











Section 6 - Safety & Loss Prevention

1. Do you have a written safety program?
Yes [ ] No
If yes, attach copy of the Table of Contents

2. Does your company employ a full time safety officer?
Yes [ ] No

3. What is your North American Industrial Classification Number (NAICS)?

4. Please attach your OSHA 300 logs from the last year and complete the following:
Occupational Injury & Illness History Incident Rates
Table with columns: Year, Total Hours Worked, Fatalities, Lost Time, Job transfer/restriction, Total Recordable Cases, Lost Time, DART, TRIR

5. In the last three years has your company received any OSHA classified as serious, willful or repeat?
If yes, please list the OSHA Standard your company was cited for and monetary fines were paid.
Yes [ ] No

6. Drug Free Work Place Program
a) Do you have a Substance Abuse Program? Yes [ ] No
If yes, does it include the following tests:
PreEmployment Yes [ ] No
PostAccident / Incident Yes [ ] No
Random What percentage of the Work Force is tested? Yes [ ] No
b) Do you participate in the Ohio BWC Drug Free Safety Program? Yes [ ] No
If yes, attach evidence that...

7. Please list your company's Experience Modification Rates (EMR) for the past 3 years and attach documentation from your insurance agent or carrier to support this information.

a) Year			
b) Ohio EMR			
c) Interstate EMR			

a) Provide a copy of your current Certificate of Insurance (General Liability, Auto Liability, Workers Compensation, Employer's Liability & Umbrella Excess Liability).

Agent's Name:

Phone #:

- a) If required, will your General Liability and Umbrella / Excess insurance policies allow the Contractor and the Project Owner to be additional insured for operations?  
 Yes    No
- b) If required, will your General Liability and Umbrella / Excess insurance policies allow the Contractor and the Project Owner to be additional insured for completed operations?  
 Yes    No
- c) If required, will your General Liability and Umbrella / Excess insurance policies allow coverage on a primary and non-contributory basis as it respects all additional insureds?  
 Yes    No
- d) Do your General Liability and Umbrella / Excess insurance policies contain an exclusion for damage to work performed on your behalf by a subcontractor (ISO Form CG 22 94 or similar endorsement)?  
 Yes    No
- e) Do your General Liability and Umbrella/ Excess policies cover property damage and electronic data?  
 Yes    No
- f) Are any of your aggregate limits of any of your insurance policies impaired by claims?  
 Yes    No
- g) Do you have a professional liability insurance policy?  
 Yes    No  
*If yes, what are the limits of the policy? \$*
- h) Do you have an environmental or pollution liability insurance policy?  
 Yes    No  
*If yes, what are the limits of the policy? \$*



# Subcontractor Pre-Qualification Form – Page 1 of 7

**WISE CONSTRUCTION**

1705 Guenther Rd., P.O. Box 159, Dayton, OH 45417 Phone: 937-854-0281 Fax: 937-837-4890

b) Complete the following bonding information:

Name of Bonding/Surety Company:

Agent Name:

Address:

Telephone Number:

Contact Person:

Bonding Rate:

Bonding Capacity: Per Project: \$ Aggregate: \$

## Section 7 – Affirmative Action

Have you violated any affirmative action programs in the past 5 years preceding the date of this prequalification form?

Yes  No

*If yes, attach explanation.*

## Section 8 – Financing (This information is kept confidential)

Attach a financial statement, preferably audited, including your organization’s latest balance sheet & income statement

## Section 9 – Signature

Being duly sworn deposes and says that the information provided on the prequalification application herein is true and sufficiently complete so as not to be misleading.

Firm Name:

By:

Dated this \_\_\_\_\_ day of \_\_\_\_\_, year 20

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, year 20

Notary Public:

My Commission Expires: