

SSOE® Vendor Qualification Form

Please fill out this form in its entirety to be eligible for consideration.

1. BUSINESS (To be completed by all Vendors)					
Legal Business Name			Date:		
Operating Business Name			Federal Identification Number:		
Address #1 (Street Address)			Type of Company		
City		State	Zip	City	
City		State	Zip	City	
Principal Contact		Contact's Title		Yrs. in Business (Current Name)	# of Employees
Telephone Number		Toll Free Number		Office Staff #	
Fax Number		Cellular Phone Number		Field Staff #	
Contact Email Address			Company Website Address		
Company Certifications (Mark if appropriate)			<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> DBE <input type="checkbox"/> VOSB <input type="checkbox"/> SBE <input type="checkbox"/> JSEB <input type="checkbox"/> Other		
Design-Build Capabilities? If yes, engineering staff:			Have you failed to complete awarded work or been terminated for cause? Do you have any judgments, claims, arbitrations, suits, or liens currently against your organization, had any bankruptcies or reorganizations? (If yes, explain on a separate sheet and attach to this form.)		
List the corporate officers, partners, or proprietors of your firm: (If additional space needed, list on a separate sheet and attach to this form.)					
Name		Title		% Ownership	
Name		Title		% Ownership	
Name		Title		% Ownership	
Name		Title		% Ownership	
Have any of the above officers ever done business with SSOE Group through another company?			(If Yes, explain on a separate sheet and attach to this form.)		
Select the geographical areas from the listing below where your company is properly licensed and will provide quotes for work. If only a portion of an area, please describe.					
<input type="checkbox"/> All The United States <input type="checkbox"/> AL <input type="checkbox"/> CA <input type="checkbox"/> FL <input type="checkbox"/> IL <input type="checkbox"/> KY <input type="checkbox"/> MA <input type="checkbox"/> MO <input type="checkbox"/> ND <input type="checkbox"/> NV <input type="checkbox"/> OR <input type="checkbox"/> SD <input type="checkbox"/> VT <input type="checkbox"/> WI <input type="checkbox"/> AK <input type="checkbox"/> CO <input type="checkbox"/> GA <input type="checkbox"/> IN <input type="checkbox"/> LA <input type="checkbox"/> MI <input type="checkbox"/> MT <input type="checkbox"/> NH <input type="checkbox"/> NY <input type="checkbox"/> PA <input type="checkbox"/> TN <input type="checkbox"/> VA <input type="checkbox"/> WY <input type="checkbox"/> AZ <input type="checkbox"/> CT <input type="checkbox"/> HI <input type="checkbox"/> IA <input type="checkbox"/> ME <input type="checkbox"/> MN <input type="checkbox"/> NC <input type="checkbox"/> NJ <input type="checkbox"/> OH <input type="checkbox"/> RI <input type="checkbox"/> TX <input type="checkbox"/> WA <input type="checkbox"/> AR <input type="checkbox"/> DE <input type="checkbox"/> ID <input type="checkbox"/> KS <input type="checkbox"/> MD <input type="checkbox"/> MS <input type="checkbox"/> NE <input type="checkbox"/> NM <input type="checkbox"/> OK <input type="checkbox"/> SC <input type="checkbox"/> UT <input type="checkbox"/> WV <input type="checkbox"/> International <input type="checkbox"/> Canada <input type="checkbox"/> Mexico <u>Comment:</u>					
2. PROJECT INFORMATION (To be completed by Construction Vendors)					
List data for three most recent completed fiscal years			Dun & Bradstreet No.		
Balance Sheet: Attach a copy of your organizations most recent Balance Sheet, audited if available.					
Year 1	Max. Contract Value Completed	Annual Company Revenue	Current YR Company Workload		
	\$	\$	\$		
Year 2	Max. Contract Value Completed	Annual Company Revenue	Current YR Company Backlog		
	\$	\$	\$		
Year 3	Max. Contract Value Completed	Annual Company Revenue			
	\$	\$			
Largest project		\$	Year		
How many years of experience in construction work has your organization had?					
A. As a prime or general contractor:			Years		
B. As a sub-contractor:			Years		
Does your organization use sub-contractors?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
What percentage of work is normally performed with your own work force?			%		
List below Trade Unions or Associations you have a Contract or Agreement with:					
Trade	National Agreement	Local Agreement	Expiration Date		
_____	_____	_____	_____		
_____	_____	_____	_____		
_____	_____	_____	_____		

3. INSURANCE AND BONDING SECTION (To be completed by all vendors / Bonding to be completed by Construction Vendors)

Submit sample certificate of insurance showing coverage and limits for General Liability, Automobile Liability, Excess umbrella Liability, and Worker's

Do you currently carry, or can you obtain the following insurance coverage?

Worker's Compensation Statutory Maximum at Project Site Location?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
General Liability	\$1,000,000	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Automobile Liability	\$1,000,000	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employer Liability	\$1,000,000	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Insurance Company	Insurance Agent	Insurance Agent Telephone
Bonding Company	Bonding Company Contact	Bonding Contact Telephone
Bond Rate	Total Bonding Capacity \$	Current Available Bonding Capacity \$

4. SAFETY (To be completed by the following vendors - Construction, Professional Services, Equipment Vendors coming to any SSOE locations or Clients Site)

Do you have a written Safety Program? Yes No

Are all employees trained in safety requirements? Yes No

Does your program include safety orientation for new hires? Yes No

Do you conduct field safety inspections? Yes No

Do you hold regular "tool box" safety meetings? Yes No

Does your organization have a drug and alcohol workforce policy? Yes No

Does your organization have a drug and alcohol testing program? Yes No

Are all employees trained in safety requirements?

