



Subcontractor Qualification Form

Please fill the following information to be considered for inclusion on Knoebel's subcontractor list.

Please return completed forms to info@knoebelcon.com.

General

Company Name:

Street Address:

City/State/Zip Code:

Office Phone:

Cell Phone:

Contact Name, Title:

Email Address:

Categories of Work Performed:

Safety

- What is your current experience modification rating (EMR):
- Employee hours worked last year:
- State of origin:
- Have you received any regulatory (EPA, OSHA, etc.) citations within the past 3 years?
Yes No If yes, please provide explanation:
- Do you have a written safety program? Yes No
- Do you have a written hazard communications program? Yes No
- Do you have or provide a full-time safety/health director? Yes No
- Do you have or provide a full-time safety/health supervisor? Yes No
- Who is the highest ranking safety/health professional in your company?
Phone/Email:



Safety (cont.)

- Do you have employees trained to perform first aid / CPR? Yes No
- Do you have a safety & health orientation program for new hires and newly hired or promoted supervisors? Yes No
- Have your employees received the required safety & health training and re-training? Yes No
- Site safety & health meetings are held for (check all that apply):
Field supervisors Employees New hires Subcontractors
- Do you conduct safety & health inspections? Yes No
- Do you conduct safety & health program audits? Yes No
- Are your safety & health site meetings documented? Yes No
- Are corrections of deficiencies documented? Yes No

Company Info

- Does your company qualify with of the following certifications (check all that apply):
Small business Small Disadvantaged Business MBE WBE
HUBZone Veteran Owned Small Business Not Applicable
- How long has your company been in business under its current name?
- Is your company union affiliated? Yes No
- Does your company possess design/build capabilities? Yes No
- What percentage of your work is performed using your own forces?
- Has your company ever failed to complete any work awarded? Yes No
If yes, please provide explanation:
- What is your average yearly revenue over the past 3 years?
- Are there any judgements, claims, arbitration proceedings or suits pending or outstanding against your company? Yes No If yes, please provide explanation:



Company Info (cont.)

- List prior LEED experience:

List the quantity of the following individuals in your company:

Owners:	Engineers:	Field Laborers:
Officers:	Superintendents:	Foreman:
Managers:	Administrative:	Other:

- Can you provide a bond: Yes No
- What is your company's average project size?
- What is your standard liability insurance coverage limits?
- List current volume of projects your company currently has in progress:

Please list the representation of general contractors you have worked for along with a contact at each company:

Please list representation of projects completed: