



# Summit Industrial Construction, LLC

## Subcontractor Qualification Statement

### Contact Information

Contractor Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Principle Contact: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

### I. Employees (Avg Number over last 2 years)

Corporate and Satellite Office: \_\_\_\_\_  
 Field Construction Management: \_\_\_\_\_  
 Field Construction Staff: \_\_\_\_\_

### II. Financial Data

\*\*Please attach Audited Financial Statements for previous 2 years

Annual Revenue	Total Man Hours
2016 _____	2016 _____
2015 _____	2015 _____
2014 _____	2014 _____

Largest Contract Completed \_\_\_\_\_

Project Name: \_\_\_\_\_  
 Project Description: \_\_\_\_\_

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

D & B # \_\_\_\_\_ Rating: \_\_\_\_\_  
 Surety: \_\_\_\_\_ Rate: \_\_\_\_\_

### III. Construction Experience

\*\*Please attach lists of the following items:

- |   |   |
|---|---|
| A. Current Projects Under Contract        | **Items A and B should include the following at a minimum |
| B. Projects completed in the last 2 years | 1. Location of project and Owner                          |
| C. List of 5 Construction References      | 2. Description of work performed                          |
|   | 3. Final Contract Value                                   |

### IV. Labor Affiliation (Check One)

Merit Shop     Union     Both

### V. Affiliated Programs (Check all that apply)

MBE     DBE     WBE    Other: \_\_\_\_\_

### VI. Qualified Project Locations

\*\*Please attach a list of work location and applicable license numbers for those locations

### VII. Safety Record (Section Must be Completed in Full)

\*\*Please attach a copy of your company's safety program for the current year

\*\*Please attach a copy of your company's OSHA 300 and 300-A logs

EMR	LTIR	TRIR	DART
2016 _____	2016 _____	2016 _____	2016 _____
2015 _____	2015 _____	2015 _____	2015 _____
2014 _____	2014 _____	2014 _____	2014 _____

OSHA Citations within the past 3 years: \_\_\_\_\_

Jobsite Fatalities within the past 3 years: \_\_\_\_\_

\*\*\*Please attach a detailed write up and corresponding corrective actions for all OSHA citations and/or jobsite fatalities from the past 3 Years

### VIII. Miscellaneous

\*Please attach a sample Certificate of Insurance with your standard coverages

\*Please provide any further pertinent information about your company and the services offered