



CBI Construction Services

431 Office Park Drive
Birmingham AL 35223
205.414.6400

Date: _____

TRADE PARTNER QUALIFICATION FORM

Name of Company: _____

Street Address: _____

(City) (State) (Zip)

Mailing Address: _____

(City) (State) (Zip)

Phone: _____ Fax: _____

Contact: _____ Phone: _____ Cell: _____ Phone: _____ E-mail: _____

Contact: _____ Phone: _____ Cell: _____ Phone: _____ E-mail: _____

Contact: _____ Phone: _____ Cell: _____ Phone: _____ E-mail: _____

Website: _____

Please attach copies of all certifications.

Is this address the: Main Office Regional Office Branch Office

Name of Parent Company: _____

Address of Parent Company: _____

Trades

Please list the trades that your Company is interested in bidding:

Year Company Started: _____ Type of Company: Corp. Partnership Proprietorship Sub. S. Corp.

State of Incorporation: _____ Date of Incorporation: _____

Contractor's License Number: _____ State: _____ Expiration: _____ (Attach list if needed)

State Sales Tax Registration Number: _____ (attach list as needed)

State Unemployment Insurance Number: _____ (attach list as needed)

Federal ID Number: _____

List the corporate officers, partners, proprietors, members and shareholders of more than 5% of the stock of your Company:

	<u>Name</u>	<u>Year of Birth</u>	<u>Position</u>	<u>Percent Owned</u>
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____
E.	_____	_____	_____	_____

Under what other names has your Company operated? _____

How many people does your Company presently employ: _____

Home Office _____ Field Supervisory _____ Trades people _____

How many people did your Company employ on average for the last 3 years?

Home Office _____ Field Supervisory _____ Trades people _____

Has your Company or any of its principals ever petitioned for bankruptcy, failed in business, defaulted or been terminated on a contract awarded to you? Yes _____ No _____

If yes, please explain: _____

Have any of the Owners, officers or major stockholders of your Company ever been Indicted or convicted of any felony or other criminal conduct? Yes _____ No _____

If yes, please explain: _____

Has your Company ever been disbarred or otherwise precluded from pursuing public work or ever been found to be nonresponsive by a public agency? Yes _____ No _____

If yes, please explain: _____

Has your Company ever had a claim made against it for improper, delayed, defective or non-compliant work or failure to meet warranty obligations? Yes _____ No _____

If yes, please explain: _____

SUBCONTRACTOR QUALIFICATION QUESTIONNAIRE (continued)

Is your Company or any of its owners, officers or major shareholders currently involved in any arbitration or litigation? Yes _____ No _____

If yes, please explain: _____

Does your Company have any outstanding judgments or claims against it? Yes _____ No _____

If yes, please explain: _____

Please list any litigation brought against your Company in the past five (5) years asserting that you failed to make payments to anyone. _____

List the geographical areas in which you work: _____

List Unions which you have agreements with:

Local Number	Union Name	Agreement Expiration
_____	_____	_____
_____	_____	_____
_____	_____	_____

Indicate the size of project you are most competitive in performing (enter 1). Show in preference order (2, 3 ...) other size projects you are capable of performing:

() Under \$100,000	() \$3,000,000 - \$6,000,000
() \$100,000 - \$200,000	() \$6,000,000 - \$9,000,000
() \$200,000 - \$500,000	() \$10,000,000 - \$15,000,000
() \$500,000 - \$1,000,000	() over \$15,000,000
() \$1,000,000 - \$3,000,000	

Check all building types on which your Company has worked:

() High rise Office Building	() Sports/Entertainment
() Mid rise Office Building	() Industrial Bldg.
() Hotels/Motels	() High Tech/Laboratories
() Hospital	() Correctional Facilities
() Condo	() Educational
() Apartment	() Design Build/Design Assist
() Strip Mall	() Other

List the trades you normally perform with your own forces: _____

What percentage of the Company's work is normally subcontracted? _____ %

What trades do you normally subcontract? : _____

What is the largest contract your Company has completed?

Amount: \$ _____ Year: _____ Project name and scope: _____

What is the largest dollar volume job you expect to do during this year?

Amount: \$ _____ Project name and scope: _____

What is your expected annual volume this year: \$ _____ # of Projects: _____

What was the average annual volume of work performed over the past 5 years:

Yr./Vol. _____	Yr./Vol. _____	Yr./Vol. _____
Yr./Vol. _____	Yr./Vol. _____	

Attach a list of current major projects giving name of project, address, owner, architect, general contractor, contract amount, scope of work and scheduled completion. (Include contact people and phone numbers)

Attach a list of completed major projects giving name of project, address, owner, architect, general contractor, contract amount and scope of work. (Include contact people and phone numbers)

Attach a letter(s) of reference from a major completed project(s).

Attach a current certificate of insurance.

Name of your Bank: _____

Address: _____

Phone: _____ Contact Person: _____

Amount of line of credit: \$ _____ Amount Available: \$ _____ Expiration date: _____

How is credit secured: _____

What is Company's Dunn & Bradstreet Number: _____

D&B Rating: _____ Pay Record: _____ Date of Rating: _____

Remarks: _____

Bonding Company:

<u>Name of Surety</u>	<u>Key Contact Person/Phone</u>
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A. _____

B. Bonding Capacity: Per Job \$ _____ Aggregate: \$ _____

Date of Last Bond: _____ Amount: \$ _____

Bond Rate: _____ %

C. Please list the persons or entities that provide indemnification to your Surety:

List three of your major suppliers:

A. Name: _____ Address: _____

Contact: _____ Telephone: _____

Credit Line Amount: _____ Current Balance: _____

B. Name: _____ Address: _____

Contact: _____ Telephone: _____

Credit Line Amount: _____ Current Balance: _____

C. Name: _____ Address: _____

Contact: _____ Telephone: _____

Credit Line Amount: _____ Current Balance: _____

List three contractors that you do business with:

A. Name: _____ Address: _____

Contact: _____ Telephone: _____

B. Name: _____ Address: _____

Contact: _____ Telephone: _____

C. Name: _____ Address: _____

Contact: _____ Telephone: _____

Trade Association Memberships: _____

List local or national accredited training programs in which you participate (craft or management training):

List key office personnel and field supervisors (attach resumes):

	<u>Name Position:</u>	<u>Year of Birth:</u>	<u>Years Experience:</u>	<u>Previous Employer:</u>
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____
E.	_____	_____	_____	_____

List any subsidiaries and affiliates of your Company:

	<u>Company Name</u>	<u>Ownership</u>	<u>Type of Company</u>
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____

General Remarks: _____

We have attempted to answer all questions in a full and complete manner to assure that our answers are not in any respect misleading, either by expressing ourselves in a misleading or ambiguous manner or omitting information. We recognize that Cottage Builder's will be relying on the accuracy of the Information and our responses in this questionnaire in deciding whether to permit us to bid and in awarding work to our Company.

Dated at _____ this _____ day of _____, 2 _____

Name of Company: _____

Completed by: _____ (must be an officer of the Company)

Title: _____

_____ being duly sworn, deposes and says that the information provided herein is true and sufficiently complete so as to not be misleading.

Subscribed and sworn before me this _____ Day of _____, 2 _____

Notary Public: _____

My Commission Expires: _____

Exhibit A
Subcontractor Qualification Form
Safety Prequalification Form

1. Please list your Company's Workers' Compensation Interstate/Intrastate Experience Modification Rate for the most recent three years. (Attach a copy of your insurance carrier or state fund (on their letterhead) verifying the EMR data.

