



SUBCONTRACTOR PRE-QUALIFICATION APPLICATION

SUBCONTRACTOR INFORMATION

Legal Business Name: _____

Contact Name/Title: _____

Business Address: _____

Mailing Address (if different than above): _____

Phone Number: _____ Fax Number: _____

'Remit to' (Accounts Receivable) Address if different than above: _____

Email Address : _____ Dunn & Bradstreet Number: _____

Internet URL: _____ Federal Tax ID (EIN/TIN): _____ or SSN: _____

- Sole Proprietor Partnership Corporation Affiliate Joint Venture Subsidiary
 Non-Profit Division of:

I. COMPANY OFFICERS, PARTNERES OR PRINCIPALS (Please attach organizational chart)

A. Parent Company: _____

B. Corporate Address: _____

C. Year Established: _____ D. Number of Employees: _____ E. State of Incorporation: _____

F. Subsidiary/Affiliations: _____

G. Type of Business

- Contractor Consultant Manufacturer Carrier Distributor Factory Rep
 Wholesaler Software Retailer Other: _____

H. Products or Services offered: _____

II. BUSINESS CLASSIFICATION (Please provide copies of all active certifications)

- A. Are you a certified diversity enterprise? **YES** **NO**
If yes, please list your diversity classifications:
- B. Are you self certified? **YES** **NO**
If no, please list which agency(s) issued you the certification:
- C. Are you certified as, or a participant in a US Small Business Administration (SBA) program? **YES** **NO**

III. BUSINESS INFORMATION

- A. Have you worked for, or supplied material to MYR Group Inc. or any of its affiliates? **YES** **NO**
- B. Do you have any union affiliations? **YES** **NO**
- C. Are you interested in working: regional national



IV. FINANCIAL DATA

A. Indicate your annual sales for the last three years:

Year	Sales
_____	_____
_____	_____
_____	_____

B. Attach financial statements (audited if available) for the interim and previous 2 years.

C. Please attach a list of company owned equipment.

D. Bank Reference: _____

E. Contact Name: _____ Phone: _____ Fax: _____

F. Bank Reference: _____

G. Contact Name: _____ Phone: _____ Fax: _____

Please notify your bankers as listed above to authorize release of banking information.

H. Indicate dollar range which you are interested in bidding:

Minimum: \$ _____ Maximum: \$ _____

I. Are you Bondable?

YES NO

J. Dollar limit per contract: _____

K. Total dollar bondability: _____

V. INSURANCE COVERAGE

A. Please provide a copy of your Certificate of Insurance.

SIGNATURE

I certify the above information and any attachments are correct to the best of my knowledge.

NAME OF ORGANIZATION

SIGNATURE

TITLE

DATE

REMIT TO

Please return completed Supplier Pre-Qualification Application to: **Pre-qual@myrgroup.com**

NOTE: This questionnaire does not qualify or approve your company as a subcontractor nor does it obligate us to solicit price quotations or proposals from your company.



SUBCONTRACTOR SAFETY PERFORMANCE QUESTIONNAIRE

SUBCONTRACTOR INFORMATION

Legal Business Name: _____
 Contact Name/Title: _____
 Business Address: _____
 Mailing Address (if different than above): _____
 Phone Number: _____ Fax Number: _____
 Email Address : _____
 Project: _____

I. WORKER'S COMPENSATION INSURANCE – EXPERIENCE MODIFICATION RATE (EMR)

A. Provide your company's EMR for each of the last (3) years:

Policy Year	EMR
_____	_____
_____	_____
_____	_____

B. Furnish a letter from your insurance company verifying the EMR data listed above.

II. OSHA RECORDABLE INCIDENTS

A. Provide the following data from your company's OSHA 300 Logs for each of the last three (3) years:

	Year _____	Year _____	Year _____
1. Number of employee hours worked	_____	_____	_____
2. Number of fatalities <i>(Total Columns 1 + 8)</i>	_____	_____	_____
3. Number of OSHA recordable injuries <i>(Total Columns 2+6+9+13)</i>	_____	_____	_____
4. OSHA recordable incident rate <i>(Line 3 x $\frac{200,000}{\text{Line 1}}$)</i>	_____	_____	_____
5. Number of lost workday cases <i>(Total Columns 3+10)</i>	_____	_____	_____
6. Lost workday incident rate <i>(Line 5 x $\frac{200,000}{\text{Line 1}}$)</i>	_____	_____	_____
7. Number of cases with days away from work or restricted duty <i>(Total Columns 2+9)</i>	_____	_____	_____



III. Safety and Health Program

A. Have you had an OSHA citation in the past five years? YES NO
If yes, please attach details for each citation.

B. Do you have a written safety and health program? YES NO
If yes, please attach a copy.

If no, please explain how your company's safety requirements are communicated to your employees:

C. Does your company have a Safety Officer or Safety Department? YES NO
If yes, please provide contact information:

If no, who in your company is responsible for your safety and health program?

D. Will your company assign full time supervision to this project? YES NO

E. Will your company assign a full time safety professional to this project? YES NO

If not, who will be responsible for safety on the jobsite? _____

At what frequency will this person visit the jobsite? _____

In this person's absence, who will be responsible for safety at the jobsite? _____

F. Will each of your company's crews have competent persons assigned as required by OSHA for the particular work being performed? YES NO

Please attach a list of competent persons that will be assigned to this project and copies of their training records.

G. Does your company have a Personnel Protective Equipment (PPE) Policy, for example mandatory hard hats, safety glasses, etc.? YES NO

If yes, what does it include: _____

If not, what PPE will your company require on this project? _____

H. Does your company have a substance abuse program designed to provide a drug free workplace? YES NO

If yes, please attach a copy.

If no, would you agree to adhere to MYR Group Inc.'s Substance Abuse Policy? YES NO

I. Comment on any other areas of your company's safety program and policies that you feel will be appropriate in our evaluation.



IV. SAFETY AND HEALTH TRAINING

A. Do you require on-site supervision to have OSHA 30 hour training courses? YES NO

Please attach a list of all supervision with OSHA 30 hour training that will be assigned to this project and copies of their training records.

B. What type of safety orientation do you provide for new hires?

C. Do your foremen receive formal safety training? YES NO

If yes, please list training provided:

Are your foremen trained in: First Aid CPR

D. Does your company train on environmental subjects? YES NO

If yes, please specify topics:

E. Safety Meetings:

Are jobsite foremen's safety meetings required? YES NO

If yes, frequency? _____

Are regular toolbox safety meetings required? YES NO

If yes, frequency? _____

Are regular safety/housekeeping audits conducted? YES NO

If yes, frequency? _____

Are environmental audits conducted on your jobsites? YES NO

If yes, frequency? _____

V. SAFETY AUDITING AND INCIDENT INVESTIGATION

A. At what frequency will your company audit/inspect your crews' conformance with your company's safety and health program and the requirements of the project?

B. What levels of management in your company receives field safety reports?



C. Does your company require your subcontractors to meet the same safety standard as you employ? YES NO

D. Does your company have an incident investigation procedure? YES NO

If yes, please attach a copy.
If not, how will incidents be investigated? _____

E. Does senior management participate in incident investigations? YES NO

SIGNATURE

I certify the above information and any attachments are correct to the best of my knowledge.

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