

# SUBCONTRACTOR QUALIFICATION

(Completion of this Qualification Form is Required of ALL Subcontractors)

## GENERAL COMPANY INFORMATION:

Legal Company Name:		
Street Address:	Mailing Address:	
City, State, Zip:	City, State, Zip:	
Main Office Phone:	Main Office Fax:	
Contractor Registration No:	State Tax No. (UBI):	
D/B/A:	Parent Company:	
Company Organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC		
Officers / Partners / Principals:		Signature Authority:
NAME:	TITLE:	Contracts      Change Orders
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Origination:	Other/Former Names:	
M/W/D/B/E Certifications:	Certifying Agency (s):	
Key Contact:	Email:	
Phone:	Fax:	
Emergency Contact:	Email:	
Home Phone:	Cell:	

## TRADE INFORMATION:

Scopes Bid:	CSI / Div:	<input type="checkbox"/> Self-Performed <input type="checkbox"/> Subcontracted
Scopes Bid:	CSI / Div:	<input type="checkbox"/> Self-Performed <input type="checkbox"/> Subcontracted
Scopes Bid:	CSI / Div:	<input type="checkbox"/> Self-Performed <input type="checkbox"/> Subcontracted
Scopes Bid:	CSI / Div:	<input type="checkbox"/> Self-Performed <input type="checkbox"/> Subcontracted
Union Contractor: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Union:	Local No.	Agreement Expires:
Union:	Local No.	Agreement Expires:
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## BONDING / SURETY INFORMATION:

Surety Name:	
Bonding Agent Company / Contact Name:	
Mailing Address:	
City, State, Zip:	
Phone No:	Fax No:
Bonding Capacity Per Job:	Bonding Capacity Aggregate:
Bond Premium Rate:	Date of Last Bond Issued:

## INSURANCE INFORMATION:

Please indicate your current policy limits for each for the following coverage's:

Description	Amount	Amount	Amount
General Liability			
General Aggregate			
Each Occurrence			
Products - Completed Ops			
Personal & Advertising Injury			
Automobile Liability (Any Auto)			
Washington Stop Gap (EL Liability)			
Excess Liability (Umbrella)			
Contractors Pollution Liability			
Professional Liability			
Does your policy's general aggregate limit apply separately to each project?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate your General Liability Policy form:			<input type="checkbox"/> Claims Made or <input type="checkbox"/> Occurrence
Does your current <u>General, Excess and Auto Liability</u> policies allow endorsement to name Lydig and the project Owner as additionally insured, stipulating the insurance afforded the additional insured's shall apply as <b>Primary</b> to any other insurance carried by them?			<input type="checkbox"/> Yes <input type="checkbox"/> No
General / Excess Liability: Additional insured CG 20 10 10/01 and CG 20 37 10/01			<input type="checkbox"/> Yes <input type="checkbox"/> No
Primary / Non-Contributory CG 20 01 04/13			<input type="checkbox"/> Yes <input type="checkbox"/> No
Automobile: CA 20 48 10/13			<input type="checkbox"/> Yes <input type="checkbox"/> No
Waiver of Subrogation: CA 04 44 10/13 or their equivalents			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your policy limit additional insured coverage to "ongoing operations"?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Please indicate your firm's primary point of contact for insurance related issues

Name:	Title:
Phone:	Fax:
Email:	

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Please provide the contact information for your Insurance Agent / Broker

Name:	Title:
Phone:	Fax:
Email:	

**IMPORTANT** Please attach a SAMPLE Certificate of Insurance to evidence coverage stated together with a SAMPLE of the Additional Insured Endorsement stipulating primary coverage used by your carrier.

## SAFETY INFORMATION:

Washington State Labor & Industries Workers' Compensation Experience Modification Rate (EMR) for the three most recent years:

Jan 1, 20	Rate:	Jan 1, 20	Rate:	Jan 1, 20	Rate:
<b>In the last three (3) calendar years:</b>			<b>20</b>	<b>20</b>	<b>20</b>
How many man-hours did your employees work?					
How many recordable accidents did your firm have?					
How many restricted (light duty) workday <u>cases</u> did your firm have?					
How many lost day <u>cases</u> did your firm have?					
- Total number days away from work for lost day <u>cases</u>					
What was your firm's incident rate for recordable accidents? (OSHA recordable accidents x 200,000 / man-hours worked)					
What was your firm's incident rate for time loss <u>claims</u> ? (Lost workday incidents x 200,000 / man-hours worked)					

Average No. of Employees:	Have you been cited by OSHA / WISHA in the last 5 years:
Does your company have a written Safety Program? (Must be available for review upon request)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company have a return to work / light duty program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company have a written substance abuse / testing policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company review the safety management systems of your tier-subcontractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safety Program Managers Name or Contact Person:	
Title:	Cell Phone:
Pager:	Office Phone:

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## FINANCIAL INFORMATION:

State your firm's projected total revenue for current year and actual total revenue for each of the previous three years.

