

The undersigned certifies under oath that the information provided herein is true and sufficiently complete so as not to be misleading.

SUBMITTED TO:	Stock CMS		
SUBMITTED BY:	_____	Corporation	<input type="checkbox"/>
ADDRESS:	_____	Partnership	<input type="checkbox"/>
	_____	Individual	<input type="checkbox"/>
E-MAIL ADDRESS:	_____	Joint Venture	<input type="checkbox"/>
POC PHONE:	_____	Other	<input type="checkbox"/>
RCE #:	_____		
FEDERAL TAX ID #:	_____		
TYPE OF WORK:			
_____	General Construction	_____	HVAC
_____	Plumbing	_____	Electrical
_____	Mechanical	_____	Civil
_____	Concrete		
_____	Other (Please describe) _____		

Also complete the:

Subcontractor Qualification – Health and Safety Evaluation

NOTICE: Failure to furnish any information requested in or by this Subcontractor Qualification Statement will slow the approval process and may jeopardize inclusion in Stock's Subcontractor Database.

1.0 ORGANIZATION	
1.1	How many years has your organization been in business as a contractor? _____
1.2	How many years has your organization been in business under its present business name? _____
1.2.1	Under what other or former names has your organization operated? _____
1.3	If your organization is a corporation, answer the following:
1.3.1	Year of incorporation: _____
1.3.2	State of incorporation: _____
1.3.3	President's name: _____
1.3.4	Vice-president's name(s): _____
1.4	If your organization is a partnership, answer the following:
1.4.1	Year of organization: _____
1.4.2	Type of partnership: _____
1.4.3	Name(s) of general partner(s): _____
1.5	If your organization is individually owned, answer the following:
1.5.1	Year of organization: _____
1.5.2	Name of owner: _____
1.6	If the form of your organization is other than those listed above, describe it and name the principals: _____ _____ _____

2.0 STAFF	
2.1	Present number of employees:
	1 – 20 <input type="checkbox"/>
	21 – 40 <input type="checkbox"/>
	41 – 60 <input type="checkbox"/>
	61 – 100 <input type="checkbox"/>
	Over 100 <input type="checkbox"/>
2.2	Average length of tenure of key employees : _____

3.0 LICENSING	
3.1	List (insert State) license number(s) and trade categories: _____ _____ _____
3.2	What is the dollar amount of your current work backlog (under contract but incomplete) as of the date of this qualification statement? _____
3.3	Professional Affiliations: _____

4.0 EXPERIENCE	
4.1	List the categories of work that your organization normally performs with its own forces: _____ _____ _____ _____
4.2	Claims and Litigations: (If the answer to any of the questions below is yes, please attach details.) 4.2.1 Has your organization ever failed to complete any work awarded to it? _____ 4.2.2 Are there any judgments, claims, arbitration proceedings, or suits pending or outstanding against your organization or its officers? _____ 4.2.3 Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the last five years? _____
4.3	Within the last five years, was any officer or principal of your organization an officer or principal of another organization when it failed to complete a construction contract? (If the answer is yes, please attach details)
4.4	On a separate sheet, list all major construction contracts with values over \$250,000 which your organization has <u>in progress</u>, giving the name of the project, owner, architect, general contractor (if applicant is a subcontractor), contract amount, percent complete, and scheduled completion date. (Applicant's performance on the projects listed may be reviewed with individuals associated with those projects.)
4.5	On a separate sheet, list all contracts over \$250,000 which your organization has <u>completed</u> in the past three years, giving the name of the project, owner, architect, general contractor (if applicant is a subcontractor), contract amount, and date of completion. (Applicant's performance on the projects listed may be reviewed with individuals associated with those projects.)
4.6	On a separate sheet of paper, list construction experience which your organization has <u>completed</u> in the past 3 years, giving the name of the project, owner, architect, general contractor, contract amount, and scope of work.
4.7	On a separate sheet, list the construction experience and present commitments of the key individuals of your organization.
4.8	a. Has your firm had any previous business experience with Stock CMS in the past 5 years? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide details on a separate sheet.

5.0 EQUIPMENT				
Please provide the following information on owned/leased equipment that your firm would have available for this project:				
Make	Type	Model	Year	Quantity
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

6.0 PROJECT APPROACH	
6.1	Describe your organization: (please attach a separate sheet detailing your organization)
	a. Describe your Quality Control Program for self-performed or subcontracted work.
	b. Describe your Safety Program for self-performed or subcontracted work.
6.2	Describe your knowledge of local manpower availability (project site) and your commitment to guarantee that project construction schedules will be maintained.
6.3	Describe your approach to organization, scheduling, estimating, cost/project control, procurement, construction methods, value engineering, document control, etc.
6.4	Describe your past experience and current plans and intentions to utilize small business (SBE), minority-owned (MBE), woman-owned (WBE), disabled veteran (DVBE) enterprises and local subcontractors and suppliers in performing your organization's scope of work on this project.
6.5	Describe your approach on previous Semiconductor project.

