



Subcontractor Prequalification Packet

WELCOME TO HGC CONSTRUCTION!

Please fill out the attached Subcontractor Information Packet and submit to subs@hgconstruction.com

If you have any questions, please contact Erica Waldon: ewaldon@hgconstruction.com

Thank you!



HGC Construction Co. has consistently strived to treat our subcontracting partners fairly and with respect, a practice we are committed to continuing. With the growth of our company and in an effort to create efficiency and consistency, we are implementing several changes to our subcontracting process. Our first effort is to have all of our subcontractors complete our Subcontractor Prequalification Application. This application will be used to demonstrate your resources, experience, financial capacity and risk.

SUBCONTRACTOR PREQUALIFICATION APPLICATION

Date of Response:

GENERAL INFORMATION

Company name:		DBA:	
Phone:	Fax:	E-mail:	
Main Office Address:			
City:		State:	ZIP Code:
Website:			
Sole Proprietorship:	Partnership:	Corporation:	Other:
Year Company Started:		State of Inc.:	Date of Inc.:
Union Company?	YES	NO	Union Name:

MAIN OFFICE CONTACTS

Name:	Phone:	Fax:
Position:	Email:	
Name:	Phone:	Fax:
Position:	Email:	

BID CONTACT

Name:	Phone:	Fax:
Position:	Email:	
Cell:		

CORPORATE OFFICERS

Name:	Phone:
Position:	Fax:
Percent Owned:	Email:
Name:	Phone:
Position:	Fax:
Percent Owned:	Email:

GEOGRAPHIC WORK AREAS – LOCAL AREA NAME

WORK SCOPE

Please list primary CSI codes:

- 1.
- 2.
- 3.



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SAFETY INFORMATION

SAFETY DIRECTOR CONTACTS

Name:	Phone:	Fax:
Email:		

Name:	Phone:	Fax:
Email:		

Current EMR Rates

List your firm's insurance interstate Experience Modification Rate (EMR) for the year stated below. Use your intrastate EMR if not interstate rated. Please attach a copy of your last year's Proof of EMR.

20__:	Rate:
20__:	Rate:
20__:	Rate:

OSHA Certified Personnel

All Subcontractors bidding to HGC Construction Co. will be required to have OSHA Outreach Training for their employees as follows:

- 1) Supervisors with a crew size of 5 or more (this includes lower tiered subcontractors) must have a 30-Hour Card.
- 2) Craftsman must have a 10-Hour Card from an approved source i.e. in person OSHA instruction or approved online training.

OSHA 300A Information

Please attach a copy of the last 3 year's OSHA No. 300A Log. Using the log, please provide the following:

20 Reporting Year

Number of lost workday cases (LWC – injuries involving time [days lost] away from work): List number of individual cases, not total number of actual days lost. See paragraph I on page 3 for instructions.	
Number of restricted workdays (RWC): List number of individual cases, not total number of restricted workdays suffered. See paragraph II on page 3 for instructions.	
Number of cases with medical treatment only No. 300A Log:	
Number of fatalities:	
Total employee hours worked:	

20 Reporting Year

Number of lost workday cases (LWC – injuries involving time [days lost] away from work): List number of individual cases, not total number of actual days lost. See paragraph I on page 3 for instructions.	
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Number of restricted workdays (RWC):	
List number of individual cases, not total number of restricted workdays suffered. See paragraph II on page 3 for instructions.	
Number of cases with medical treatment only No. 300A Log:	
Number of fatalities:	
Total employee hours worked:	
20 Reporting Year	
Number of lost workday cases (LWC – injuries involving time [days lost] away from work):	
List number of individual cases, not total number of actual days lost. See paragraph I on page 3 for instructions.	
Number of restricted workdays (RWC):	
List number of individual cases, not total number of restricted workdays suffered. See paragraph II on page 3 for instructions.	
Number of cases with medical treatment only No. 300A Log:	
Number of fatalities:	
Total employee hours worked:	
List your firm's Total OSHA Recordable Incident Rate for 2014:	
List your firm's Total OSHA Recordable Incident Rate for 2013:	
List your firm's Total OSHA Recordable Incident Rate for 2012:	

DEFINITIONS AND INTERPRETATIONS

I. LOST WORKDAY CASE (LWC) – ITEM 2-a

- A. If, because of an occupational injury or illness, an employee is unable to work on the next scheduled shift of work, the case is a LWC.
- B. Examples of Exceptions:
 - 1) The occurrence of a fatal heart attack on company property should not be counted as an LWC on the Safety Data Form.
 - 2) Intentionally self-inflicted injuries should not be counted.

II. RESTRICTED WORKDAY CASE (RWC) – ITEM 2-b

- A. If an employee, after sustaining a work related injury or illness could perform some (but not all) of his normal job assignment during all of the following scheduled shifts, it is an RWC.
- B. If an employee misses part of his next regularly scheduled shift because of hospitalization for treatment or observation, it is RWC.
- C. If an employee's schedule is changed after an injury to prevent restriction of work, it is an RWC.

