

SUPPLEMENTAL CONTRACTOR QUALIFICATION QUESTIONNAIRE

1. General Information

- 1.1 Name of individual completing this questionnaire and company position/title:

Name: _____

Title: _____

Phone Number: _____

- 1.2 Have other names been used to represent substantially the same personnel, resources, or ownership that comprise this company? ____
Yes ____ No. If yes, please provide names and explain:

- 1.3 Does this company or those controlling it own or control another general contractor firm or masonry, roofing, mechanical, plumbing, or electrical subcontracting firm? ____ Yes ____ No. If yes, please provide names and explain:

- 1.4 List memberships in any trade organizations/associates; (e.g., ABC, AGC, Building & Congress Exchange, Building Trades Council, etc.) Include years of membership.

2. Company Organization

2.1 Provide a brief narrative as to company organization, size and structure:

2.2. Identify all locations of operations (offices, shops, yards) in addition to principal address.

2.3 Total number of employees currently employed by your company:

_____ Full time _____ Part time

Are any of these people "Contract Employees" _____ Yes _____ No

Describe their number and role in the Company Operations:

2.4 Total number of minority employees currently employed by your company:

_____ Full time _____ Part time

2.5 Is the Company a Certified MBE/WBE? _____ Yes _____ No

State of Maryland MBE/WBE _____ City of Baltimore MBE/WBE _____

2.6 Identify the three (3) highest positions held by minority employees in your company.

2.7 Has any equal employment opportunity claim been brought against your company in the last three (3) years? ____ Yes ____ No. If yes, explain.

2.8 Equal Employment Opportunity Certification

The undersigned hereby certifies that this company does not and will not discriminate against any employee or applicant because of their race, creed, color, or national origin in connection with their employment promotion, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rate of pay or other forms of compensation and selection for training.

3. Financial

3.1 Bonding Company: _____

Bonding Capacity: _____

3.2 Has any bonding company refused to write a bond on any part of your construction projects? ____ Yes ____ No. If yes, explain.

3.3 Has your firm ever been delinquent (in excess of 120 days late) in payments to subcontractors and/or supplier? ____ Yes ____ No. If yes, explain.

3.4 Property/Casualty Insurance

A. General Liability

Current Carrier _____ Policy # _____
Coverage Limits _____
Occurance _____ Aggregate _____
Effective Date _____ Expiration Date _____

B. Automobile Liability

Current Carrier _____ Policy # _____
Coverage Limits _____
Occurance _____ Aggregate _____
Effective Date _____ Expiration Date _____

C. Excess Liability

Current Carrier _____ Policy # _____
Coverage Limits _____
Occurance _____ Aggregate _____
Effective Date _____ Expiration Date _____

D. Workers Compensation

Current Carrier _____ Policy # _____
Coverage Limits _____ Each Accident _____
Disease Policy Limit _____
Disease Each Employee _____

4. Personnel/Benefits

4.1 Identify specific classification of personnel with current workforce.

Employee Classification (Trades)	No. of Employees	Turnover Rate	Average Years Employed with Company

4.2 Do you have an educational/training program available for your employees or do you participate in programs by trade organizations? Yes No. If yes, briefly describe. Identify any cost borne by the employee.

4.3 Do you provide health insurance coverage for your employees? Yes No. If no, go to question **4.4**.

4.3.1 Briefly describe your requirements to be eligible for health insurance coverage (i.e., position, number of hours worked per week, etc.)

4.3.2 Name of your health insurance company or companies.

4.3.3 Briefly describe the type of health plan(s) you offer, including deductibles and level of coverage after deductible (i.e, 80%, co-payments, etc.)

4.3.4 List the employee cost for the health insurance coverage. (Use the space for multiple plans if applicable).

	Plan A	Plan B	Plan C	Plan D
Individual Coverage	_____	_____	_____	_____
Family Coverage	_____	_____	_____	_____

4.4 Do you provide sick leave and/or short term disability? ____ Yes ____ No. If no, go to **4.5**.

4.4.1 Briefly describe your requirements to be eligible for sick leave and/or short term disability, (i.e. position, number of hours worked per week, etc.)

