



TRADE CONTRACTOR QUALIFICATION FORM

Please TYPE in all blanks accurately, provide attachments and fax, mail or e-mail to:

INTEGRITY CONSTRUCTION SERVICES, LLC.
829 WEST MAIN STREET, SUITE C
GAYLORD, MICHIGAN 49735
PHONE: (989) 705-1131
FAX: (989) 732-6102
E-MAIL: ehunt@integrity-construction.com

Note: Integrity Construction Services, LLC requires pre-qualification of all trade contractors. The complete submittal of this form is required. Incomplete information will result in trade contractor not being invited to bid without further notice.

1. **GENERAL** DATE: _____

1.1 Legal Business Name: _____

Address: _____

Other Business Names you have operated under in the last 5 years: _____

Phone: () _____ Website: _____

Fax: () _____ Email / Contact: _____

1.2 Type of work usually performed: _____

1.3 Our company is qualified to furnish (F) and install (I) materials in one or more of the following proposed Divisions of work WITH OUR OWN FORCES. Place a (F) and/or (I) in the allotted space below:

- | | |
|--|---|
| <input type="checkbox"/> Earthwork / Site Utilities / Grading | <input type="checkbox"/> Overhead Doors |
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Glass & Glazing |
| <input type="checkbox"/> Irrigation | <input type="checkbox"/> Metal Studs / Drywall / Acoustical |
| <input type="checkbox"/> Asphalt Paving / Signage | <input type="checkbox"/> Painting / Wallcovering |
| <input type="checkbox"/> Fencing | <input type="checkbox"/> Flooring |
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Specialties |
| <input type="checkbox"/> Masonry | <input type="checkbox"/> Equipment |
| <input type="checkbox"/> Structural / Miscellaneous Steel | <input type="checkbox"/> HVAC |
| <input type="checkbox"/> Rough Carpentry / Lumber | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Finish Carpentry / Millwork / Cabinetry | <input type="checkbox"/> Fire Protection |
| <input type="checkbox"/> Roofing / Sheet Metal | <input type="checkbox"/> Refrigeration |
| <input type="checkbox"/> Architectural Metal | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Caulking / Sealant / Waterproofing | <input type="checkbox"/> _____ (other) |
| <input type="checkbox"/> Doors / Frames / Finish Hardware | <input type="checkbox"/> _____ (other) |

1.4 President or CEO: _____ Years in business under present name: _____
 Total office staff: _____ Work in place last year: \$ _____
 Total field staff: _____ Total bonding capacity: \$ _____
 % self-performed work: _____ Value of work currently bonded: \$ _____
 Avg. annual sales last three years: _____ Insurance company: _____
 Is firm in compliance with EEO*? ___Yes ___No Phone number: _____
 Is firm certified as MBE*? ___ WBE*? ___
 Work force is: Union? ___ Merit Shop? ___

The attached sample "ACORD" Insurance Certificate Form designates the required insurance coverages. Each contractor and their subcontractor(s) must be able to provide this certificate if awarded a contract.

1.5 **Has firm:** Failed to complete a contact? ___ Been involved in bankruptcy reorganization? ___
 Had pending judgments, claims or suits against firm? ___ (If yes to any of the preceding statements submit details on a separate sheet.)

1.6 **Has Owner or any Officer of the firm** (in relation to a business within the past five years): Failed to complete a contract? ___ Been involved in bankruptcy reorganization? ___ Had pending judgments, claims or suits against firm? ___ (If yes to any of these preceding statements submit details on separate sheet.)