III. MEDICAL TREATMENT CASES – ITEM 2-c

Definition – This category includes cases where treatment must be administered by a physician or by registered medical personnel under the standing orders of a physician. Do not include on the Safety Data Form the number of cases that would be considered as First Aid Case (FAC). (See Paragraph IV below.)

IV. FIRST AID CASES (FAC) – These cases should not be counted in Item 2-c of the Safety Data Form.

Definition – This includes a onetime treatment and subsequent observation of minor scratches, cuts, burns, splinters, and so forth, which do not ordinarily require medical care, even though it may be provided by a physician or registered professional personnel. Administration of a non-prescription medication to relieve pain or for treatment of minor injury is first aid. Administration of one dose of a prescription medication merely to alleviate pain or for preventive treatment is a First Aid Case.



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SAFETY QUESTIONNAIRE

Does your company have a qualified person responsible for safety within your Company? YES NO

If yes, please describe his/her qualifications:

Does this person do safety inspections on all of your projects? YES NO

If yes, how often are these inspections? DAILY WEEKLY MONTHLY QUARTERLY YEARLY

If requested can you provide us with a site-specific program addressing the fall hazards in your company's work? YES NO

Does your company have a written Company Safety Policy and Program and will you provide copies if requested? YES NO

Does your company require documented safety meetings for your employees? Indicate how often: DAILY WEEKLY MONTHLY QUARTERLY YEARLY

Does your company provide safety training for all employees? YES NO

If yes, describe training provided:

Does your company set annual safety training goals? YES NO

If yes, please list examples of training goals:

Does your company have a program recognizing your employees for safety excellence? YES NO

Does your company have a disciplinary program in place for safety violations? YES NO

Does your company review the safety management system of your sub-contractors? YES NO

Does your company conduct accident/incident investigations? YES NO

Does your company have a substance abuse policy? YES NO

If yes, please indicate which are included in your policy:

Pre-hire/Initial Employment YES NO

Cause YES NO

Post-Accident/Incident YES NO

Random YES NO

Periodic YES NO

Does your company have a return to work/light duty program? YES NO

If yes, provide work/light duty program description:



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GENERAL FINANCIAL INFORMATION

Federal tax identifier number:

Contractor License Information

State: Number: Expiration:

Largest Contract Completed

Name: Year: Amount: Scope:

Preferred Project Size

Indicate preferred project size (1-5), 1 being most preferred.

Under \$50k	\$50k-\$100k	\$100k-\$200k	\$200k-\$500k
\$500k-\$1M	\$1M-\$3M	\$3M-\$6M	\$6M-\$10M
\$10M-\$15M	\$15M-\$25M	\$25M-\$50M	Over \$50M

Largest dollar volume your company expects to do during this year

Name: Year: Amount: Scope:

Expected annual volume this year 20

Amount: Number of projects:

Percent of work normally subcontracted: %

Average annual volume of work performed over the past five years

20 Average volume:

20 Average volume:

20 Average volume:

20 Average volume:

Banking General Information

Bank Name:

Line of Credit: \$ Available: \$ Expires:

UCC Filing: Credit Secured By:

Remarks:

Banking Contact Information

Contact Name:

Address: City:

State: Zip:

Phone: Fax: Email:



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LEGAL INFORMATION

Has your Company or any of its principals ever petitioned for bankruptcy, failed in business, defaulted or been terminated on a contract awarded to you? YES NO

If yes, enter explanatory notes:

Have any of the owners, officers or major stockholders of your Company ever been indicted or convicted of any felony or other criminal conduct? YES NO

If yes, enter explanatory notes:

Has your Company or any of the owners, officers or major stockholders ever been suspended, disbarred or otherwise precluded from pursuing public work or ever been found to be non-responsive to a public agency? YES NO

If yes, enter explanatory notes:

Has your Company ever had a claim made against it for improper, delayed, defective or non-compliant work or failure to meet warranty obligations? YES NO

If yes, enter explanatory notes:

Is your Company or any of its owners, officers or major shareholders currently involved in any arbitration or litigation? YES NO

If yes, enter explanatory notes:

Does your Company have any outstanding judgments or claims against it? YES NO

If yes, enter explanatory notes:

Has your company or any of the owners, officer or major stockholders ever been investigated for, or charged with, alleged labor law violations including alleged violations of Immigration Control and Reform Act; state or local laws regarding employment of immigrants; prevailing wage laws; wage and hour laws or other federal, local or state labor laws? YES NO

If yes, enter explanatory notes:

Please list any litigation brought against your Company in the past five years asserting that you failed to make payment to anyone.

