



403 New Karner Road
Albany, NY 12205
Phone: 518-713-4414 | Fax: 518-713-1656

SUBCONTRACTOR'S QUALIFICATION FORM

Trade(s): _____ Date Completed: _____

Legal Name of Company: _____

Mailing Address: _____

City _____ *State* _____ *Zip code* _____

Shipping Address: _____

City _____ *State* _____ *Zip code* _____

Point of Contact: _____ Office Phone: _____ Cell Phone: _____

Fax #: _____ E-mail Address: _____

Website address: _____

Company Principal Name or Names: _____

Type of Entity: Corporation Sole Proprietorship Partnership Sub S Corp LLC

Federal ID # or Social Security # _____ Number of Full time employees: _____

Parent Company (if applicable) _____

How long have you been in business? _____ Years

Are your employees Union or Open Shop? _____

Fill in your contractor license info for all states you are licensed to conduct business:

Contractor License #: _____ State: _____ Classification _____ Exp. Date _____

Contractor License #: _____ State: _____ Classification _____ Exp. Date _____

Contractor License #: _____ State: _____ Classification _____ Exp. Date _____

Geographic areas you can perform work: _____

What type of Jobs does your firm normally do? _____

SUBCONTRACTOR DIVERSITY

Does your company qualify as a: Small Business Enterprise Woman Owned Small Dis-advantaged 8a Veteran Owned Service Disabled Veteran Owned HUB Zone

Safety

Please complete the Contractor Safety Questionnaire provided with this document to include supply of OSHA logs.

Quality

Does your company have a written quality program? Yes No

If yes, please supply a copy of your program for our review with this form.

Is your quality program compliant or certified? (e.g. ISO 9001:2008) Yes No

Insurance

- Do you carry General Liability Insurance? Yes No
- Do you carry Automobile Insurance? Yes No
- Do you carry Employer's Liability Insurance (Worker's Compensation)? Yes No
- Do you carry Umbrella Insurance? Yes No
- Do you carry Professional Liability Insurance? Yes No

PLEASE NOTE: A sample document listing minimum required coverage is included with this document. Return this form with a current copy of an ACORD certificate listing your company's current limits carried. You will be required to provide minimum coverage listed in the sample provided in order to bid work.

Name of Insurance Company / Carrier: _____

Agent: _____ Phone: _____ Fax: _____

Payment & Performance Bonding

Can you provide a Payment & Performance bond for this project? Yes No

What is the largest project that you have done: Unbonded? _____ Bonded? _____

Location/Name/Completion Date: _____

What is your company's current bonding capacity? Total \$ _____ Single Project \$ _____

Bond Rate (per thousand) \$ _____

Name of Bonding Company: _____

Agent Name: _____ Phone: _____ Fax: _____

Legal

Have any lawsuits been filed by or against the company in the last three years? Yes No

If "YES,"

Please explain _____

Has the company: Ever operated under another name? Yes No Ever failed to complete a project? Yes No Ever filed bankruptcy or receivership proceedings? Yes No

If "YES,"

Please explain _____

Does the company have any uncollected judgments against it? Yes No

If "YES"

Please explain _____

Financials

Please attach a copy of your current financial statement (Minimum of Current Balance Sheet) and previous year end financial statement.

Was your Financial Statement prepared by a Certified Public Accountant? Yes No

Contact Name and Number of CPA: _____

Bank Name: _____ Contact: _____

Account #: _____ Phone: _____ Fax: _____

Bank Information: Total amount of line(s) of credit \$ _____ Unused portion of lines of credit \$ _____

Financials (for office use only)

Other Lender's Name and Address: _____

Other Lender's Contact Name and phone number: _____

Financial Statements received (for office use only)

Suppliers

1. Name: _____ Contact: _____
Account#: _____ Phone: _____ Fax: _____
Date of Account Opening: _____ Payment Terms: _____ Pay Per Terms: _____
Twelve Month High: _____ Current Balance: _____

2. Name: _____ Contact: _____
Account#: _____ Phone: _____ Fax: _____
Date of Account Opening: _____ Payment Terms: _____ Pay Per Terms: _____
Twelve Month High: _____ Current Balance: _____

3. Name: _____ Contact: _____
Account#: _____ Phone: _____ Fax: _____
Date of Account Opening: _____ Payment Terms: _____ Pay Per Terms: _____
Twelve Month High: _____ Current Balance: _____

4. Name: _____ Contact: _____
Account#: _____ Phone: _____ Fax: _____
Date of Account Opening: _____ Payment Terms: _____ Pay Per Terms: _____
Twelve Month High: _____ Current Balance: _____