1.7 List four most significant projects completed in the last five years (use separate sheet if needed):

<u>Project & Location</u>	<u>Owner</u>	<u>Contract Amount</u>	<u>Date Completed</u>	<u>Reference Contact / Phone</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1.8 List three most significant projects currently under construction (use separate sheet if needed):

<u>Project & Location</u>	<u>Owner</u>	<u>Contract Amount</u>	<u>Date Completed</u>	<u>Reference Contact / Phone</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1.9 Is firm qualified to do business in the state where the project is located? ___Yes ___No
 a. Is firm registered to collect Sales Tax in the state where the project is located? ___Yes ___No
 b. Is firm registered to collect Use Tax in the state where the project is located? ___Yes ___No

* EEO – Equal Employment Opportunity
 MBE – Minority Business Enterprise
 WBE – Women Business Enterprise

2. **FINANCING**

2.1 A. Name, address, telephone number of Bonding Agent (if applicable): _____

B. Bank references, addresses, telephone numbers and persons to contact: _____

2.2 What is your Dun & Bradstreet credit rating? (This may be obtained from your banker) _____

3. **HEALTH AND SAFETY**

3.1 Does the company have a written safety program? Yes No

3.2 Complete the below listed items by referencing your company's past year's OSHA 300 Log for injuries and illnesses.

- a. Number of Lost Workday Cases: _____
- b. Number of Restricted Workday Cases: _____
- c. Number of Cases with Medical Attention Only: _____
- d. Number of Fatalities: _____

3.3 List any general liability losses for the last three years.

- a. _____
- b. _____
- c. _____

3.4 List employee hours worked last year and the number of hours for illnesses and/or injuries for the last year to date.

Total Number of Employee Hours Worked: _____
Total Number of Illness / Injury Hours: _____

3.5 Complete the below listed items regarding Worker's Compensation Insurance Premiums.

- a. Experience Modification Rate (EMR) _____ (obtain information from your agent)

3.6 Are Tool Box Safety Meetings conducted? At the jobsite? At another location?

If yes, how often?

- 1. Bi-weekly _____
- 2. Weekly _____
- 3. Other _____

3.7 Are jobsite safety inspections conducted at the jobsite? Yes No

- a. If yes, who conducts the inspection?

Name and Title _____

- b. How often are the safety inspections conducted? Weekly Monthly Annually

3.8 How is an accident and/or illness case recorded? _____

3.9 Will Integrity Construction Services, LLC Job Site Superintendent be given a copy of all accident reports on subject projects within 24 hours of occurrence?

a. _____ Yes _____ No

3.10 Does your company have a New Employee Orientation Safety Program?

a. _____ Yes _____ No

4. **SIGNATURE**

4.1 I hereby certify that to the best of my knowledge the above information is true and correct, and, I hereby agree to furnish the required Certificate of Insurance as represented by attached example. Furthermore, permission is granted to Integrity Construction Services, LLC to contact any references for Insurance, Banking, or Bonding Agent contained herein.

By: _____

Title: _____

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID CW
INTECO1

DATE (MM/DD/YYYY)
DATE ISSUED

PRODUCER INSURANCE AGENT'S NAME AND INFORMATION	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED NAME OF SUB CONTRACTOR	INSURER A: NAME OF GENERAL LIABILITY INS CO	NAIC #
	INSURER B: NAME OF AUTO LIABILITY INS CO	NAIC #
	INSURER C: NAME OF WORKERS' COMP INS CO	NAIC #
	INSURER D:	NAIC #
	INSURER E:	NAIC #

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100000 MED EXP (Any one person) \$ 1000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMP/OP AGG \$ 2000000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ 1000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	POLICY INFO OR INDEPEND SUB CONTRACTOR STATEMENT			WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 100000 E.L. DISEASE - EA EMPLOYEE \$ 100000 E.L. DISEASE - POLICY LIMIT \$ 500000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
INTEGRITY CONSTRUCTION SERVICES, LLC IS LISTED AS AN ADDITIONAL INSURED ON THE ABOVE LISTED GENERAL LIABILITY POLICY

CERTIFICATE HOLDER SAMPCE1 INTEGRITY CONSTRUCTION SERVICES, LLC 829 W. MAIN ST., STE C GAYLORD MI 49735	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE NAME/SIGNATURE OF AUTHORIZED AGENT
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