BONDING / SURETY INFORMATION

Surety Company Name: Surety Broker Name:

Bonding Capacity Per Job: \$ Aggregate: \$

Date of Last Bond: Bond Rate:

Please list the persons or entities who provide indemnification to your surety:

Contact Name:

Street: City:

State: Zip:

Phone: Fax: Email:



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INSURANCE INFORMATION /INSURANCE REQUIREMENTS

Workers Compensation and Employer's Liability Information

Do you have Kentucky Workers' Compensation?	YES	NO
Do you have Ohio Workers' Compensation?	YES	NO
Bodily Injury (per accident): \$	Bodily Injury (per disease): \$	
Insurance Carrier:	Policy number:	

*Please attach a sample certificate

Subcontractors shall be bound by the minimum insurance terms and general conditions and obligations, if any, as set forth in the contracts between **HGC Construction Co. and Owner**. In no event, shall subcontractor provide less than the following coverage:

A. General Liability:

Per Occurrence	\$1,000,000
General Aggregate	\$2,000,000
Products & Completed Operations Aggregate	\$2,000,000
Personal & Advertising Injury Limit	\$1,000,000
Damage to Rented Premises	\$50,000

Additional Requirements:

- **HGC Construction Co. and Owner** are to be additional insureds on subcontractor's policy as per form CG 2010 11/85 or CG2010 10/01 and CG 2037 10/01 or using substitute forms that provide equivalent coverage.
- General Aggregate to apply on a per-project basis.
- Waiver of Subrogation in favor of **HGC Construction Co. and Owner**
- Subcontractor's insurance to apply on a primary and non-contributory basis as to **HGC Construction Co. and Owner**, when the contract requires this provision
- Products & Completed Operations Insurance to be maintained for a period of two years after subcontractor's work is completed on the project

B. Automobile Liability:

Combined Single Limit	\$1,000,000
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Additional Requirements:

- Subcontractor's auto liability insurance to apply to all owned, non-owned, hired and borrowed vehicles
- Waiver of Subrogation in favor of **HGC Construction Co. and Owner** when such waiver is required in the contracts

C. Umbrella:

Per Occurrence	\$1,000,000
Aggregate	\$1,000,000

D. Workers Compensation:

State	Statutory
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Employers Liability (including Ohio Stop Gap)

Bodily Injury by Accident	\$500,000 Each Accident
Bodily Injury by Disease	\$500,000 Policy Limit
Bodily Injury by Disease	\$500,000 Each Employee

E. Professional Liability: (If Design or Engineering Services are Provided)

Each Claim	\$1,000,000
Total Limit	\$1,000,000
Maximum Deductible	\$100,000

F. Pollution Liability: (If Environmental or Remediation Services are provided)

Each Claim	\$1,000,000
Total Limit	\$1,000,000
Maximum Deductible	\$100,000

G. Certificates of Insurance:

Subcontractor shall provide a Certificate of Insurance that complies with the insurance requirements noted above. Provide at least 30 days written notice prior to cancellation or termination of your insurance policies. Such certificate shall also designate **HGC Construction Co. and Owner** as additional insureds.



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DISADVANTAGED BUSINESS STATUS

Does your company have a disadvantaged business status certification? YES NO

Please list:

A copy of each certification must be included with application.

CREDIT REFERENCES

Major Supplier

Company:		Contact:	
Main Office Address:		City:	
State:	Zip Code:	Phone:	
Fax:	Email:		
Notes:			

Other

Company:		Contact:	
Main Office Address:		City:	
State:	Zip Code:	Phone:	
Fax:	Email:		

Other

Company:		Contact:	
Main Office Address:		City:	
State:	Zip Code:	Phone:	
Fax:	Email:		

ATTACHED FILE LIST

Files : If you are attaching media to this application please list them here, with the file format



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SIGNATURE PAGE

We have attempted to answer all questions in a full and complete manner to assure that our answers are not in any respect misleading, either by expressing ourselves in a misleading or ambiguous manner or omitting information. We recognize that HGC Construction Co. will be relying on the accuracy of the information and our responses in this questionnaire in deciding whether to permit us to bid and in awarding work to our Company.

Name of Company:

Completed by:

Title:

Date:

Please be sure to include:

- o EMR Verification
- o OSHA Logs
- o Workers' Compensation Certificate
- o Sample Certificate of Insurance

Please email completed forms to ewaldon@hgconstruction.com
Or fax to my attention to (513) 861-7878. Originals are not required.

If you have any questions you may reach me by email or by calling (513) 861-8866.

Sincerely,

Erica Waldon
Project Coordinator

Subscribed and sworn before me this day of day of Two Thousand and

Notary Public:

My commission expires:

*Note: Effective 8/01/13, all subcontractors bidding work to HGC Construction Co. must have their on-site supervisors and designated safety representative OSHA Construction Outreach trained. Please see page 2 of the Subcontractor Prequalification Application for details and the attached flier on how to schedule training.