



SUBCONTRACTOR QUALIFICATION APPLICATION

IMPORTANT: All fields must have a response. Any incomplete forms will be rejected.

Prepared By	Date
Date Requested	Date Submitted

I. GENERAL INFORMATION

Name of Company	Tax I.D. Number	
Subsidiary Company Name(s)	CSLB# (CA only)	
Address		
City	ST	Zip
Business Trade	CSI Code	In Business Since
Is the company DBE, DVBE, MBE, SDB, SDV or WBE certified?		
	Yes	No
If yes, attach certificate(s)		
Number of Employees		
How many office locations does the company have?		
Where are the offices located?		
Name of Company Principal Responsible for Business Transactions		Title
Email Address		Phone
Name of Company Accountant / CFO for Business Transactions		Title
Email Address		Phone

II. PROJECT EXPERIENCE / REFERENCES

Provide a listing of relative project experience that your firm has completed in the last 5 years.

Project Name	Address	
Square Footage	Name of Reference	Phone
Reference Email Address		

Project Name	Address	
Square Footage	Name of Reference	Phone
Reference Email Address		

Project Name	Address	
Square Footage	Name of Reference	Phone
Reference Email Address		

Project Name	Address	
Square Footage	Name of Reference	Phone
Reference Email Address		

Reference Email Address

III. FINANCIAL INFORMATION

Please answer the following company financial questions.

1)	Are you currently the subject of any liens?	Yes	No	
If so, please explain.				
2)	Are all taxes current?	Yes	No	
3)	Is the company union?	Yes	No	
	If yes, what affiliation?			
4)	Are you current with all union obligations?	Yes	No	Not Applicable
<i>Provide a letter from your union that the firm is current with dues and in good standing</i>				
5)	Are you currently involved in any litigation?	Yes	No	
If so, please explain.				
6)	Provide a hard copy of your firm's contractor score certificate.			
<i>Visit www.contractorscore.net for the most recent ratings. Clune is not responsible for the processing fee. This website supports accrual and basic accounting documents.</i>				
7)	Provide a letter from your financial institution that your firm is in good standing and credit worthy.			
8)	Provide a completed W-9 form.			

IV. BONDING INFORMATION

1)	Have you made a claim against any other entity's bond over the past 5 years?	Yes	No
If so, please explain.			
2)	Has anyone made a claim against any bond issued on your behalf over the past 5 years?	Yes	No
If so, please explain.			
3)	Please provide a letter from your (surety) company dated within the past <u>30 days</u> listing the following:		
	a.	"AM Best" rating of surety	
	b.	Total bonding capacity	
	c.	Single project limit	
	d.	Current bonding capacity	
	e.	Bonding rates	

V. INSURANCE

1)	Submit a current copy of your firm's certificate of insurance showing the maximum limit of coverage and effective dates.
2)	Provide contact information for your carrier and agent.
3)	Specify your carriers "AM Best" rating.

VI. SAFETY PROGRAM									
1) Provide your Experience Modification Rate (EMR) for the past 3 years. This information is available from your insurance agent, broker or carrier.									
	Year	EMR							
	20 16	_____							
	20 15	_____							
	20 14	_____							
2) Please provide an explanation for an EMR above 1.00 or if your firm does not have an EMR. Please explain.									
3) Have you had an OSHA inspection in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No									
If yes, do you have any citations? Explain the citation(s) and provide a hard copy.									
4) How long have you been covered by your current provider of Workman's Compensation Insurance?									
5) How often is EH&S training provided for field supervisors? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly									
a. If requested, can you provide a copy of the employee training records? <input type="checkbox"/> Yes <input type="checkbox"/> No									
6) Describe your Environmental Health & Safety organization. Please provide names, titles and safety training.									
Name		Title							
Name		Title							
Who has overall safety responsibility?									
7) How often does your firm's senior management review accident/incident reporting?									
8) How often do you conduct safety inspections? <input type="checkbox"/> 1 - 3 months <input type="checkbox"/> 4 - 6 months <input type="checkbox"/> 7 - 12 months									
a. Who conducts these inspections?									
9) Who has safety responsibility at a specific jobsite? Provide name, title and safety training.									
Name		Title							
Safety Training									
10) If requested, can you provide a company/corporate written safety policy and program? <input type="checkbox"/> Yes <input type="checkbox"/> No									
11) Enclose a copy of the company's safety training documents and site inspections.									
12) Enclose a copy of the OSHA 300A form (2014-2016).									
13) Are all employees trained in your safety program? <input type="checkbox"/> Yes <input type="checkbox"/> No									
14) Do you have a formal safety orientation program for new hires? <input type="checkbox"/> Yes <input type="checkbox"/> No									
15) How often do you hold craft safety meetings? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly									
16) Do you have a substance abuse program? <input type="checkbox"/> Yes <input type="checkbox"/> No									

VI. SAFETY PROGRAM con't.					
17)	Do you have a Silica Exposure plan?	Yes	No	Not Applicable	Effective Date: 9/2017
	a. Provide an explanation for the Silica Exposure response.				
18)	Include a copy of Injury Illness Prevention Plan (IIPP) - (CA Only)				

Submit qualification materials to a contact in your region:

Chicago	Selena Ray	Email: sray@clunegc.com
Los Angeles	Evelyn Lopez	Email: elopez@clunegc.com
New York	Jackie Vargas	Email: jvargas@clunegc.com
San Francisco	Sarah Suppes	Email: ssupes@clunegc.com
Washington D.C.	Amna Hussain	Email: ahussain@clunegc.com