



Subcontractor/Vendor Pre-Qualification

1. General Information

Name of Business: _____

Street Address: _____

P.O. Box Address: _____

City, State, and Zip: _____

Telephone Number: _____ Fax Number: _____

Contact Person: _____ E-mail: _____

2. License Information

Federal Employer Identification Number: _____

Washington Contractors License Number: _____

Washington State Unified Business Number: _____

Department of Labor & Industries Number: _____

3. Organization of Business

This firm is a Corporation/LLC Partnership/Joint Venture Sole Proprietorship
Date Founded: _____ If Corporation, State of Incorporation: _____

Which, if any, of the following, is your firm currently certified as?

Minority Business Enterprise (MBE), Women Business Enterprise (WBE),
 Disadvantaged Business Enterprise (DBE), Disabled Veteran Business
Enterprise (DVBE), Emerging Small Business (ESB) or Historically Underutilized
Business (HUB)

Is your firm a Small Business Concern as defined by the SBA? Yes No

Certification Number: _____ Number of years in business: _____

4. Subcontracting Interest

Specialty #1: _____

Specialty #2: _____

Specialty #3: _____

Subcontractor/Vendor Pre-Qualification

5. Experience

Complete Attachment "A" - **Summary of Work Performed** or provide a similar report for major projects currently under contract and completed in the last 5 years.

6. Labor and Labor Relations (Office and Field)

Is your firm signatory to any union labor agreement(s)? { } No { } Yes - Indicate Below

Union Agreement(s) With:

_____	Expires _____
_____	Expires _____
_____	Expires _____

7. Safety Information

Complete Attachment "B" - **Subcontractor Safety Questionnaire**

8. Business References

Banking: _____
_____ Contact _____

Bonding: Bonding Company _____
Agent Name _____
Telephone Number _____ Contact _____

Insurance: Insurance Company _____
Agent Name _____
Telephone Number _____ Contact _____

9. Trade References

(a) _____
(b) _____
(c) _____

10. Additional Information

Please list any additional information that you feel will help us determine your qualifications and expertise:

Name (Printed): _____ Date: _____
Signature: _____ Title: _____



Attachment "B" - Subcontractor Safety Questionnaire

ALL QUESTIONS MUST BE COMPLETED

1 A. Please list your Company's Worker's Compensation Experience Modification Rate (Experience Factor) for the following years:

2006	2005	2004

Note: Each SUBCONTRACTOR must have a current EMR less than or equal to 1.0 to qualify for MidMountain Contractor, Inc. contracts. If your EMR is over 1.0, please contact the MidMountain Safety Department (425) 202-3600.

B. Is your company self insured? Yes No

2 Please use the 3 most recent year's OSHA No. 300/200 Log to fill in the number of cases for each of the following categories:

A. Does your company employ more than (10) persons? Yes No If "Yes", you must fill out this section

	2006	2005	2004
B. No. of fatalities (Column G from 300) or (Columns 1+8 from 200)			
C. No. of lost & restricted workday cases (Column H & I) or (Columns 2+9)			
D. No. of medical treatment cases (Column J) or (Columns 6+13)			
E. No. of lost workday cases (Column H) or (Columns 3 +10)			
F. Employee Hours Worked			
G. OSHA Recordable Incidence Rate (See formula below)			
H. OSHA Lost Workday Incidence Rate (See formula below)			

Note: Items in parentheses come from your OSHA 300/200 log
 Recordable Incidence Rate (G, H, I, & J) or (1, 2, 6, 8, 9, 13) x 200,000/Employee Hours Worked
 Lost Workday Incidence Rate (H) or (3 + 10) x 200,000/Employee Hours Worked
 Employee Hours Worked Total number of hours worked during the year by all employees

3 OSHA / WISHA Citations:

A. List the number of OSHA / WISHA Citations your company received in the last three years (if any):

2006	2005	2004

B. List any willful OSHA / WISHA citations: _____

C. Please give a brief description of any OSHA / WISHA citations: _____

D. Any employee deaths in the past 3 years? Yes No

E. If yes, please give a brief description of the circumstance: _____

Attachment "B" - Subcontractor Safety Questionnaire

4 Safety Contact:

- A. List the name of the person responsible for safety on this project: _____
- B. List two contact numbers for this person. Primary: _____ Secondary: _____
- C. Please describe this individual's qualifications:

D. Does this person do safety inspections on all of your projects? Yes No Frequency _____

5 Safety Policies:

- A. Do you have a written Company Safety Policy and Program? Yes No
- B. Does your Company have a substance abuse policy? Yes No
- C. If yes, please check which are included in the policy: Yes No
- Pre-hire/Initial Employment _____
- Cause _____
- Post Accident/Incident _____
- Random _____
- Periodic _____
- D. Do you have a return to work/light duty program? Yes No
- E. If yes, please describe: _____

- F. Does your company develop site specific safety plans? Yes No
- G. Does your company conduct site specific safety orientations? Yes No
- H. Will there be a trained "Competent Person" on this project? Yes No
- I. Do you require documented safety meetings for your employees? Yes No
- J. Are subcontractors required to attend your site safety meetings? Yes No
- K. How often are your site safety meetings held? (Circle those that apply) Daily Weekly Monthly Never
- L. Does your Company provide safety training for all employees? Yes No
- M. If yes, please list training provided: _____

- N. Will a member of upper level management (not directly involved in the project) visit and audit the safety performance on the project? Yes No
- O. Does your Company set annual safety goals? Yes No
- P. If yes, please describe: _____

- Q. Do you have a safety recognition program? Yes No
- R. Do you have a formalized disciplinary program? Yes No
- S. Do you evaluate the safety performance of your subcontractors? Yes No
- T. Does your Company conduct accident/incident investigations? Yes No

The undersigned warrants and represents the above listed information to be accurate and correct.

Company: _____

Prepared By: _____ Date: _____

Signature: _____ Title: _____