Suppliers (for office use only)

Project Experience

What type of jobs do you normally do? Wind Solar Biomass Power Commercial Industrial
Government Healthcare Hospitality Residential

What is the average size job you have done? \$ _____ Average number of projects annually? _____

Average size of current project(s) in progress? \$ _____ How many current projects in progress? _____

Project Experience (for office use only)

What was your company's annual volume for the past three years? 20__ \$ _____ 20__ \$ _____ 20__ \$ _____

Current Value of Work on Hand: \$ _____

Work on Hand (for office use only)

Energy Project (Wind, Solar, Biomass, etc) Experience:

For Energy Projects, what role(s) have you played in the Design and/or construction of those projects?

Engineering Only * See below Material Supply Only

Design/Build Other Describe _____

Construction Only

If Engineering/Design was marked above, indicated types of design you provide:

Civil In house? Yes No

Electrical In house? Yes No

Mechanical In house? Yes No

T&D In house? Yes No

Please list below six (6) Energy projects completed by your firm within the last two (2) years:

- Please list as many different Contracted Parties (Owners, GC's , etc.) possible.

1. Name of Project: _____ Date of Completion: _____

Approximate amount of your contract: _____ Bonded? _____

Party Contracted with (Owner, G.C.): _____ Phone: _____

Contracted Party Representative: _____ Fax: _____

Number of jobs completed for this contractor: _____

2. Name of Project: _____ Date of Completion: _____

Approximate amount of your contract: _____ Bonded? _____

Party Contracted with (Owner, G.C.): _____ Phone: _____

Contracted Party Representative: _____ Fax: _____

Number of jobs completed for this contractor: _____

3. Name of Project: _____ Date of Completion: _____

Approximate amount of your contract: _____ Bonded? _____

Party Contracted with (Owner, G.C.): _____ Phone: _____

Contracted Party Representative: _____ Fax: _____

Number of jobs completed for this contractor: _____

4. Name of Project: _____ Date of Completion: _____
 Approximate amount of your contract: _____ Bonded? _____
 Party Contracted with (Owner, G.C.): _____ Phone: _____
 Contracted Party Representative: _____ Fax: _____
 Number of jobs completed for this contractor: _____
5. Name of Project: _____ Date of Completion: _____
 Approximate amount of your contract: _____ Bonded? _____
 Party Contracted with (Owner, G.C.): _____ Phone: _____
 Contracted Party Representative: _____ Fax: _____
 Number of jobs completed for this contractor: _____
6. Name of Project: _____ Date of Completion: _____
 Approximate amount of your contract: _____ Bonded? _____
 Party Contracted with (Owner, G.C.): _____ Phone: _____
 Contracted Party Representative: _____ Fax: _____
 Number of jobs completed for this contractor: _____

Please list below up to four (4) Non-Energy projects completed by your firm that we should know about:

1. Name of Project: _____ Date of Completion: _____
 Approximate amount of your contract: _____ Bonded? _____
 Party Contracted with (Owner, G.C.): _____ Phone: _____
 Contracted Party Representative: _____ Fax: _____
 Number of jobs completed for this contractor: _____
2. Name of Project: _____ Date of Completion: _____
 Approximate amount of your contract: _____ Bonded? _____
 Party Contracted with (Owner, G.C.): _____ Phone: _____
 Contracted Party Representative: _____ Fax: _____
 Number of jobs completed for this contractor: _____
3. Name of Project: _____ Date of Completion: _____
 Approximate amount of your contract: _____ Bonded? _____
 Party Contracted with (Owner, G.C.): _____ Phone: _____
 Contracted Party Representative: _____ Fax: _____
 Number of jobs completed for this contractor: _____
4. Name of Project: _____ Date of Completion: _____
 Approximate amount of your contract: _____ Bonded? _____
 Party Contracted with (Owner, G.C.): _____ Phone: _____
 Contracted Party Representative: _____ Fax: _____
 Number of jobs completed for this contractor: _____

Project References (for office use only)

End of form



| SUBCONTRACTOR'S SAFETY & HEALTH PERFORMANCE DATA | | | | | | |
|--|--|--|--|---------|--|---|
| 1 Contractor's Legal Name: | | | | | | |
| 2 Project Name: | | | | | | |
| 3 Work Scope (i.e. roads, foundations, tower erection, etc.) | | | | | | |
| 4 Worker's Compensation Experience Modification Rate (EMR) Data | | | | | | |
| 4a EMR is (Check One): | | <input type="checkbox"/> Interstate Rate | <input type="checkbox"/> Intrastate Rate | | | Provide a letter from your insurance carrier verifying EMR information |
| 4b EMR Anniversary Date: | | | | | | |
| 4c EMR State of Origin: | | | | | | |
| 4d EMR for past 3 Years: | | 2013 | 2014 | 2015 | | |
| | | | | | | |
| 5 Work Related Injury/Illness Data | | | | | | |
| | | 2013 | 2014 | 2015 | | |
| 5a Employee Hours Last 3 Years: | | | | | | |
| 5b Provide the Following Information From Your <u>OSHA Form 300</u> for the Past 3 Years | | | | | | |
| | | 2013 | 2014 | 2015 | Provide OSHA Forms 300 (names redacted) and 300A associated with the information entered at left. | |
| Number of Fatalities (Column G): | | | | | | |
| Number of Lost Workday Cases (Column H): | | | | | | |
| Number of Modified Duty Cases (Column I): | | | | | | |
| Number of Other Recordable Cases (Column J): | | | | | | |
| Total Number of Recordable Cases From Above: | | | | | | |
| Attach a letter of explanation for any work related fatalities listed above. | | | | | | |
| 6 OSHA Inspection History | | | | | | |
| | | 2013 | 2014 | 2015 | Totals | |
| Number of OSHA Inspections: | | | | | | |
| Number of "Willful" Violations: | | | | | | |
| Number of "Repeat" Violations: | | | | | | |
| Number of "Serious" Violations: | | | | | | |
| Number of "Other Than Serious" Violations: | | | | | | |
| Total Number of OSHA Violations: | | | | | | |
| Attach actual agency copies of all citations reported in this section. | | | | | | |
| 7 Safety Program Information | | | | | | |
| Does your company staff projects with dedicated safety professionals? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| Does your company require minimum OSHA-10 hr training for supervisors? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| Does your company provide and document safety training for project employees? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| Does your company conduct documented new employee orientation? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| Does your company have a written hazard communication program? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| Does your company have a written mandatory substance abuse program? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| Does your company conduct documented project safety inspections/audits? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| Does your company have a written incident investigation program? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| Does your written program provide for Stop Work Authority for all employees? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| 8 Organization's Safety Contact Information | | | | | | |
| Safety Contact's Name: | | | | Title: | | |
| Phone Number: | | | | e-mail: | | |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/24/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | |
|---|-------------------------------|-------------------|
| PRODUCER Insurance Agent | CONTACT NAME: | |
| | PHONE (A/C. No. Ext): | FAX (A/C. No): |
| | E-MAIL ADDRESS: | |
| | INSURER(S) AFFORDING COVERAGE | |
| | INSURER A: | Insurance Company |
| INSURED Sample of Subcontractors Insurance Requirements | INSURER B: | Insurance Company |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |
| | INSURER F: | |

COVERAGES

CERTIFICATE NUMBER: Sample Certificate

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|----------|---|-------------------------------------|-------------------------------------|---------------|-------------------------|-------------------------|---|--------------|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | TBD | TBD | TBD | EACH OCCURRENCE | \$ 1,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 300,000 |
| | | | | | | | MED EXP (Any one person) | \$ 5,000 |
| | | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | | | | | | | GENERAL AGGREGATE | \$ 2,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 |
| | | | | | | | | \$ |
| A | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | TBD | TBD | TBD | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | | | | | | | BODILY INJURY (Per person) | \$ |
| | | | | | | | BODILY INJURY (Per accident) | \$ |
| | | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | Uninsured Motorist Combined | \$ 1,000,000 |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 | <input checked="" type="checkbox"/> | | TBD | TBD | TBD | EACH OCCURRENCE | \$ 1,000,000 |
| | | | | | | | AGGREGATE | \$ 1,000,000 |
| | | | | | | | | \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | TBD | TBD | TBD | <input checked="" type="checkbox"/> WC STATUTORY LIMITS | |
| | | | | | | | E.L. EACH ACCIDENT | \$ 500,000 |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ 500,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 500,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Certificate Holder is listed as additional insured with respect to the General and Auto Liability policies. Waiver of Subrogation applies under the General and Auto Liability policies and Workers Compensation policy.

CERTIFICATE HOLDER**CANCELLATION**

| | |
|--|--|
| Applied High Voltage, LLC 403 New Karner Road Albany, NY 12205 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| | AUTHORIZED REPRESENTATIVE |