



January 2, 2021

Shop Fabrication 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 Shop Fabrication 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



Shop Fabricator Qualification Statement

Contact Information

Company Name: _____
 Address: _____

 Principle Contact: _____
 Phone Number: _____
 Email Address: _____

I. Employees (Avg Number over last 2 years)

Corporate and Satellite Office: _____
 Shop Supervision: _____
 Shop Staff: _____

II. Financial Data

**Please attach Audited Financial Statements for previous 2 years

Annual Revenue	Total Man Hours
2020 _____	2020 _____
2019 _____	2019 _____
2018 _____	2018 _____

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 Client 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. Area of Expertise

**Please note all that are most applicable to your company's Area of Expertise

- | | |
|--|---|
| <input type="checkbox"/> Structural Steel (Carbon) | <input type="checkbox"/> Pressure Vessels (Coded) |
| <input type="checkbox"/> Structural Steel (Alloy) | <input type="checkbox"/> Pressure Vessels (Non-Coded) |
| <input type="checkbox"/> Pipe Supports | <input type="checkbox"/> In-House Engineering |
| <input type="checkbox"/> Engineered Pipe Supports | <input type="checkbox"/> Compression (Gas) |
| <input type="checkbox"/> Pipe Spools | <input type="checkbox"/> Compression (Air) |
| <input type="checkbox"/> Steel Tanks (Carbon) | <input type="checkbox"/> Material Handling/Conveying |
| <input type="checkbox"/> Steel Tanks (Alloy) | <input type="checkbox"/> Specialty Machining |
| <input type="checkbox"/> API Tanks | <input type="checkbox"/> Other: _____ |

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
2020 _____	2020 _____	2020 _____	2020 _____
2019 _____	2019 _____	2019 _____	2019 _____
2018 _____	2018 _____	2018 _____	2018 _____

OSHA Citations within the past 3 years: _____

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

VIII. Quality Program/Code Certifications

**Please provide a list and copy of all applicable Industry Code Certifications, Stamps or Qualifications currently held and their renewal dates

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