20	\$	20	\$	20	\$
Has your company or any of its owners, officers or major shareholders ever petitioned for bankruptcy, been terminated on a contract or failed to complete work awarded it?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, explain:					
Is your company or any of its owners, officers or major shareholders currently involved in any arbitration or litigation or have any outstanding judgments or claims against it?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, explain:					

List Owner and/or General Contractor references, including contact name whom we may call.

OWNER / GENERAL CONTRACTOR REFERENCES			
Owner / General Contractor	Contact Name	Phone	Email
TRADE REFERENCES			
Major Supplier / Tier Sub	Contact Name	Phone	Email

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List current, ongoing projects with approximate contract amount and anticipated completion date or attach separate list. (Attach a separate sheet as needed)

WORK IN PROGRESS SCHEDULE			
Project	Contract Amount	Projected Completion	General Contractor

Please list projects undertaken in the last three years. (Attach a separate sheet as needed)

COMPLETED WORK SCHEDULE			
Project	Contract Amount	Projected Completion	General Contractor

PLEASE ATTACH YOUR LAST 2 YEARS' AUDITED, COMPILED OR REVIEWED FINANCIAL STATEMENTS TO THE END OF THIS FORM.

**IMPORTANT** While review of Subcontractor financial information is an important and necessary part of the qualification process, Lydig does recognize the proprietary and confidential nature of these documents. Please be assured this information will be handled with the utmost respect to your firm's privacy. Feel free to contact Katie Burton at [kburton@lydig.com](mailto:kburton@lydig.com) if you'd like to discuss protection and handling of this sensitive information.

The following signature is from an authorized representative of the company and attests to the accuracy of the information provided above.

Name/Title:

Date:

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## SUBCONTRACTOR/SUPPLIER/VENDOR SMALL BUSINESS CERTIFICATION

Legal Company Name:	
Street Address:	Date:
City, State, Zip:	Main Office Phone:
Primary Contact Person:	Main Office Fax:
E-Mail Address:	Signature:
DUNS Number:	Federal Tax ID Number:

We are tracking diverse business through Washington State Department of Enterprise Services. Please self-certify at [www.des.wa.gov/services/contractingpurchasing/business/pages/websregistration.aspx](http://www.des.wa.gov/services/contractingpurchasing/business/pages/websregistration.aspx).

<input type="checkbox"/>	<b>Registered under WEBS</b>
<input type="checkbox"/>	<p><i>Small Business Enterprise (SBE)</i>  <i>Per the WEBS, "Small Business" means an in-state business, including a sole proprietorship, corporation, partnership, or other legal entity, that:</i></p> <ul style="list-style-type: none"> <li>• <i>Certifies, under penalty or perjury, that it is owned and operated independently from all other businesses and has either:</i> <ul style="list-style-type: none"> <li>○ <i>Fifty (50) or fewer employees; or</i></li> <li>○ <i>A gross revenue of less than seven million dollars annually as reported on its federal income tax return or its return filed with the department of revenue over the previous three consecutive years; or</i></li> </ul> </li> <li>• <i>Is certified with the office of women and minority business enterprises (OMWBE) under chapter 39.19 RCW. Businesses that meet the definitions above may self-certify as part of the Washington Electronic Business Solution (WEBS) profile.</i></li> </ul>
<input type="checkbox"/>	<p><b>Women Business Enterprise (WBE)</b>  <i>Small business subcontractors 51% owned by women. WBE firms may be certified by Washington State OMWBE or self-identified as Women-Owned through WEBS.</i></p>
<input type="checkbox"/>	<p><b>Minority Business Enterprise (MBE)</b>  <b>Small business subcontractors 51% owned by minorities. MBE firms may be certified by Washington State OMWBE or self-identified as Minority-Owned through WEBS.</b></p>
<input type="checkbox"/>	<p><b>Veteran-Owned Small Business (VOSB)</b>  <i>Small business subcontractors 51% owned by service-disabled veterans. <a href="http://www.dva.wa.gov">www.dva.wa.gov</a></i></p>
<input type="checkbox"/>	<p><b>Microbusiness means any business entity, including a sole proprietorship, corporation, partnership, or other legal entity, that: (1) is owned and operated independently from all other businesses; and (b) has a gross revenue of less than one million dollars annually as reported on its federal tax return or on its return filed with the Department of Revenue.</b></p>
<input type="checkbox"/>	<p><b>Minibusiness means any business entity, including a sole proprietorship, corporation, partnership, or other legal entity, that: (a) is owned and operated independently from all other businesses; and (b) has a gross revenue of less than three million dollars annually as reported on its federal tax return or on its return filed with the Department of Revenue.</b></p>
<input type="checkbox"/>	<b>Other Small Business Affiliations:</b>
<input type="checkbox"/>	<b>Large Business – we do not qualify for any of the above.</b>