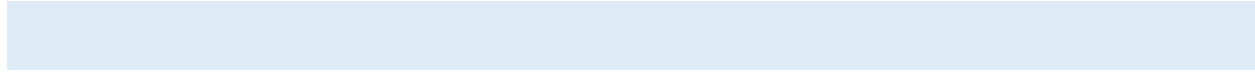


PIEDMONT SERVICE GROUP SUBCONTRACTOR PRE-QUALIFICATION

GENERAL INFORMATION



Legal Company Name

- Sole Proprietorship Partnership
 Corporation Sub-S Corp

Address

Year Firm Began Operation

City/State/Zip Code

Phone Number

Fax Number

Email

EMR

LWDIR

TRIR

Largest Project

Average Annual Volume

Net Worth

Largest Bonded Job

Bonding Capacity

Aggregate:\$

Estimated
Unused
Bonding
Capacity

Corporate Officers – Partners Proprietorship

Name	Age	Position	Years With Firm In This Position	% of Ownership

Type of work your firm specializes in:

Estimating Contact:

Name

Email Address

Telephone

President or Local
Manager:

Name

Email Address

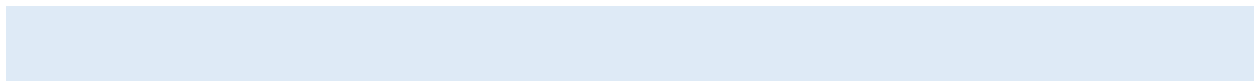
Telephone

Is your company affiliated with a Union? If so, please list.

Additional locations and Contacts

Name	Location	Email	Phone	Fax

LICENSES



List the geographic areas (States) where your firm is licensed to do business:

Type of License	State	License Number	Name of License

DIVERSITY

PIEDMONT SERVICE GROUP DIVERSITY POLICY STATEMENT

It is the policy of Piedmont Service Group (PSG), A Service Logic Company, to promote diversity on projects awarded to PSG. "Diversity" is inclusive of, but not limited to Small Disadvantaged (including 8(a) Program Participants), Women Owned, Minority Business Enterprise, HUBZone, Veteran Owned, Service Disabled Veteran Owned, Minority Women Owned, Disadvantaged Business Enterprise and all other recognized Small Business designations and classifications as appropriate.

Certified Minority Business Enterprise?		<input type="checkbox"/> Yes	If yes,	<input type="checkbox"/> Minority Owned	% of Ownership <table border="1" style="width: 100%; height: 100%;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>			
Certification		<input type="checkbox"/> No		<input type="checkbox"/> Women Owned				
Date	City	State		<input type="checkbox"/> Other				

BONDING INFORMATION

Name of Bonding Company (not agent)

Bonding Agent	Name	<input style="width: 150px; height: 25px;" type="text"/>	Telephone	<input style="width: 150px; height: 25px;" type="text"/>
	Address	<input style="width: 150px; height: 25px;" type="text"/>	Bond Rate	<input style="width: 150px; height: 25px;" type="text"/>

Largest Annual Volume At Any One Time	<input style="width: 165px; height: 25px;" type="text"/>	Year	<input style="width: 150px; height: 25px;" type="text"/>
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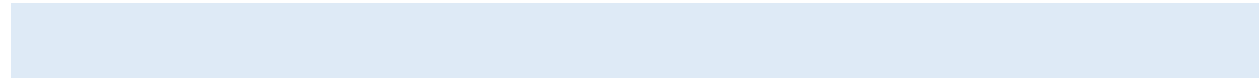
Provide a letter, signed by bonding company representative, confirming bondability, including bonding limits (single and aggregate).

Please provide a copy of your most recent fiscal year-end financial statement

Has your company ever failed to complete work awarded?

Please list all judgements, claims, arbitration or suits filed or pending.