7.0 REFERENCES	
7.1	Trade References: _____ _____
7.2	Bank References: _____ _____
7.3	Surety:
	8.3.1 Total Bonding Capacity: _____
	8.3.2 Current Net Bonding Capacity: _____
	8.3.3 Name of bonding company: _____
	8.3.4 Name, address, and phone number of agent: _____ _____
	8.3.5 What is your organization's current bonding rate? \$ _____ <i>(attach a letter from your Bonding Company stating that you are bondable for this project and at what rate)</i>

8.0 INSURANCE

(for further reference, please see the attached Insurance Requirements sheet)

- 8.1** Is your Company capable of providing General Liability, broad form, \$2,000,000 combined single limit each occurrence? Yes No If not, state coverage limits: \$_____
- 8.2** Is your Company capable of providing Automobile Liability, \$1,000,000 combined single limit each occurrence? Yes No If not, state coverage limits: \$_____
- 8.3** Does your company carry state-mandated Worker's Compensation/Employer's Liability Insurance? Yes No Please state coverage: \$_____
- 8.4** Will your underwriter(s) provide policy endorsements naming Stock CMS, Inc. as additional insured's on your Comprehensive Automobile and Vehicle Liability, Commercial General Liability, and, where applicable, Contractor's Pollution Liability insurance policies?
Yes or No: _____
- 8.5** Will your underwriter(s) provide policy endorsements waiving its rights of subrogation with respect to Stock CMS, Inc., in connection with your Worker's Compensation/Employer's Liability, Comprehensive Automobile and Vehicle Liability, and Commercial General Liability insurance policies? Yes or No: _____
- 8.6** Will your underwriter(s) provide primary/not-contributory endorsements with respect to Stock CMS Inc., in connection with your Comprehensive Automobile and Vehicle Liability, Commercial General Liability, and Contractor's Pollution Liability insurance policies?
Yes or No: _____
- 8.7** Will your underwriter provide a per-project-aggregate endorsement to your Commercial General Liability insurance policy? Yes or No: _____
- 8.8** Will your underwriter(s) provide 30 days written notice to Stock CMS Inc. should any of the required insurance policies be canceled before their expiration date? Yes or No: _____
- 8.9** Does your company carry Professional Liability? Yes No Please state coverage: \$_____
- 8.10** Does your company carry Products/Complete Operations Aggregate as part of your General Liability? Yes No Please state coverage: \$_____

9.0 HEALTH AND SAFETY

- 9.1** Please complete and return the Health and Safety Evaluation form.

10.0 SIGNATURE

Dated at _____ this _____ day of _____

20 ____.

Name of Organization: _____

By: _____

Signature

Printed or typed name and title

COMPANY NAME:	DATE:
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ADDRESS:

CITY	STATE
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LIST OF FIRM'S PRIMARY SIC CODES:

1. Experience Modification Rates

a) List your firm's Experience Modification Rate (EMR) for the three most recent years: (Information is available from your Workers' Compensation Insurance Carrier):

YEAR	MODIFICATION RATE

b) If your organization does not have an EMR, please explain

2. Insurance and Ownership

a) How long have you been covered by your current provider of Workers' Compensation insurance?

b) Has there been a change of ownership in your company within the last three years?

3. Please consolidate your firm's OSHA Form 300 injury and illness data for the last complete three years and complete the following:

Data	LAST YEAR	2 YEARS AGO	3 YEARS AGO
a) Number of Lost Workday Cases (not days lost)			
b) Number of Restricted Workday Cases (not restricted days)			
c) Number of Medical Treatment Cases* (not first aid)			
d) Total Recordable Cases (Items 3a, + 3b + 3c)			
e) Total Corporate Hours Worked (hourly and salaried employees)			
f) Lost Workday Case Frequency Rate (item 3a x 200,000 / item 3e)			
g) Recordable Case Frequency Rate (item 3d x 200,000 / item 3e)			

***Medical Treatment Case** is a case in which an on-the-job injury requires *other* than first aid treatment (and is not considered a restricted or lost workday) as defined by the Bureau of Labor Statistics recordability criteria (i.e., prescribed medication beyond one dose, physical therapy - more than one visit, fractures, imbedded foreign body, etc.). First aid injury treatment cases are *not* required to be added to the OSHA Form 300 log.

Note: Above injury and illness data must be provided whether or not contractor is required to fill in OSHA logs.

4. List any fatalities your firm has had in the last three years. Include location, cause and corrective action. (Use back of form if additional space is required.)

5. List any OSHA serious, repeat, willful or criminal citations and any significant and substantial (S&S) citations your firm has had in the last three years. Please describe. (Use back of form if additional space is required.)

6. How often are accident reports (OSHA) and report summaries sent to the following:

TITLE OR ROLE	MONTHLY	QUARTERLY	ANNUALLY	NEVER
Field Superintendent				
Vice President of Project Management & Delivery Services				
President of Organization				

7. How often do your field supervisors receive safety training?

WEEKLY
 BI-WEEKLY
 MONTHLY
 OTHER

If other, how often?

8. Safety Inspections.

a) How often do you conduct project safety inspections?

WEEKLY
 BI-WEEKLY
 MONTHLY
 OTHER

If other, how often?

b) Who performs the inspections?

9. Accident Recording and Reporting.

a) How are accident and illness records and summaries kept up-to-date?

ACCIDENT TOTALS	MAINTAINED		MONTHLY	ANNUALLY
	YES	No		
Entire Company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subtotalled by Superintendent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subtotalled by First Line Supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b) How often are they reported?

10. Safety Organization

a) Describe your safety organization. List names, titles and safety training:

b) Identify the individual who will be committed full-time and responsible for safety on this project:

11. Do you have a controlled substance and drug abuse program? ____ Yes ____ No

12. Do you have a background check program? ____ Yes ____ No

If you do, describe its elements:

13. Written Safety Program

a) Do you have a written safety program that complies with regulatory Requirements? Yes No

b) Does your written safety program include the following?

		YES	NO
1.	Policy Statements:		
a.	Company Statements	___	___
b.	Substance Abuse	___	___
c.	Rule/Program Enforcement	___	___
2.	Safety/Health Procedures:		
a.	Fall Protection	___	___
b.	Scaffolding/Work Platform	___	___
c.	Perimeter Guarding/Floor, Wall and Roof Openings	___	___
d.	Mobile Equipment Safety	___	___
e.	Housekeeping	___	___
f.	Fire Protection	___	___
g.	Injury Treatment Procedure, First Aid Facilities	___	___
h.	Emergency Procedures, Rescue, Excavation	___	___
i.	Hazard Recognition/MSDS	___	___
j.	Toxic Substances	___	___
k.	Trenching/Excavation	___	___
l.	Signs, Barricades, Flagging	___	___
m.	Electrical Safety	___	___
n.	Rigging/Crane Safety	___	___
o.	Confined Space Entry	___	___
p.	Welding/Burning Permit Procedures	___	___
q.	Asbestos Abatement	___	___
r.	Lockout/Tagout/Tryout	___	___

3.	Personal Protective Equipment Requirements:		
a.	Head Protection	___	___
b.	Eye Protection	___	___
c.	Hearing Protection	___	___
d.	Foot Protection	___	___
e.	Respiratory Protection	___	___
f.	Chemical Protective Clothing	___	___

14a.	Are all current employees trained in the above safety program?	___ Yes	___ No
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14b.	Do you have a formal orientation program for all new hires on the above safety program?	___ Yes	___ No
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15a.	Do you have a written safety program for newly hired or promoted supervisors?	___ Yes	___ No
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15b.	If yes, does it include instruction on the following?	Yes	No
	1. All elements of your written safety program	___	___
	2. Methods of safety supervision	___	___
	3. Toolbox meetings	___	___
	4. Emergency procedures	___	___
	5. First-Aid facilities	___	___
	6. Accident investigation	___	___
	7. Fire prevention/protection	___	___
	8. New worker orientation	___	___

16.	How often do you hold craft "toolbox" safety meetings?
	___ Weekly ___ Biweekly ___ Monthly ___ Other

17.	Have you performed work at any Stock CMS location previously?
	___ Yes ___ No
	If yes, please describe location:

Compliance Statement:
As a Contractor/Subcontractor to Stock CMS, it is understood that your organization understands and maintains the highest standards possible for compliance with all state and federal regulatory requirements as they apply to your organization. Additionally, it is also understood that any subcontractors that your organization may employ, acquire, obtain, or use during the course of your contractual agreement(s) with Stock CMS are selected using the same methods and policies which you enforce upon your own organization, employees, and other affiliated organizations and subcontractors.

I certify that my organization, its personnel, and subcontractors will not invalidate the integrity of safety systems or devices at any time without proper authorization from Stock CMS. At no time will employees or subcontractor personnel willfully violate any state or federally mandated regulatory requirements.

COMPLETED BY (NAME):	COMPLETED BY (SIGNATURE):
PHONE NUMBER:	DATE COMPLETED:

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