



January 3, 2022

## 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
2021 _____	2021 _____
2020 _____	2020 _____
2019 _____	2019 _____

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
2021 _____	2021 _____	2021 _____	2021 _____
2020 _____	2020 _____	2020 _____	2020 _____
2019 _____	2019 _____	2019 _____	2019 _____

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