name

Contract Amount _____ General Contractor Name _____

Project Superintendent _____ Trades Performed _____

Scheduled Completion Date _____ Date of Completion: _____ % of work your Company performed _____

2. Project Name

Contract Amount _____ General Contractor Name _____

Project Superintendent _____ Trades Performed _____

Scheduled Completion Date: _____ Date of Completion _____ % of work your Company performed _____

3. Project Name

Contract Amount _____ General Contractor Name _____

Project Superintendent _____ Trades Performed _____

Scheduled Completion Date _____ Date of Completion _____ % of work your Company performed _____

SUPPLIER REFERENCES:

Company Name _____

Contact _____ Phone _____

Company Name _____

Contact _____ Phone _____

INSURANCE CARRIERS:

Insurer _____

Agent Name _____ Phone _____

General Liability Limits each occurrence _____

General Aggregate _____

Automobile Liability combined single limit _____

Umbrella Liability Yes No If yes, limits \$ _____

* Provide a copy of Certificate of Liability Insurance and Workers' Compensation Certificate

CAN YOUR COMPANY SECURE A BOND? Yes No

Name of Surety _____

Bonding Capacity _____

Has your company ever failed to complete any work in the past 5 years? Yes No

Are there any judgments, claims, or arbitration proceedings or suits outstanding against your firm or its owners or officers within the past 5 years? Yes No

Has your Company filed any lawsuits or arbitration with regard to contracts within the past 5 years? Yes No

If yes to any, attach detailed description and outcome.

Do you have a written **Safety Program**: Yes No

Do you have a written **Drug Free Workplace Program**? Yes No

Please provide a copy of the following documentation to WENCO's Safety Director prior to starting any projects with WENCO:

- Subcontractor Qualification Statement
- Copy of Certificate of Liability Insurance including WENCO and its subsidiaries as additional insureds
- Copy of current Workers' Compensation Certificate

Please have the following documentation on the jobsite at all times while performing work:

- Written Safety Program
- Safety Data Sheets specific to jobsite
- Site specific Fall Protection Plan if applicable
- Site specific Scaffold Erection Plan if applicable

General Safety Statistics

- * If OSHA Data does not apply NUMBER OF EMPLOYEE HOURS STILL NEEDS TO BE COMPLETED - THIS NUMBER INCLUDES EVERYONE IN THE COMPANY INCLUDING OWNER/OPERATOR.
- * Please note that data for questions 1-8 can be found on your annual OSHA Form 300A.

Category	2015	2014	2013
1. Annual average number of employees			
2. Total hours worked by all employees			
3. Total number of deaths			
4. Total number of cases with days away from work			
5. Total number of cases with job transfer or restriction			
6. Total number of other recordable cases			
7. Total number of days away from work			
8. Total number of days of job transfer or restriction			

Ohio Bureau of Workers' Compensation Experience Modification Rate (EMR):

2015 2014 2013

OSHA CITATIONS

Have you or your company received any citations or fines from OSHA or any other regulatory agency during the last 3 calendar years? **If yes, attach a description and actions taken to prevent the violation from reoccurring.**

Yes No

If yes, how many citations have been received in the past 3 calendar years:

Willful _____ 2015 Repeat _____ 2015 Serious _____ 2015 Other _____ 2015
 _____ 2014 _____ 2014 _____ 2014 _____ 2014
 _____ 2013 _____ 2013 _____ 2013 _____ 2013

**IF YOU HAVE ANY QUESTIONS PLEASE CONTACT RONNA SPAHR, SAFETY DIRECTOR, @ rspahr@wencoconstruction.com
 FORWARD COMPLETED FORM TO rspahr@wencoconstruction.com or fax 937/849-9221**

Safety & Risk Management	<input type="checkbox"/> Approved	Not <input type="checkbox"/> Approved	Reviewed by	Date
Comments:				
Contractor Qualifications	<input type="checkbox"/> Approved	Not <input type="checkbox"/> Approved	Reviewed by	Date
Comments:				