<input type="checkbox"/> Pre-Employment	<input type="checkbox"/> Accident/Incident Testing	<input type="checkbox"/> Annual Testing
<input type="checkbox"/> Random Testing	<input type="checkbox"/> "For Cause" Testing	

Does your organization perform background checks on new employees? Yes No

Do you have a Company Safety Director or other Safety Professionals on Staff? Yes No

If yes, Contact Name: _____ Phone: _____

Please indicate which written programs your company has to address hazards that your employee would be exposed to:

<input type="checkbox"/> Hazard	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Electrical	
<input type="checkbox"/> Scaffold and Ladder	<input type="checkbox"/> Excavation & Trench Safety	<input type="checkbox"/> First	<input type="checkbox"/> Other
<input type="checkbox"/> Fall Protection	<input type="checkbox"/> Confined Space Entry	<input type="checkbox"/> Hazardous	
<input type="checkbox"/> Energy Isolation	<input type="checkbox"/> Welding & Cutting	<input type="checkbox"/> Blood Borne	

5. QUALITY MANAGEMENT (To be completed by the following vendors - Construction, Professional Services)

Are you ISO certified? Yes No

Describe your Quality Management System:

6. OSHA (To be completed by the following vendors - Construction, Professional Services and Equipment Vendors coming to any SSOE locations or Clients Site)

Fill in the following information for the last five (5) available years

Year	20____	20____	20____	20____	20____
EMR					
Total Employee Hours Worked [EHW]					
Avg. # of Employees Annually					
Total Number of Recordable Cases (OSHA 300 Log, Catagories G, H, I, and J added together) [RC]					
TRIR (RC*200,000/EHW)					
Total Number of Cases Away, Restricted, or Transferred (OSHA 300 Log, Catagory I) [CART]					
DART Rate (CART*200,000/EHW)					
Total Lost Workday Cases (OSHA 300 Log, Catagory H) [LWDC]					
LWCIR (LWDC*200,000/EHW)					
Total Number of Fatalities (OSHA 300 Log, Catagory G) [F]					
Severity Rate (LWDC/EHW)					

1. Are your employees 10-hr OSHA Trained?	If "Yes", what is the total percentage complete?
2. Are your employees 30-hr OSHA Trained?	If "Yes", what is the total percentage complete?

Include copies of your OSHA Form 300 and Form 300A with your response
Include a letter from your Workers Compensation Insurance Carrier that includes EMR numbers and rate verification

Do you have any job related fatalities within the last five (5) years? Yes No

If yes, attach details of the incident including root cause analysis and corrective actions taken or planned on the conditions that caused the accident.

Has your company had any OSHA or EPA citations during the past five (5) years? Yes No

If yes, attach details

7. REFERENCE SECTION (See each section)

7a. Project References (within last three years) (To be completed by Construction Vendors)

Project Name	Project Location (City, State)	Completion Date (MM / YY)
Your Firm's Approximate Contract Amount \$	Owner	Owner Contact & Telephone Number
Briefly Describe Work Performed By Your Firm:		

Project Name	Project Location (City, State)	Completion Date (MM / YY)
Your Firm's Approximate Contract Amount \$	Project General Contractor	General Contractor Contact & Telephone Number
Briefly Describe Work Performed By Your Firm:		

Project Name	Project Location (City, State)	Completion Date (MM / YY)
Your Firm's Approximate Contract Amount \$	Project General Contractor	General Contractor Contact & Telephone Number
Briefly Describe Work Performed By Your Firm:		

Project Name	Project Location (City, State)	Completion Date (MM / YY)
Your Firm's Approximate Contract Amount \$	Project General Contractor	General Contractor Contact & Telephone Number
Briefly Describe Work Performed By Your Firm:		

7b. Major Supplier References (To be completed out by Construction Vendors)

Company Name	Address
Contact	Phone

Company Name	Address
Contact	Phone

Company Name	Address
Contact	Phone

7c. Bank References (To be filled out by all vendors)

Financial Institution	Address	
Contact	Phone	Established Line of Credit? <input type="checkbox"/> Yes <input type="checkbox"/> No

Financial Institution	Address	
Contact	Phone	Established Line of Credit? <input type="checkbox"/> Yes <input type="checkbox"/> No

Financial Institution	Address	
Contact	Phone	Established Line of Credit? <input type="checkbox"/> Yes <input type="checkbox"/> No

8. SCOPE OF WORK (To be completed by all Vendors)

1. Please enter all NAICS codes that your company performs

www.naics.com

Primary Code

Secondary Code(s)

Code	Industry Title	Sub Code	Sub Code	Sub Code	Comments
11	Agriculture, Forestry, Fishing and Hunting				
21	Mining				
22	Utilities				
23	Construction				
31-33	Manufacturing				
42	Wholesale Trade				
44-45	Retail Trade				
48-49	Transportation and Warehousing				
51	Information				
52	Finance and Insurance				
53	Real Estate Rental and Leasing				
54	Professional, Scientific, and Tehcnical Service				
55	Management of Companies and Enterprises				
56	Administrative and Support and Wast mangement and Remediation Services				
61	Educational Services				
62	Health Care and Social Assistance				
71	Arts, Entertainment and Recreation				
72	Accommodation and Food Services				
81	Other Services (except Public Administration)				
92	Public Administration				

9. SIGNATURE (To be completed by all Vendors)

(Vendor)

By: _____
(Signature)

(Print Name)

Title: _____