HISTORY/JOB EXPERIENCE



Average Annual Volume

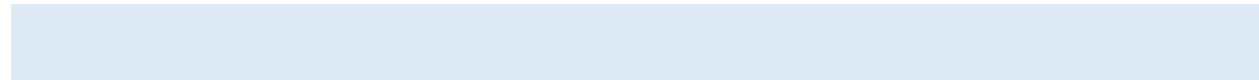
\$

Largest Project Completed

\$

On a separate attachment, please list your current jobs in progress including the contract amount, percent complete and schedule completion date.

PROJECT REFERENCES



List below three (3) largest jobs compiled in the past three (3) years, **including person to contact, phone number, contract amount and work performed.**

- | | | |
|--------------------|----------------|---------------|
| Job Name | Contact | Telephone No. |
| Amount of Contract | Work Performed | |
- | | | |
|--------------------|----------------|---------------|
| Job Name | Contact | Telephone No. |
| Amount of Contract | Work Performed | |
- | | | |
|--------------------|----------------|---------------|
| Job Name | Contact | Telephone No. |
| Amount of Contract | Work Performed | |

INSURANCE INFORMATION

Insurance Company Agency (G/L & Workers Compensation)
 Name/Contact Address (include zip code)

SAFETY STATISTICS

	3 Yrs Prior	2 Yrs Prior	Last Year
1. Total Recordable Incident Rate (TRIR) and Lost Workday Incident Rate (LWDIR):			
a. Number of employee hours worked in the year			
b. Total Number of OSHA recordable cases			
c. Total Number of OSHA recordable case that resulted in Lost Work Day(s)			
d. Number of fatalities			
f. Calculate your LWDIR by using the following formula: $\frac{\text{Total of Line C (above)} \times 200,000}{\text{Manhours worked (Line A)}}$			
g. Calculate your TRIR by using the following formula: $\frac{\text{Total of Line b (above)} \times 200,000}{\text{Manhours worked (Line a)}}$			
2. Workers' Compensation Experience Modification Rate (EMR):			

Provide a statement from your insurance broker regarding your EMR for the past three (3) years, along with the current Modifier Rate

	No	Yes
3. Have you received any State or Federal OSHA citations in the past three years? Explain:		
4. Do you have a written Safety Program?		

5.	Identify the person (name and title) within your company directly responsible for the Safety Program management. Name: _____ Title: _____				
6.	Do you hold Employee “Toolbox” meetings? If ‘Yes,’ how often? Weekly Bi-weekly Monthly Less often, as needed: _____				
7.	Do you conduct and document project safety inspections? If ‘Yes,’ who conducts these inspections?: Title: _____ How often? _____				
8.	How are accident records and accident summaries kept?	No	Yes	Monthly	Annually
	a. Accidents totaled for the entire company?				
	b. Accidents totaled by project?				
	c. Subtotaled by superintendent?				
	d. Subtotaled by foreman?				
	e. Costs of individual accidents?				

				No	Yes	
9.	Do you require the OSHA 10-hour course for all supervisors?					
10.	Do you have an orientation program for new hires? If ‘Yes,’ does it include instruction on the following?					
		No	Yes	No	Yes	
	a. Head Protection			i. Fire Protection		
	b. Eye Protection			j. First Aid Facilities		
	c. Hearing Protection			k. Emergency Procedures		
	d. Respiratory Protection			l. Hazard Communication		
	e. Safety Harness and Lifeline			m. Trenching and Excavation		
	f. Scaffolding			n. Signs, Barricades, Flagging		
	g. Perimeter Guarding			o. Electrical Safety		
	h. Housekeeping			p. Rigging and Crane Safety		
11.	Do you have a written hazard communication program?					
12.	Do you have a written drug and alcohol program?					
13.	Identify the person (name and title) within your company who is directly responsible for the drug and alcohol program management: Name: _____ Title: _____					
14.	Comment on any other areas of your company’s safety program and policies that you feel will be appropriate in our evaluation.					

Please submit completed pre-qualification questionnaire along with required support documents (as applicable) to **Dannyell Mitchell** via email: **dmitchell@cms-controls.com**