

March 4, 2019

## **Subcontractor Pre-Qualification Instructions**

## To Whom It Concerns:

At Summit, we seek to partner with Contractors & Vendors of the highest quality and standards with whom we share similar goals. Our Pre-Qualification process will help us determine which prospective partners are qualified for the work Summit performs as well identify the appropriate opportunities for partnership.

Please complete, in full, the attached Subcontractor Qualification Statement and return with the applicable submittal documents. For any items which do not apply, please note "Not Applicable" or "N/A". Note that incomplete Qualification Statements cannot be processed and that an approved Pre-Qualification is required prior to working with Summit. Additionally, a completed and/or approved Pre-Qualification does not guarantee work.

Thank you for your interest in partnering with Summit Industrial.

Josh Johnson Chief Operating Officer

## Please check all items enclosed

Completed Prequalification Form
OSHA Logs (Previous 3 Years)
OSHA Citation/Jobsite Incident Write up (If Applicable)
Copy of Corporate Safety Manual
EMR Letter on Insurance Carrier's Letterhead
List of State Licenses & License Numbers
Construction Experience & References
Copy of W-9
Audited Financials (Previous 2 Years)
Bonding Capacity on Surety's Letterhead (If Applicable)
Sample Certificate of Insurance

Attachments:

Subcontractor Qualification Statement



## Subcontractor Qualification Statement

Cantast Information						
Contact Information						
Contractor Name:						
Address:						
_						
-						
Principle Contact:						
Phone Number:						
Email Address:						
I. Employees (Avg Number over last 2 years)						
Corporate and Satellite	Corporate and Satellite Office:					
Field Construction Man	agement:					
Field Construction Staff	: <u> </u>					
II. Financial Data						
**Please attach Audited	V Einancial Statements	for provious 2 years				
Please attach Audited						
Annual Revenue	-	Man Hours				
2018	2018_					
2017	2017_					
2016						
Largest Contract Comp	eted					
Project Name:						
Project Description:						
Date Completed:						
D & B #	Rating:					
Surety:	Rate:					
III. Construction E	vnerience					
**Please attach lists of						
A. Current Projects Und			and B should include the follow	wing at a minimum		
B. Projects completed in	•		of project and Owner			
C. List of 5 Construction	References		ion of work performed htract Value			
		3. Fillal Col	itiact value			
IV. Labor Affiliation	on (Check One)					
☐ Merit Shop	Union	Both				
V. Affiliated Programs (Check all that apply)						
□ МВЕ	☐ DBE	☐ WBE	Other:			
VI. Qualified Proj	ect 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			
2018	2018	2018	2018			
2017	2017 2016	2018 2017 2016	2018 2017 2016			
2016	2016	2016	2016			
OSHA Citation	ns within the past 3 yea	ars:				
	ties within the past 3 y		ective actions for all OSHA cita			
			stille actions to all OCIIA site	tions and for inheita		

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