4.4.2 Briefly describe your sick leave and/or short term disability plan(s).

4.5 Do you provide retirement benefits? ____ Yes ____ No. If no, go to **4.6**.

4.5.1 Briefly describe your requirements to be eligible for retirement benefits, (i.e., position, number of hours worked per week, years employed, years before vested, etc.)

4.5.2 Briefly describe your retirement plan(s).

4.6 Do you provide vacation benefits? ____ Yes ____ No. If no, go to **4.7.**

4.6.1 Briefly describe your requirements to be eligible for vacation benefits, (i.e., position, number of years with company, number of hours worked per week, etc.)

4.6.2 Briefly describe your vacation plan(s).

4.7 Briefly describe any other benefits provided to your employees.

5. Safety/Security

5.1 Do you have a drug and alcohol prevention and/or treatment program in place for all workers? ____ Yes ____ No. If yes, briefly describe.

5.2 List your firm's "Worker's Compensation Experience Modification Rate" for the current and past 2 years.

20__ __% 20__ __% 19__ __%

5.3 Please use your last year's OSHA No. 200 Log to fill in:

5.3.1 Number of lost workday cases _____

5.3.2 Number of restricted workday cases _____

5.3.3 Number of cases with medical attention only _____

5.3.4 Number of fatalities _____

5.3.5 Employee hours worked last _____ (do not include any non work time, even though paid).

5.4 Do you have a written Safety Program for field operations? ____ Yes
____ No.

5.4.1 Do you conduct Project Safety Inspections? ____ Yes
____ No. If yes, who from the site staff conducts these
inspections? Title: _____

How often? _____

5.4.2 Do you have a home office safety representative who visits
and inspects the job? ____ Yes ____ No. If yes,
Name _____ Title _____

How often will the representative visit the site? _____

Who does the representative report to?
Name _____ Title _____

5.4.3 Do you hold site Safety Meetings of Supervisors? ____ Yes
____ No. If yes, how often? _____
Who conducts these meetings? _____

5.4.4 Do you hold craft "toolbox meetings? ____ Yes ____ No. If
yes, how often? _____
Who conducts these meetings? Title _____

5.4.5 Please list any OSHA/MOSHA violation citations which you have received over the last three (3) years.

5.5 Do you have a License issued by the Maryland Department of the Environment to remove and/or encapsulate asbestos? Yes No. If yes, License No. _____ Expiration Date _____. Attach a project list for the last 2 years and description including value.

5.6 Do you maintain a chemical information list and Material Safety Data Sheets for all hazardous chemicals used, as specified in the Maryland "Right-to-Know" Law? Yes No.

The undersigned warrants and represents that based on personal knowledge and review of the company's books and records, the data provided above is accurate in every respect. The Archdiocese of Baltimore reserves the right to disqualify any company which has provided incorrect information or has made an untrue representation in connection with the completion of AIA A305 and this supplementary questionnaire.

By: _____

Title: _____

Phone Number: _____

Date: _____

ADDITIONAL INFORMATION REQUESTED FOR COMPLETION OF AIA A305:

3.4, 3.5 For general contractors, construction managers, include for each project the names and addresses of the masonry, roofing, mechanical, plumbing, and electrical subcontractors. If work was performed by your own forces on a particular project, please so indicate.

3.6 Include all principal members and project field superintendents of your organization with construction experience, identifying position, years experience, years with this company, projects worked on in past 3 years and capacity if different from present.

(See Attachment "A")

ATTACHMENT "A"

Personnel Experience

Name: _____ Title/Position _____

Years construction experience _____ With company _____

List projects worked on in past 3 years and capacity served

Name: _____ Title/Position _____

Years construction experience _____ With company _____

List projects worked on in past 3 years and capacity served

Name: _____ Title/Position _____

Years construction experience _____ With company _____

List projects worked on in past 3 years and capacity served