



## CONTRACTOR'S QUALIFICATION STATEMENT

Official Company Name:

### 1. ORGANIZATION

- 1.1 How many years has your organization been in business as a Contractor?
- 1.2 How many years has your organization been in business under its present business name?
  - 1.2.1 Under what other or former names has your organization operated?
- 1.3 If your organization is a corporation, provide the following:
  - 1.3.1 Date of incorporation:
  - 1.3.2 State of incorporation:
  - 1.3.3 President's name:
  - 1.3.4 Vice-President's name(s):
  - 1.3.5 Secretary's name:
  - 1.3.6 Treasurer's name:
- 1.4 If your organization is a partnership or LLC, provide the following:
  - 1.4.1 Date of organization:
  - 1.4.2 Type of Partnership (if applicable):
  - 1.4.3 Name(s) of general partner(s):
- 1.5 If your organization is a sole proprietor, provide the following:
  - 1.5.1 Date of organization:
  - 1.5.2 Name of Owner:
- 1.6 What is your organization's current Union Status? Please list current trade affiliations.

## 2. LICENSING

2.1 List jurisdictions and trade categories in which your organization is legally qualified to do business, and indicate registration or license numbers, if applicable.

2.2. List jurisdictions in which your organization's partnership or trade name is on file.

## 3. EXPERIENCE

3.1 List the categories of work that your organization normally performs with its own forces.

3.2 Claims and Suits. (If the answer to any of the questions below is yes, please attach details).

3.2.1 Has your organization ever failed to complete any work awarded to it?

3.2.2 Are there any judgements, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers?

3.2.3 Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the last five years?

3.2.4 Have you ever failed to complete a contract, been defaulted, or had a contract terminated? (If the answer is yes, please attach details.)

3.2.5 In the past five years, have you had liquidated damages assessed against you upon completion of a project? (If the answer is yes, please attach details.)

3.2.6 In the past five years, has your company, or any of its key personnel, been investigated for or found to have committed a violation of any labor law? (If the answer is yes, please attach details.)

3.2.7 In the past five years, has your company, or any of its key personnel, been investigated for or found to have committed a serious OSHA violation? (If the answer is yes, please attach details.)

3.2.8 In the past five years, has your company, or any of its key personnel, been investigated for or found to have committed a violation of state, federal or local environmental protection laws? (If the answer is yes, please attach details.)

3.2.9 Within the last five years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract? (If the answer is yes, please attach details.)

3.3 State total worth of work in progress and under contract.

3.3.1 State average annual amount of construction work performed during the past five years.

3.3.2 Provide at least three (3) firms that you consider competitors in the market place.

#### 4. REFERENCES

4.1 Trade References (provide at least 3):

4.2 Bank References:

4.3 Surety:

4.3.1 Name of bonding company:

4.3.2 Bonding capacity:

4.3.2.1 Per Project \$

4.3.2.2 Aggregate \$

4.3.3 Name and address of agent:

#### 6. INSURANCE

6.1 This section pertains to all contractors and their subcontractors. Provide a Certificate of Insurance evidencing coverages for General Liability, Automobile, Workers' Compensation and Excess liability. Such Certificate shall name CarePoint Health as an additional insured with respect to General Liability coverage and shall be applicable to all projects performed for CarePoint Health System. Such certificate shall include the following language:

*This certificate shall cover any and all projects and/or services performed at any CarePoint Health owned or leased properties during the policy period. CarePoint Health System shall be an additional insured with respect to General Liability.*

6.2 Insurance Policies

Contractor is required to submit a copy of its insurance policies and all riders, exclusions, and other policy attachments. Contractor shall have five (5) business days to produce such documents unless prevented by circumstances beyond its control in which case CarePoint Health System shall extend the five (5) days by a reasonable period of time upon the request of the Contractor. Any failure of the Contractor or their subcontractors to provide the requested documents or the provision of invalid documents shall be a material breach of the agreement

and Contractor agrees to hold CarePoint Health harmless from any such breach including the cost of contract termination, Legal fees, work stoppage, schedule delays, and the increased cost of hiring of another Contractor to complete the contract.

7. HEALTH & SAFETY

7.1 List below your Company Worker's Compensation Insurance Experience Modification

Rate (EMR) for the past three (3) years:

2023 \_\_\_\_\_

2022 \_\_\_\_\_

2021 \_\_\_\_\_

7.3 Please identify the individual CarePoint Health should contact if we have questions or need copies of reports relating to Health & Safety:

7.4 How often are site safety meetings held for field superintendents/foreman?

7.5 Please identify the individual responsible for Project Safety Inspections.

7.6 Please attach your OSHA 300 logs for the past 3 years

8. SIGNATURE

The undersigned certifies under oath that the information provided herein including any data fields entered into the electronic Contractor Pre-Qualification process, is true and sufficiently complete so as not to be misleading.

Dated at this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

Name of Organization: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_