

ARCO

C O N S T R U C T I O N

THE DESIGN | BUILD PEOPLE

Subcontractor Qualification Statement

Please provide the following information to be considered for inclusion on ARCO's Subcontractor List. This form may be typed, hand written, or electronically submitted. Fax number is 314.963.0714

Date:	_____ / _____ / _____
Company Name & Address:	_____ _____ _____ _____
Contact Person for Estimates:	<u>Name:</u> _____ <u>Title / Position:</u> _____ <u>Office Phone:</u> _____ <u>Office Fax:</u> _____ <u>Mobile Phone:</u> _____ <u>Email Address:</u> _____
How many years has your company been in business?	_____ Yrs
What is your average yearly revenue over the past 3 years?	\$ _____ / YR
What is your average project size?	\$ _____ / Project
What is the dollar value of the largest project successfully completed by your company?	\$ _____
What percentage of work is performed using your own forces?	_____ %

<p>Can you provide a bond?</p> <p>If yes, up to what dollar amount?</p>	<p>Bondable: YES / NO</p> <p>\$ _____</p>
<p>Has your company ever failed to complete any work awarded during the past five (5) years?</p> <p>If yes, please explain.</p>	<p>YES / NO</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Are there any pending or outstanding claims, arbitrations, or lawsuits against your firm?</p> <p>If yes, please explain.</p>	<p>YES / NO</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>What work categories do you perform?</p>	<p>_____</p> <p>_____</p> <p>_____</p>
<p>Is your company Union?</p> <p>If yes, please list the unions with which you are affiliated.</p>	<p>YES / NO</p> <p>_____</p> <p>_____</p>
<p>What is the average size of your field workforce?</p>	<p>_____</p>
<p>Does your firm qualify with any of the following?</p>	<p>_____ Small Business _____ Small Disadvantaged Business</p> <p>_____ MBE _____ WBE</p> <p>_____ HUBZone _____ Veteran Owned Small Business</p> <p>Certified by: _____</p>
<p>Please provide a representative list of General Contractor's who you have worked for.</p>	<p><u>Company:</u> _____</p> <p><u>Contact Name:</u> _____</p> <p><u>Company:</u> _____</p> <p><u>Contact Name:</u> _____</p>

	<p><u>Company:</u> _____</p> <p><u>Contact Name:</u> _____</p> <p><u>Company:</u> _____</p> <p><u>Contact Name:</u> _____</p>
<p>Are you willing to travel for projects outside of the metro St. Louis market?</p>	<p>YES / NO</p>
<p>Are you willing to comply with the Equal Opportunity Employment (EEO) rules?</p>	<p>YES / NO</p>
<p>Please provide a representative list of projects, the work performed and contact value (If necessary, provide this information as an addendum).</p>	<p><u>Project:</u> _____</p> <p><u>Contract Amount: \$</u> _____</p> <p><u>Project Type (Com, Ind, Res, Office, Med, Other</u> _____)</p> <p><u>Work Performed:</u> _____</p> <p>_____</p> <p><u>Project:</u> _____</p> <p><u>Contract Amount: \$</u> _____</p> <p><u>Project Type (Com, Ind, Res, Office, Med, Other</u> _____)</p> <p><u>Work Performed:</u> _____</p> <p>_____</p> <p><u>Project:</u> _____</p> <p><u>Contract Amount: \$</u> _____</p> <p><u>Project Type (Com, Ind, Res, Office, Med, Other</u> _____)</p> <p><u>Work Performed:</u> _____</p> <p>_____</p> <p><u>Project:</u> _____</p> <p><u>Contract Amount: \$</u> _____</p> <p><u>Project Type (Com, Ind, Res, Office, Med, Other</u> _____)</p> <p><u>Work Performed:</u> _____</p> <p>_____</p>

SAFETY & HEALTH PERFORMANCE

Workers Compensation Experience Modification Rate (EMR) Data

- a. Present EMR is: _____ b. Employee hours worked last year 2009: _____

State of Origin: _____

Have you received any regulatory (EPA, OSHA, etc.) citations in the last three (3) years? Yes No
If yes, please attach copies.

SAFETY & HEALTH MANAGEMENT

Highest ranking safety/health professional in the company:

Title: _____

Telephone: _____

Fax: _____

Do you have or provide:

Full Time Safety/Health Director? _____

Yes No

Full Time Safety/Health Supervisor? _____

Yes No

SAFETY & HEALTH PROGRAMS & PROCEDURES

- | | | |
|---|------------------------------|-----------------------------|
| 6. Do you have a written Safety & Health program? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Do you have a written Hazard Communication Program? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Do your employees read, write and understand English such that they can perform their job tasks safely without an interpreter? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Do you have personnel trained to perform first aid & CPR? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. Do you have a safety & health orientation program for new hires and newly hired or promoted supervisors? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. Have your employees received the required safety and health training and retraining? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Do you hold site safety and health meetings for:

- | | |
|-------------------|------------------------------|
| Field Supervisors | Yes <input type="checkbox"/> |
| Employees | Yes <input type="checkbox"/> |
| New Hires | Yes <input type="checkbox"/> |
| Subcontractors | Yes <input type="checkbox"/> |

Are the safety and health meetings documented?

Yes No

Inspections and Audits

- | | | |
|--|------------------------------|-----------------------------|
| Do you conduct safety & health inspections? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you conduct safety & health program audits? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are corrections of deficiencies documented? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Additional Comments: _____

Please attach any additional information, qualifications, promotional materials etc. which you feel would be of interest to ARCO. Additional information is NOT required but will be reviewed.

Signed:	<p>Name _____</p> <p>Title / Position _____</p> <p>Date _____</p>
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