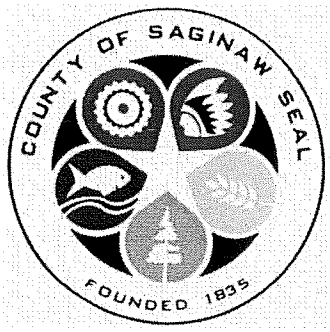
APPENDIX A



County of Saginaw

Pre Qualification Form (PQF) For Contractors

Please submit all Pre-Qualification Forms to:

County of Saginaw
ATTN: Kelly Suppes
111 S. Michigan Avenue
Saginaw, MI 48602

General Information

Company Name:	Telephone:	Fax:
Street Address:	Mailing Address:	
Date:	E-Mail Address:	

1. Officers

   President:

   Vice

   President:

   Treasurer:

2. How many years has your organization been in business under your present firm name?

3. Parent Company Name:

City:	State:	Zip:

4. Under Current Management Since (Date):

5. Contact for Insurance Information:

Title:	Telephone:	Email:

6. Insurance Carrier(s)

Name	Type of Coverage	Telephone

7. Are you self-insured for Worker's Compensation Insurance? Yes___ No ____		
8. Contacts for Requesting Bids (list 2):		
Name/Title:	Telephone:	Email:
9. Pre-Qualification Form completed By:		
Title:	Telephone:	Email:

Organization

1. Form of Business: Sole Owner:____ Partnership:____ Corporation: ___

2. Describe Services Performed:

___Construction ___Construction Design ___Original Equip. Manufacturer & Installer

___Project Maintenance ___Maintenance ___Service Work (e.g. janitorial, clerical)

___Other

3. Describe Additional Services Performed:

4. List other types of work within the services you normally perform that you subcontract to others:

5. Annual Dollar Volume for the Past Three Years:

20_____	20_____	20 _____
$	$	$
6. Largest Job During the Last 3 Years: $		
7. Your Firm's Desired Project Size:		
Maximum:	Minimum:	
8. Bonding Company:		
9. Bonding Capacity: $		
10. State and local licenses and license numbers held by your organization:		
11. What are your formal training programs: a) apprentice/journeymen; b) other comparable formal training programs?		

Work History

1. Largest dollar valued jobs in progress:

Customer/Location	Type of Work	Size - $M	Contact	Telephone

2. Largest dollar valued jobs in the past three years:

Customer/Location	Type of Work	Size - $M	Contact	Telephone

3. Are there any judgements, claims or suits pending or outstanding against your company?

o Yes o No

If yes, please attach details

4. Are you or have you ever been involved in any bankruptcy or reorganization proceedings?

o Yes o No

If yes, please attach details		
5. Has your organization ever failed to complete any work awarded to it?		
6. Has your organization been involved in any lawsuits or arbitration with regard to construction contracts within the last five years?		
7. Within the last five years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract? (If the answer is yes, please attach details)		
8. Provide the following information on five owners that have used your services. Governmental owners preferred.		
a) Firm Name:	Contact Name:	Project:
Address:	Telephone:	Email:
b) Firm Name:	Contact Name:	Project:
Address:	Telephone:	Email:
c) Firm Name:	Contact Name:	Project:
Address:	Telephone:	Email:
d) Firm Name	Contact Name:	Project:
Address:	Telephone:	Email:
e) Firm Name	Contact Name:	Project:
Address:	Telephone:	Email:
9. Provide the following information on five architects that you have worked with in the past five years. Governmental projects preferred.		
a) Firm Name	Contact Name:	Project:
Address:	Telephone:	Email:
b) Firm Name	Contact Name:	Project:
Address:	Telephone:	Email:
c) Firm Name	Contact Name:	Project:
Address:	Telephone:	Email:
d) Firm Name	Contact Name:	Project:
Address:	Telephone:	Email:
e) Firm Name	Contact Name:	Project:
Address:	Telephone:	Email:

Safety and Health Performance

1. Workers Compensation Experience Modification Rate (EMR) Data:

a) EMR is:
___Interstate Rate
___Intrastate Rate
___Monopolistic State Rate _____
___Dual Rate

b) EMR for last three years:
_____20
_____20
_____ 20

c) State or Origin:

d) EMR Anniversary Date:

2. Injury and Illness Data:

a) Employee hours worked last three years (excluding subcontractors)

Year: 20_____	Hours:
Year: 20_____	Hours:
Year: 20_____	Hours:

b) Provide the following data (excluding subcontractor) using your OSHA 300 and 300A Forms for the past three (3) years: *(Notes: Data should be the best available data applicable to the work in this region or area. If your company is not required to maintain OSHA 300 and 300A forms, please provide information from your Worker's Compensation Insurance carrier itemizing all claims for the last three years).*

Injury related fatality:

20___Number: Rate:

20___Number: Rate:

20___Number: Rate:

Lost workday cases injuries involving days away from work, or days of restricted work activity or both:

20___Number: Rate:

20___Number: Rate:

20___Number: Rate:

Lost workday case injuries involving days away from work:

20___Number: Rate:

20___Number: Rate:

20___Number: Rate:

Injuries involving medical treatment only: 20___Number: Rate: 20___Number: Rate: 20___Number: Rate:
Total OSHA Recordable Injury Rate: 20___Number: Rate: 20___Number: Rate: 20___Number: Rate:
3. Have you received any regulatory (EPA, OSHA, etc.) citations in the last three years? Yes ___ No ___

Safety and Health Programs and Procedures

1. Highest ranking safety/health professional in the company:			
Title:	Telephone:	Fax:	
2. Do you have or provide the following:			
a) Full time Safety/Health Director.	Yes____	No ___	
b) Full time Safety/Health Supervisor:	Yes____	No ___	
c) Full time Job Safety/Health Coordinator:	Yes____	No ___	
3. Do you have or provide the following:			
a) Safety/Health incentive program:	Yes____	No ___	
b) Company paid safety/health training:	Yes____	No ___	
4. Do you have a written Safety & Health Program? If yes, please submit		Yes____	No ___
5. Do you have a substance abuse program including Testing?		Yes____	No ___
6. Do your employees read, write and understand English such that they can perform their job tasks safely without an interpreter?	Yes____	No ___	
If no, provide a description of your plan to assure that they can safely perform their jobs.			

Print Firm Name/Principal

Signature/Principal

Date

Please submit all Pre-Qualification Forms to:

County of Saginaw

ATTN: Kelly Suppes

111 S. Michigan Avenue

Saginaw, MI 48602

Contractor Evaluation

DO NOT FILL OUT - OWNER USE ONLY

The Contractor is:

☐ Acceptable for Approved Contractor List

☐ Conditionally Acceptable for Approved Contractor List

Conditions:

Date Contractor Notified _____

Approved By: _____ Date: _____

Reviewer: _____ Date: _____

Reviewer: _____ Date: _____