



CONSTRUCTION COMPANY, INC.

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SUBCONTRACTOR QUALIFICATION STATEMENT

Legal Name of Firm: \_\_\_\_\_

Project Contact: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Certified: \_\_\_\_\_ MBE \_\_\_\_\_ WBE \_\_\_\_\_ DBE \_\_\_\_\_ N/A

Agencies certified with: \_\_\_\_\_ Pima County \_\_\_\_\_ City of Tucson \_\_\_\_\_ ADOT \_\_\_\_\_ TAA

Arizona Contractor's License No.: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration: \_\_\_\_\_

Arizona Contractor's License No.: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration: \_\_\_\_\_

REFERENCES:

List three major suppliers:

Table with 4 columns: Company Name, Address, Telephone, Contact. Three empty rows for data entry.

Revenue Past Five Years:

Table with 4 columns: Year, Revenue, Largest Contract, General Contractor. Rows for years 2015, 2014, 2013, 2012, 2011.

CURRENT BONDING, INSURANCE & BANKING INFORMATION

Surety: \_\_\_\_\_

Contact Person/Phone: \_\_\_\_\_

Please attach a letter from your surety detailing the single projection and aggregate amounts they will issue a performance and payment bond for this project.

Name of Insurance: \_\_\_\_\_

Contact Person/Phone: \_\_\_\_\_

Please attach a current copy of your insurance certificates. Contractor and owner will be required to be listed as additionally insured for this project if a Subcontract is executed.

Name of your bank: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person/Phone: \_\_\_\_\_

## COMPLETED PROJECT INFORMATION SHEET

List major construction projects your firm has subcontracted and completed in the past three to five years. Do not list current work in this section.

| Project Name/<br>Description | General Contractor | Total<br>Construction<br>Cost | Date<br>Completed | Reference/Contact Information |      |
|------------------------------|--------------------|-------------------------------|-------------------|-------------------------------|------|
|                              |                    |                               |                   | Name:                         |      |
|                              |                    |                               |                   | Phone:                        | Fax: |
|                              |                    |                               |                   | Name:                         |      |
|                              |                    |                               |                   | Phone:                        | Fax: |
|                              |                    |                               |                   | Name:                         |      |
|                              |                    |                               |                   | Phone:                        | Fax: |
|                              |                    |                               |                   | Name:                         |      |
|                              |                    |                               |                   | Phone:                        | Fax: |

## CURRENT PROJECT INFORMATION SHEET

List major construction projects for which your firm is currently subcontracted. Do not list completed projects.

| Project Name/<br>Description | General Contractor | Total<br>Construction<br>Cost | Date<br>Completed | Reference/Contact Information |      |
|------------------------------|--------------------|-------------------------------|-------------------|-------------------------------|------|
|                              |                    |                               |                   | Name:                         |      |
|                              |                    |                               |                   | Phone:                        | Fax: |
|                              |                    |                               |                   | Name:                         |      |
|                              |                    |                               |                   | Phone:                        | Fax: |
|                              |                    |                               |                   | Name:                         |      |
|                              |                    |                               |                   | Phone:                        | Fax: |
|                              |                    |                               |                   | Name:                         |      |
|                              |                    |                               |                   | Phone:                        | Fax: |

# SAFETY PERFORMANCE QUESTIONNAIRE

**This questionnaire must be completed in its entirety.**

Date: \_\_\_\_\_

Company: \_\_\_\_\_

Safety Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

1. OSHA Reporting Safety Information

$$\frac{\text{Number of Incidents} \times 200,000}{\text{Number of Employee Hours Worked}} = \text{Incident Rate}$$

**Please provide data for the previous three calendar years.**

|  | <u>YEAR 1</u> | <u>YEAR 2</u> | <u>YEAR 3</u> |
|--|---------------|---------------|---------------|
| Number of OSHA Recordable Injury Cases | _____         | _____         | _____         |
| OSHA Recordable Incident Rate          | _____         | _____         | _____         |
| Number of Lost Time Accident/Illnesses | _____         | _____         | _____         |
| Lost Time Accident/Illness Rate        | _____         | _____         | _____         |
| Number of Fatalities                   | _____         | _____         | _____         |

