

# SUBCONTRACTOR QUALIFICATION

(Completion of this Prequalification Form is Required of ALL Subcontractors)



## GENERAL COMPANY INFORMATION

Legal Company Name:		
Street Address:	Mailing Address:	
City, State, Zip:	City, State, Zip:	
Main Office Phone:	Main Office Fax:	
Contractor Registration No:	State Tax No. (UBI):	
D/B/A:	Parent Company:	
Company Organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC		
Officers / Partners / Principals		Signature Authority
NAME:	TITLE:	Contracts/ Change Ord.
		<b>Yes / No    Yes / No</b>
		<b>Yes / No    Yes / No</b>
		<b>Yes / No    Yes / No</b>
		<b>Yes / No    Yes / No</b>
		<b>Yes / No    Yes / No</b>
		<b>Yes / No    Yes / No</b>
Date of Origination:	Other/Former Names:	
M/W/D/B/E Certifications:	Certifying Agency (s):	
Key Contact:	Email:	
Phone:	Fax:	
Emergency Contact:	Email:	
Home Phone:	Cell:	

## TRADE INFORMATION

Scopes Bid:	CSI / Div:	<b>Self-Performed / Subcontracted</b>
Scopes Bid:	CSI / Div:	<b>Self-Performed / Subcontracted</b>
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Scopes Bid:	CSI / Div:	<b>Self-Performed / Subcontracted</b>
Union Contractor: <b>Yes / No</b>		
Union:	Local No.	Agreement Expires:
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## BONDING / SURETY INFORMATION

Surety Name:	
Bonding Agent Company / Contact Name:	
Mailing Address:	
City, State, Zip:	
Phone No:	Fax No:
Bonding Capacity Per Job:	Bonding Capacity Aggregate:
Bond Premium Rate:	Date of Last Bond Issued:

## INSURANCE:

Please indicate your current policy limits for each for the following coverage's:

Description	Amount	Amount	Amount
General Liability			
General Aggregate			
Each Occurrence			
Products - Completed Ops			
Personal & Advertising Injury			
Automobile Liability (Any Auto)			
Washington Stop Gap (EL Liability)			
Excess Liability (Umbrella)			
Contractors Pollution Liability			
Professional Liability			
Does your policy's general aggregate limit apply separately to each project?			Yes / No
Are defense costs excluded from the general aggregate limit?			Yes / No
Please indicate your General Liability Policy form:			Claims Made or Occurrence
Does your current General, Excess and Auto Liability policies allow endorsement to name Lydig and the project Owner as additionally insured, stipulating the insurance afforded the additional insured's shall apply as <b>Primary</b> to any other insurance carried by them?			Yes / No
<b>and Non-Contributory</b> to any insurance carried by them?			Yes / No
Are you able to provide a Waiver of Subrogation endorsement?			Yes / No
Does your policy limit additional insured coverage to "ongoing operations"?			Yes / No

Please indicate your firm's primary point of contact for insurance related issues

Name:	Title:
Phone:	Fax:
Email:	

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**Please provide the contact information for your Insurance Agent / Broker**

Name:	Title:
Phone:	Fax:
Email:	

The following signature attests to the accuracy of the information provided above and must be from a licensed insurance broker or insurance company representative.

<b>Name/Title:</b>	<b>Date:</b>
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**IMPORTANT** Please attach a SAMPLE Certificate of Insurance to evidence coverage stated together with a SAMPLE of the Additional Insured Endorsement stipulating primary coverage used by your carrier.

## SAFETY

**L & I Workers' Compensation Experience Modification Rate (EMR) as of the three most recent years:**

Jan 1, 20	Rate:	Jan 1, 20	Rate:	Jan 1, 20	Rate:
<b>OHS No. 300 Information:</b>			<b>20</b>	<b>20</b>	<b>20</b>
Total Number of Worker's Comp. Claims					
Number of Lost Time Workers' Comp Claims					
Number of Fatalities					
OSHA Violations					

Average No. of Employees:	Total Hours Worked Last Year:
Does your company have a written Safety Program?	<b>Yes / No</b>
Does your company have a return to work / light duty program?	<b>Yes / No</b>
Does your company have a written substance abuse / testing policy?	<b>Yes / No</b>
Does your company review the safety management systems of your tier-subcontractors?	<b>Yes / No</b>
Safety Program Managers Name:	
Title:	Cell Phone:
Pager:	Office Phone:



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List current, ongoing projects with approximate contract amount and anticipated completion date or attach separate list. (Attach a separate sheet as needed)

WORK IN PROGRESS SCHEDULE			
Project	Contract Amount	Projected Completion	General Contractor

Please list projects undertaken in the last three years. (Attach a separate sheet as needed)

COMPLETED WORK SCHEDULE			
Project	Contract Amount	Projected Completion	General Contractor

Please attach your last 2 years' audited, compiled or reviewed financial statements to the end of this form IF you anticipate bidding work packages whose values will be in excess of \$100,000.

**IMPORTANT** While review of Subcontractor financial information is an important and necessary part of the prequalification process, Lydig does recognize the proprietary and confidential nature of these documents. Please be assured this information will be handled with the utmost respect to your firm's privacy. Please feel free to contact Kris Nowell at [knowell@lydig.com](mailto:knowell@lydig.com) if you'd like to discuss protection and handling of this sensitive information.