

RUDOLPH/LIBBE INC.
BUSINESS QUALIFICATION STATEMENT

Date _____

1. NAME AND MAILING ADDRESS:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax Number: _____

Federal Tax I.D. _____

Contact Person: _____ Email: _____

2. PLEASE LIST THE MAJOR TRADE(S) NORMALLY PERFORMED BY YOUR OWN FORCES OR MAJOR ITEMS NORMALLY FURNISHED IF YOU ARE A SUPPLIER:

3. STRUCTURE OF COMPANY (PLEASE CHECK ONE AND ANSWER QUESTIONS ACCORDINGLY)

CORPORATION: _____ INDIVIDUAL: _____ PARTNERSHIP: _____

Date of Incorporation: _____ State of Incorporation _____

President's Name: _____

Name and Address of Principals (State whether general or limited partnership):

If other than a Corporation or Partnership, describe Organization and name principals:

4. IS THE COMPANY A QUALIFIED:

Minority Business Enterprise: Yes ___ No ___ Small Business Enterprise: Yes ___ No ___

Women's Business Enterprise: Yes ___ No ___ Disadvantage Business Enterprise: Yes ___ No ___

5. HOW MANY YEARS HAS YOUR ORGANIZATION BEEN IN BUSINESS AS A CONTRACTOR/SUPPLIER? Years _____

6. HOW MANY YEARS HAS YOUR ORGANIZATION BEEN IN BUSINESS UNDER ITS PRESENT BUSINESS NAME? Years _____

7. UNDER WHAT OTHER OR FORMER NAMES HAS YOUR ORGANIZATION OPERATED?

Name(s) _____ Years _____

8. PRIMARY BANK REFERENCE:

Address: _____
Telephone Number: _____ Contact: _____

9. BONDING COMPANY INFORMATION:

Name and Address:
Bonding Co. _____
Agent: _____

Total Bonding Capacity: _____

10. AVERAGE OF LAST 3 FISCAL YEARS BILLINGS: _____

11. INSURANCE INFORMATION

On an Accord form, please provide evidence of general and auto liability and Workers' Compensation insurance. Insurance requirements are set forth in Schedule R or V, a copy of which is attached. Note additional insured requirement.

Name, Telephone Number of Agent: _____

12. IS YOUR FIRM SIGNATORY TO ANY LABOR UNIONS OR NATIONAL MAINTENANCE AGREEMENTS? Yes _____ No _____

If "yes", what trades:

13. LIST FIVE MAJOR PROJECTS YOUR ORGANIZATION HAS COMPLETED IN THE PAST THREE YEARS PER ATTACHED REFERENCE FORM.

14. ATTACH A COPY OF YOUR LAST THREE (3) YEARS AUDITED OR REVIEWED FINANCIAL STATEMENTS:

SAFETY AND HEALTH (Any questions regarding safety should be directed to Mark Hoffman at Rudolph/Libbe)

Safety and Health Programs

Do you have a documented safety program? Yes _____ No _____

Do you have a documented hazard communication program: Yes _____ No _____

Do you require documented hazard recognition safety meetings for:

Field Supervisors Yes _____ No _____ Frequency _____
Employees Yes _____ No _____ Frequency _____
New Hires Yes _____ No _____ Frequency _____

Inspections

Do you conduct regular and frequent documented safety inspections: Yes _____ No _____ Frequency _____

Attach a copy of the company safety policy and program.

Provide a copy

of your Company's OSHA Form No. 200/300 for the past three years. If you do not complete OSHA 200 forms, provide your company's injury experience for the past three years and an explanation of why you do not use OSHA Form 200/300.

Safety Staff

List the highest-ranking safety professional in your organization and the percentage of his/her time devoted to safety.

Name _____ % of Time _____ Title _____

WORKERS' COMPENSATION AND OSHA 200/300 FORM DATA (Last 3 Calendar Years)

		20__	20__	20__
A	Workers' Compensation Interstate Experience Modification Rate (EMR)			
	Ohio TM (EMR)			
	Michigan EMR			
	Pennsylvania EMR			
	Provide a letter from your insurance carrier or state fund (on their letterhead) verifying the EMR data.			
B	Total Recordable Incidence Rate*			
C	Days Away from Work Injury Incidence Rate*			
D	From OSHA Form 200/300 & Data: Number of Incidents with days away from work			
E	Number of Incidents without days away from work			
F	Number of Work Related Fatalities			
G	Man Hours Worked/Year			
H	Average Number of Employees			

* (B) $\text{Rate} = \frac{D + E + F \times 200,000}{G}$

(C) $\text{Rate} = \frac{D \times 200,000}{G}$

RETURN THE COMPLETED FORMS IN THEIR ENTIRETY WITH REQUIRED DOCUMENTATION TO:

Rudolph/Libbe Inc., Attn: Contracts Dept.
6494 Latcha Road
Walbridge, Ohio 43465

The undersigned warrants and represents the data provided in this document is accurate to the best of his/her knowledge.

Contractor's Name (Print)

Company CEO Name (Print)

Signature

Date

RUDOLPH/LIBBE INC.

SUBCONTRACTOR'S REFERENCE FORM

RECENT PROJECTS COMPLETED (Within the last 3 years)

(Note any Rudolph/Libbe Inc. projects)

Name of Project: _____

Owner: _____

Location: _____

Dollar Value: _____ Year Completed: _____

Description: (e.g. hospital, office, renovations, number of stores, total square footage):

Work Your Firm Performed: _____

Architect: _____

Trade Engineer (if applicable): _____

General Contractor: _____

Name of Project: _____

Owner: _____

Location: _____

Dollar Value: _____ Year Completed: _____

Description: (e.g. hospital, office, renovations, number of stores, total square footage):

Work Your Firm Performed: _____

Architect: _____

Trade Engineer (if applicable): _____

General Contractor: _____

(Reprint this form for additional projects)