

SUBCONTRACTOR/VENDOR PRE-QUALIFICATION STATEMENT

GENERAL COMPANY INFORMATION			
Company Legal Name			
Mailing Address			
Street Address			
Phone		Fax:	
Website			
Contact		Title:	
E-Mail Address		Year Company Founded:	
Type of Company	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Other		
Are there any affiliated subsidiaries?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please name them			
Is your firm owned or controlled by another organization?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name of parent organization			
Washington State Contractors License No.		Exp:	
Washington State Sales Tax Registration No.			
Washington State Unemployment Insurance No.			
Federal Tax ID No.			
Are you a Union contractor		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list Unions which you have agreements with:			
Total number of current employees			
Minority Business Enterprise Status:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> DBE		
Certifying Agency:			
* Please attach copies of all certifications regarding your MBE status			
COMPANY'S PRINCIPALS			
Name:			Title:
Name:			Title:
Name:			Title:
Name:			Title:
SURETY INFORMATION			
Current Surety Company			
Broker / Agent Name			
Bond Rates	<u>Volume</u> \$100,000 - \$500,000 - \$1M	<u>Bond % Rate</u>	
Single Project Bonding Capacity	\$		
Aggregate Bonding Capacity	\$		

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SAFETY INFORMATION			
Company Safety Professional:			
Title:			
Telephone:			
Email:			
OSHA 300 Information (Entire Company Current 3 Years) MANDATORY			
	20__	20__	20__
OSHA Recordable Incident Rate			
Lost Time Incident Rate			
Number of Recordable Injury Cases			
Number of Lost Time Incidents/Illnesses			
Number of Days Away from Work			
Number of Fatalities			
Total Employee Hours Worked			
OSHA CITATIONS			
Has your company received any OSHA citations in the last three (3) years? If yes, please provide the date of violations, the violation type, (i.e. serious), and what has been done to prevent similar violations on a separate sheet	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
SAFETY GOALS AND OBJECTIVES			
Do you have company safety goals and objectives?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have a written safety and health program/manual?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<small>*Please note that Skyline Construction reserves the right to review this document upon request</small>			
SAFETY MEETINGS			
Do your supervisors/superintendents hold safety meetings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, how often?			
INSPECTIONS			
Do you conduct field safety inspections to determine compliance with applicable federal, state, local, and company regulations/procedures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, who conducts the inspections?			
SAFETY TRAINING AND ORIENTATION			
Do you have a documented pre-job or new employee occupational safety and health program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have a documented occupational safety & health training program for newly hired or promoted first line supervisors or foremen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, who conducts this training (name. title)?			
Please check all elements below that are delivered by your training program:			
Subject	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Injury/Incident/Near-Miss			
Emergency Procedures			
First Aid Procedures			
Hazard Recognition			

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Incident Reporting		
Job Hazard Analysis		
Respiratory Protection		
Lunch Box Safety Meetings		
Other (Please Specify)		
Does your company hold regularly scheduled safety meetings for all employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how often?		
DRUG FREE WORKPLACE		
Does your company have a Drug Free Workplace Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does this program include the following testing:		
Pre-Employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Random	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Post Incident	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reasonable Suspicion	<input type="checkbox"/> Yes	<input type="checkbox"/> No
INJURY/INCIDENT INVESTIGATION		
Does your company conduct injury, incidents, and near-miss investigations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Who conducts the investigations (name, title)?		
LITIGATION INFORMATION (Please attach additional pages if necessary)		
Does your company have any outstanding judgments or claims against it?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain:		
Has your company or any of its principals ever petitioned for bankruptcy or failed in business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain		
In the past five (5) years has your company been involved with any of the following:		
A claim made against it for improper, delayed, defective, or non-compliant work or failure to meet warranty issues?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain:		
Been assessed liquidated damages?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain:		
Defaulted or failed to complete a contract?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain		
Been terminated from a contract?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain		
Had your license revoked or suspended?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain		
Had any labor law violations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain:		

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INSURANCE INFORMATION (Please attach a copy of you Insurance Certificate)	
Insurance Broker Name:	Phone Number:
Please review the attached Vendor Insurance Requirement Checklist to verify whether you meet Skyline Construction’s minimum insurance requirements.	
We have reviewed the attached Vendor Insurance Requirement Checklist and we fully comply with Skyline Construction’s insurance requirements:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you checked NO , please list which requirements you do <i>NOT</i> meet:	
REFERENCES	
Please list three (3) customer references and three (3) credit references	
CUSTOMER REFERENCES	
Company Name:	
Contact Name:	Title/Position:
Phone Number:	Email:
Company Name:	
Contact Name:	Title/Position:
Phone Number:	Email:
Company Name:	
Contact Name:	Title/Position:
Phone Number:	Email:
CREDIT REFERENCES	
Company Name:	
Contact Name:	Title/Position:
Phone Number:	Email:
Company Name:	
Contact Name:	Title/Position:
Phone Number:	Email:
Company Name:	
Contact Name:	Title/Position:
Phone Number:	Email:
KEY FINANCIAL INFORMATION	
Current CONTRACTOR SCORE Certificate (see attached overview and brochure)	

SUBCONTRACTOR/VENDOR PRE-QUALIFICATION STATEMENT

For your company to be considered for approval as a subcontractor for Skyline Construction please be sure to attach the following to your completed application:

- Sample Certificate of Insurance
- Current (within past 12 months) Contractor Score (<https://contractorscore.com>)

CONTRACTORS STATEMENT OF VALIDITY

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 by omitting information. We recognize that Skyline Construction will rely on the accuracy of the information and our responses in this questionnaire in determining whether to permit us to bid upcoming work as well as in awarding work to our company.

Dated this _____ day of Two Thousand and

Name of Company _____

Completed by: _____

Title: (must be on officer of the company) _____

Signature: _____

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 _____, 20_____

Notary Public: _____

My Commission Expires: _____

SKYLINE – INSURANCE CERTIFICATE CHECKLIST

SUBCONTRACTOR NAME: _____

PROJECT NO: _____

The ACCORD Certificate of Liability does not provide information to us as to policy restrictions, exclusions or limitations in coverage which may cause a material breach under your contract agreement.

Commercial General Liability:

COVERAGE DOES INCLUDE:	<i>YES</i>	<i>NO</i>
\$2,000,000 General Aggregate Limits	<input type="checkbox"/>	<input type="checkbox"/>
\$2,000,000 Products & Completed Operations	<input type="checkbox"/>	<input type="checkbox"/>
\$1,000,000 Each Occurrence	<input type="checkbox"/>	<input type="checkbox"/>
Stop Gap Liability Included - \$1,000,000 Limits	<input type="checkbox"/>	<input type="checkbox"/>
Per Project Aggregate Box Checked	<input type="checkbox"/>	<input type="checkbox"/>
Skyline Construction is named as an Additional Insured	<input type="checkbox"/>	<input type="checkbox"/>
Primary Additional Insured Endorsement	<input type="checkbox"/>	<input type="checkbox"/>
Non Contributory Additional Insured Endorsement	<input type="checkbox"/>	<input type="checkbox"/>
Waiver of Subrogation Endorsement	<input type="checkbox"/>	<input type="checkbox"/>
Additional Insured Covers Ongoing Operations	<input type="checkbox"/>	<input type="checkbox"/>
Additional Insured Covers Completed Operations	<input type="checkbox"/>	<input type="checkbox"/>
Additional Insured includes "arising out of..." language	<input type="checkbox"/>	<input type="checkbox"/>
Copies of All Forms and Endorsements Are Attached to the Certificate	<input type="checkbox"/>	<input type="checkbox"/>

Commercial Auto Insurance

\$1,000,000 Combined Single Limits	<input type="checkbox"/>	<input type="checkbox"/>
Hired Auto Liability Box Checked	<input type="checkbox"/>	<input type="checkbox"/>

Umbrella Liability Insurance

\$1,000,000 Per Occurrence	<input type="checkbox"/>	<input type="checkbox"/>
\$1,000,000 Aggregate	<input type="checkbox"/>	<input type="checkbox"/>

Additional Insured and Waiver of Subrogation Boxes Checked

General Liability	<input type="checkbox"/>	<input type="checkbox"/>
Automobile Liability	<input type="checkbox"/>	<input type="checkbox"/>

Reviewed By: _____

Date: _____

Skyline Construction relies on the information provided by Contractor Score to help measure the key aspects for a contractor's short-term financial and management capacity.

SUBMISSION REQUIREMENTS

1. Your most recent fiscal year-end financial statement
This should be either a audited, reviewed, or compiled statement from your outside accountant including their cover letter. If financial statements are not prepared, the year-end IRS tax return may be submitted (first (6) pages only) along with your internal year-end statements (balance sheet and income statement). Since all submission information is destroyed after a score is calculated, those applying for updates should also include their most recent year-end financial statement again.
2. Your most recent internal YTD Balance Sheet and Profit & Loss Statement
This would be your internally generated balance sheet and income statement. If your most recent YTD represents your year-end as well, you can skip this submission
3. Your most recent Work in Progress Statement
4. Your most recent bank credit line information
Credit limit and current balance. This must be from a bank. A letter will suffice (on bank letterhead) as long as actual amounts are cited and not vague ranges. Screen shots or printouts of on-line statements will also work. If you do not have a credit line, that is not a problem, just state so.
5. Submissions will be uploaded at <https://contractorscore.com>

CONTRACTOR SCORE

KNOW THE SCORE

Contractor Score

Contractor Score was developed as a tool to address an old challenge in the construction industry. Understanding the current financial capacity of a contractor and their ability to successfully fund work has not been easy.

Contractor Score is designed to have the familiarity of a consumer credit score, but the focus is on construction contracting.



How it is used?

Contractor Score communicates the contractor's financial capacity while maintaining their confidentiality. The score is used for prequalification, re-qualification or refinement to a contract's terms' and conditions. Owners, general contractors and anyone engaging a contractor will want to better understand the hired contractor's financial position.

Regular updates to the score keep users apprised of the contractor's current financial status. Many users request quarterly updates of their contractors to maintain an effective project flow and keep everyone on schedule. Financially weak contractors are a major contributor to blown schedules and delayed projects. Contract defaults are costly to everyone even when secured by a bond or subcontractor default insurance.

How is contractor score calculated?

There are over thirty metrics taken from the submitted information. An empirical algorithm, derived from years of experience in the industry as financial and management consultants, objectively measure the critical aspects of a contractor's financial position.

The submitted information includes:

The contractor's latest year-end financial statement from either their outside CPA or their IRS tax return

Their most recent year-to-date internal financial statement

Their corresponding work-in-process statement

Their line of credit information from their bank

How is the confidential information protected?

Confidentiality is a cornerstone to our business. Only a limited number of Contractor Score employees have access to the submitted information. All of the information is secured in locked safes and disconnected hard drives. All of the submitted information is destroyed thirty days after a certificate is generated. Only the subscribing contractor receives the score certificate. We never share scores unless they are made public by the contractor.

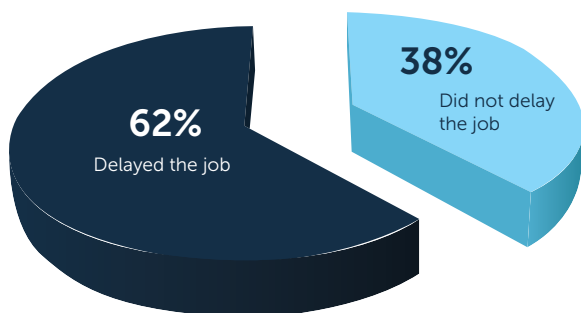
What is a good score?

The scores range from 0 to 2500. The grade of Weak, Fair, Good and Excellent are subjective and the values should be seen as a continuum.



The Survey

The matched individual survey results from the operational personnel with the identified contractor's Contractor Score. Survey ratings were then put into the appropriate Contractor Score ranges.



We tallied the responses and separated the contractors by Contractor Score into those above and below a score of 600. Those that scored below 600 caused a delay a majority (62%) of the time. As the Contractor Scores rose, the percentage of, "Yes", answers (they delayed the job), decreased significantly. While there may be many reasons why delays occurred with lower scoring contractors, the results indicate a higher probability of delay may occur with lower scoring contractors. The 600 level score was chosen as that was approximately the break between contractors scoring at least the mid-point response, "Usually = 3" on the previous ten survey questions.


The immediate take-away


Our survey results show that contractors with lower Contractor Scores (below 600) did not rate as well in project performance as contractors with higher Contractor Scores (650 and up). The higher Contractor Scores show better and level project performance results. Basically, any Contractor Score over 1000 looks to perform equally. Obviously, this does not rule out a lower scoring contractor from performing admirably on any given job or a high scoring one behaving badly.

The conclusion

Qualification of contractors is important. Both pre-qualification and re-qualification on a regular basis provide a stronger job performance for all participants. Financial positions change continuously and the smaller the contractor, the faster their financial picture can change. A re-examination of financial qualifications every six months is prudent and sometimes quarterly updates make sense.

Contact us
for a complete survey

 919-758-8700

 919-794-6099

 www.ContractorScore.net

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