

FINANCIAL & BUSINESS INFORMATION

Sales volume for each of the last three years: \$ _____ for the year _____
\$ _____ for the year _____
\$ _____ for the year _____

Bonding Limit Individual Projects: \$ _____ Bonding Limit Total Aggregate: \$ _____

Bonding Company: _____

Bonding Agent Name: _____ Phone: _____

Bank Name: _____

Bank Contact: _____ Phone: _____

Amount of Bank Line of Credit: \$ _____

Affiliation: Union Non-Union

Total Number of Employees: _____

Management Staff: _____ Superintendents: _____ Field Labor: _____

Are you certified as any of the following classifications?

- Minority Business Enterprise (MBE) Women-Owned Business Enterprise (WBE)
- Disadvantaged Business Enterprise (DBE) Small Business Administration (8a) (SBA)
- Small Business Enterprise (SBE) Other _____

If yes, please attach Certification(s) _____

LEGAL

Are there any judgements, claims or suits pending, or outstanding against your company?

No Yes

If yes, please explain. _____

Are you now or have you ever been involved in any bankruptcies or reorganizations?

No Yes

If yes, please explain. _____

Have you ever failed to complete any work awarded to you?

No Yes

If yes, please explain. _____

SAFETY

EMR (Workers' Compensation Experience Modification Rate) for the last 3 years

_____ (20__) _____ (20__) _____ (20__)

Please use your OSHA 300 logs to complete this section for the last 3 years.

Number of injuries and illnesses:

_____ (20__) _____ (20__) _____ (20__)

Number of lost workday cases including restricted days:

_____ (20__) _____ (20__) _____ (20__)

Number of OSHA recordables:

_____ (20__) _____ (20__) _____ (20__)

Number of fatalities:

_____ (20__) _____ (20__) _____ (20__)

Total employee hours worked:

_____ (20__) _____ (20__) _____ (20__)

Do you have a written safety program that includes hazardous communication?

No Yes

Do you have a mandatory substance abuse program?

No Yes

Do you have a light duty/restricted work policy?

No Yes

Do all new employees complete a safety orientation before performing any work activities?

No Yes

Do you conduct jobsite safety inspections?

No Yes

Do you require the OSHA 10-hour course for all supervisors?

No Yes

Do you conduct documented post accident investigations?

No Yes

Have you had any OSHA citations in the last three years?

No Yes

If yes, please explain. _____

Insurance Company Name: _____

Insurance Company Contact: _____ Phone: _____

PLEASE PROVIDE THE FOLLOWING

Attach a list of current projects including location, name of Owner, approximate value of your Contract and the anticipated completion date.

Attach at least 3 General Contractor and 3 Owner references, including telephone number and contact.

Attach a list of 3 supplier references, including telephone number and contact.

Attach the most recent year end Balance Sheet (Preferably Audited).

Attach a letter from your insurance company to verify your EMR rates.

Attach your company's W-9 form.

By signature below I certify the above information to be true and accurate to the best of my knowledge.

By signing below, the Contractor authorizes Harmon Construction, Inc. to contact all references and contacts listed on this form. **Please return this form within 4 days to expedite the approval process.**

Business Name

Signature (Printed) Title Date