

## DAHLGREN INDUSTRIAL – VENDOR QUALIFICATION FORM

### Organization Information

FIRM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIC CODE: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

TELEPHONE AND FAX: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

TRADE: \_\_\_\_\_

DATE: \_\_\_\_\_

1. List names of owners, officers, and key personnel (Project Executives):

First Name	Last Name	Position	Stockholder (yes/no)

2. This firm is a:

Corporation	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Sole Proprietor	<input type="checkbox"/>	Ltd. Liability Partnership	<input type="checkbox"/>
Other (explain):							

3. How many years has your organization been in business? \_\_\_\_\_

4. Employee resources:

	Office	Shop labor	Field supervision	Company field mechanics
Current number of employees				

5. Labor force characteristics:

Union Shop	<input type="checkbox"/>	Merit Shop	<input type="checkbox"/>	Prevailing Wage	<input type="checkbox"/>
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6. Organization Certifications:

Classification	Certification Number
MBE	
WBE	
SBE	
VBE	
DBE	

7. How many years has your organization been in business under its present name? \_\_\_\_\_

- a. Under what other former names has your organization operated? \_\_\_\_\_
- b. List parent company (if applicable) \_\_\_\_\_
- c. List affiliated companies (if applicable) \_\_\_\_\_

8. List states in which the firm is licensed:

State	License Number	License Description

9. ISO Certifications:

ISO Certification Classification	Certification Number

10. Identify local or national Trade Unions for workmen employed directly by your organization:

Trade	Local Number	Geographic Area

**Work Classification**

Please indicate the largest realistic single estimated contract value for which you wish to be prequalified. Failure to provide a reasonable number will result in a failure to be prequalified. \$ \_\_\_\_\_

List the types of work you are interested in bidding		
List the geographical areas in which you prefer to work		

Is your firm a dealer or certified installer for any specific manufactures particular to your company's services?

Please list here:


**Work Experience**

1. Name and dollar amount of largest job completed during the last three years:

Name of Project	Contract Value (\$)	CM/GC on Project	Bonded (yes/no)
2018 -			
2017 -			
2016 -			

2. Information for the last three years:

Item/Year	2018	2017	2016
Annual volume of work put in place			
Contract value of largest job completed			

3. If you have worked for Dahlgren Industrial, Inc., name the two largest projects completed:

Project Name	Contract Amount	Date Completed	Project Manager

4. What is current backlog for this calendar year? \_\_\_\_\_

5. Has your firm or any other organization with which the officers or partners were involved during the past three years ever failed to complete any work awarded? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

6. Are there any judgements, claims, arbitration, proceedings, or lawsuits pending or outstanding against your firm or its officers or principals? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

7. Has your firm filed any lawsuits or requested arbitration or mediation with construction contracts within the last three years? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Bond Reference**

We must receive your bonding information in order to pre-qualify. If you have never been bonded or cannot be bonded, please explain why on a separate attachment. Please attach a letter from your bonding company, signed by an attorney in fact, stating the following information: name of bonding company, reference name and number, current bonding composite rate for this estimated subcontract value. If no letter is available, please fill in the information below:

Name of Bonding Company:	
Address:	
Bonding Agent:	
Telephone:	
Total Bondable Amount (\$):	
Current Bonding Amount in Effect (\$):	
Single Project Bond Limit (\$):	
Composite Rate for this Subcontract value:	
Last Bond Issued (date, amount, type, rate):	

NOTE: Bonding Company must be listed in latest issue of the Department of the Treasury's "Federal Register."

**References**

**Bank**

Bank Reference Name:	Line of Credit:	Contact:	Phone:
Bank Reference Name:	Line of Credit:	Contact:	Phone:

**Credit**

Credit Reference Name:	Contact:	Phone:
Credit Reference Name:	Contact:	Phone:

**Owner**

Owner Reference Name:	Contact:	Phone:
Owner Reference Name:	Contact:	Phone:

**General Contractor**

General Contractor Reference Name:	Contact:	Phone:
General Contractor Reference Name:	Contact:	Phone:

**Financial Information**

Please submit a copy of audited Financial Statements for the most current year end period to Dahlgren Industrial, Inc. at P.O. Box 3515 Seattle, WA 98124, which will be treated in strictest confidence.

**Insurance**

<b>Item</b>	<b><u>Carrier</u></b>	<b><u>Policy Number</u></b>	<b><u>Expiration Date</u></b>	<b><u>Limit</u></b>	<b><u>Deductible</u></b>
General Liability Aggregate Amount					
Excess (Umbrella) Liability Aggregate Amount					
Property					
Professional Liability					
Automobile Liability					
Worker's Comp					
Other					

**Safety, Health, and Environment**

**Interstate Experience Modification Rate (last three years)**

<b>Year</b>	<b>Rate</b>

NOTE: Attach a letter from your insurance carrier verifying the rates noted above. We cannot pre-qualify you without this information. Provide written explanation for any EMR rating over 1.0. \_\_\_\_\_

**OSHA 200 Log Information (last three years)**

Description/Year	2018	2017	2016
No. of fatalities			
No. of lost workday cases			
No. of injuries and illnesses without lost workdays			
Employees hours work – field and shop employees			

NOTE: Please provide copies of your OSHA 200 log for the past three (3) years.

**Please answer the following questions:**

How often are jobsite foremen’s meetings held and are they documented?	
How often are “toolbox” safety meetings held and are they documented?	
Are regular safety/housekeeping inspections conducted and documented? Who conducts the inspections?	
Do you have an accident investigation procedure? Please attach a copy of the procedure.	
Do you have a drug free workplace program?	
Do you have a lockout/tagout program?	
Do you have a confined space entry program?	
Do you have a safety orientation program for new hires? If yes, what does it cover?	
How many OSHA citations have you received over the last three (3) years and what were they for?	
Does your company have a Hazardous Communication Program? Will you provide it to DII upon request?	
Does your company have a documented safety program? Will you provide it to DII upon request?	
Do you have a full-time safety supervisor on staff?	
Does your company set safety goals?	
Does your company have a written quality program? Will you provide it to DII upon request?	

**Proposed Management Organization**

Title	Name	Years in trade/business	% of time allotted for this project
Project Executive			
Project Manager			
Project Superintendent			
Project General Foreman			
Project Engineer			

NOTE: Please mark the appropriate individuals as follows:

\* The person who will attend project meetings for your firm

\*\* The person who will have the authority to make financial decision on behalf of your firm for this project.

**Similar Project Listing**

**Project Reference:** \_\_\_\_\_

Name of Project	
Location	
Dollar Value (\$)	
Project Type	
Architect	
Engineer	
Owner	
Owner Phone Number	
Date Complete/Will be Completed	

**Project Reference:** \_\_\_\_\_

Name of Project	
Location	
Dollar Value (\$)	
Project Type	
Architect	
Engineer	
Owner	
Owner Phone Number	
Date Complete/Will be Completed	

**Project Reference:** \_\_\_\_\_

Name of Project	
Location	
Dollar Value (\$)	
Project Type	
Architect	
Engineer	
Owner	
Owner Phone Number	
Date Complete/Will be Completed	

**Current Contracts and Pending Proposals**

1. PROJECTS CURRENTLY UNDER CONTRACT:

Project Name	Subcontract Value	Anticipated Start Date	Anticipated Completion Date

2. PENDING BID PROPOSALS:

Project Name	Subcontract Value	Anticipated Start Date	Anticipated Completion Date

FIRM: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

Subscribed and sworn before me on this \_\_\_\_ day of \_\_\_\_\_, 2019.

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

My commission expires: \_\_\_\_\_