OSHA Log Administrator: \_\_\_\_\_

2. Current Experience Modification Rate (EMR): \_\_\_\_\_

Please provide Workers Compensation EMR for the previous three (3) calendar years for your company as determined by the NCCI.

| <b>YEAR</b> | <b>EMR</b> |
|-------------|------------|
| _____       | _____      |
| _____       | _____      |
| _____       | _____      |

3. OSHA Citations:

Please list the number of OSHA Citations received and upheld in the previous three (3) calendar years.

| <b>YEAR</b> | <b>NUMBER OF CITATIONS UPHELD</b> |
|-------------|-----------------------------------|
| _____       | _____                             |
| _____       | _____                             |
| _____       | _____                             |

Please provide an explanation of the nature of each citation and corresponding severity rating. (Non-serious, serious, willful)

4. Does your company have a **PRE-HIRE** substance testing program?

Yes\_\_\_\_\_ No\_\_\_\_\_

5. Does your company have a **RANDOM** substance testing program?

Yes\_\_\_\_\_ No\_\_\_\_\_

6. Does your company have a **MANDATORY POST-ACCIDENT** substance testing policy?

Yes\_\_\_\_\_ No\_\_\_\_\_

7. Does your company have a written Safety Program?

Yes\_\_\_\_\_ No\_\_\_\_\_

8. Are safety goals developed and communicated?

Yes\_\_\_\_\_ No\_\_\_\_\_

9. Does your company hold tail-gate safety meetings?

Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, who attends these meetings?

\_\_\_\_\_ All Employees  
\_\_\_\_\_ Only Field Employees

10. Does your company conduct a pre-project hazard analysis?  
(You may be required to submit a pre-project hazard analysis)

Yes\_\_\_\_\_ No\_\_\_\_\_

11. Does your company conduct safety orientation for ALL New-Hire employees?

Yes\_\_\_\_\_ No\_\_\_\_\_

12. Does your company provide safety-training classes for your employees?

Yes\_\_\_\_\_ No\_\_\_\_\_

13. Does your company conduct Accident and Incident Investigations?

Yes\_\_\_\_\_ No\_\_\_\_\_

14. Do the investigations identify root causes?

Yes\_\_\_\_\_ No\_\_\_\_\_

15. Are completed accident/incident reports distributed to management?

Yes\_\_\_\_\_ No\_\_\_\_\_

16. Does your company conduct Drivers License Record Verifications on all employees required to operate a company vehicle?

Yes\_\_\_\_\_ No\_\_\_\_\_

17. How frequently does your company conduct safety inspections?

- Daily
- Weekly
- Monthly
- Other Describe: \_\_\_\_\_

18. Who conducts these safety inspections?

- Company Safety Representative
- Manager
- Supervisor/Foreman
- Insurance Representative
- Safety Consultant

19. Does your company document employee certifications for the specific equipment, job conditions, trades (i.e. forklift, manlift, CDL, crane, confined space, excavations, etc.)?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please list types of Certifications maintained in your files.

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20. Have your company's supervisors and managers completed the OSHA 10-hour course?

Yes \_\_\_\_\_ No \_\_\_\_\_

21. Your company's General Liability Insurance limits are:

- Greater than \$1,000,000/\$2,000,000
- \$1,000,000/\$2,000,000
- Less than \$1,000,000/\$2,000,000

22. Have your flaggers successfully completed a Flagging Safety Course?

Yes \_\_\_\_\_ No \_\_\_\_\_

23. Has your company received a citation for violation of the Pima County Air Pollution Regulations?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how many? \_\_\_\_\_

**Preparer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Corp. Officer/Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_