Interstate (Yr./Rate)

_____/_____/_____ / _____/_____/_____ / _____/_____/_____

Intrastate (Yr./Rate/Name state(s) with abbreviations next to modification rate)

_____/_____/_____	_____/_____/_____	_____/_____/_____
_____/_____/_____	_____/_____/_____	_____/_____/_____
_____/_____/_____	_____/_____/_____	_____/_____/_____
_____/_____/_____	_____/_____/_____	_____/_____/_____

Note: Subcontractor's must have a current EMR less than or equal to 1.0 to qualify for Cottage Builder's Bid List. Should your EMR exceed 1.0, the Contractor must demonstrate and document that it has or will initiate programs, policies, and attitudes which will result in a safety conscious performance in order to be included on Cottage Builder's Approved Contractor List. In this case it is the sole discretion of Cottage Builders to approve or disapprove a SUBCONTRACTOR.

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

Year	_____	_____	_____
A. Number of fatalities (Total Columns 1 & 8)	_____	_____	_____
B. Number of lost and restricted workday cases (Total Columns 2 & 9)	_____	_____	_____
C. Number of medical treatment cases (Total Columns 6 & 13)	_____	_____	_____
D. Number of lost workday cases (Total Columns 3 & 10)	_____	_____	_____
Employee Hours Worked	_____	_____	_____
OSHA Recordable Incidence Rate	_____	_____	_____
OSHA Lost Workday Incidence Rate	_____	_____	_____

Note: -Items in parenthesis come from your OSHA 300 Log

-Recordable Incidence Rate = $[(A+B+C) \times 200,000 / \text{Employee Hours Worked}]$

-Lost workday Incidence Rate = $[(D) \times 200,000 / \text{Employee Hours Worked}]$

-Employee Hours Worked = total number of hours worked during the year by all employees

Safety Qualification Form (Continued)

3. How many OSHA violation(s) has your Company received in the last three years? (Yr. = # violations)

_____ = _____ = _____ = _____

Any willful OSHA violations: _____ Yes _____ No

Please give a brief description of the violation(s); use additional paper if necessary:

Any employee deaths in the past 3 years? _____ Yes _____ No

If yes, please give a brief description of the circumstances: _____

4. Do you have a qualified person responsible for safety within your Company: _____ Yes _____ No Please describe his/her qualifications: _____

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

6. Do you have a written Company Safety Policy and Program and will you provide copies if requested: _____ Yes _____ No

7. Does your Company have a substance abuse policy: _____ Yes _____ No

If Yes, please check which are included in the policy:

Pre-hire/initial Employment _____

Cause _____

Post Accident/Incident _____

Random _____ Periodic _____

8. Do you have a return to work light duty program? _____ Yes _____ No

If yes, please describe: _____

9. Have you ever implemented 100% fall protection _____ Yes _____ No

If requested can you provide us with a site-specific program addressing the fall hazards in your work? _____ Yes _____ No

10. Do you require documented safety meetings for your employees? Indicate which, and how often.

Field Supervisors: _____ Yes _____ No Frequency _____

New Hires: _____ Yes _____ No Frequency _____

Employees: _____ Yes _____ No Frequency _____

Subcontractors/Vendors: _____ Yes _____ No Frequency _____

11. Does your Company provide safety training for all employees: ____ Yes ____ No If yes, please list training provided.

12. Do you have home office representatives (not directly involved in the project) who will visit and audit the project for safety:

____ Yes ____ No Frequency _____

13. Does your Company set annual safety goals? ____ Yes ____ No

If yes, please list training provided.

14. Does your Company have a program recognizing your employees for safety performance excellence?

____ Yes ____ No

15. Does your Company have a disciplinary program in place for safety violations? ____ Yes ____ No

16. Does your Company review the safety management systems of your sub-subcontractors? ____ Yes ____ No

17. Does your Company conduct accident/incident investigations? ____ Yes ____ No

The undersigned warrants and represents the data provided is accurate in all respects.

Name of Company: _____

Prepared By: _____

Signature: _____

Title: _____

Date: _____