



HASKELL CORPORATION

1001 Meador Ave P.O. Box 917 Bellingham, WA 98229
 Phone: 360-734-1200 FAX: 360-734-5538
 www.haskellcorp.com

CONTRACTOR'S QUALIFICATION FORM

Project (If Applicable): _____ Date: _____
 Name of Company: _____
 Legal Business Name: _____
 Mailing Address: _____
 Shipping Address: _____

City _____ State _____ ZIP Code _____
 Phone: _____ Point of Contact: _____
 Mobile: _____ Title: _____
 FAX: _____ E-mail Address: _____

Yes No
 Union? _____ Trades: _____
 Owners/Officer: _____

Type of Entity: Sole Proprietorship Partnership Corporation LLC/LLP Federal Tax ID#
 Contractor License /
 Years in Business: Certificate # State Classification
 D&B # Current Rating: UBI #

Does your company qualify as a : MBE WBE DBE SBE JSEB VSOB HUB Zone
 Has your company: Ever operated under another name, ever failed to complete a project or ever filed bankruptcy? Yes No
 If YES, Please Explain _____

Does your company: Have any current or pending claims, litigation, arbitration or lawsuits? Yes No
 If YES, Please Explain _____

Have your Principals: Ever worked for a company that failed to complete a project or ever worked for a company that filed bankruptcy? Yes No
 If YES, Please Explain _____

Safety Performance History

Company Name	Date:
Fed Tax ID #	Division / State:
Contractor UBI #	SIC / NAICS Code:

Please provide the following historical statistical information:

Information:	Current Year	Provide data for the previous three complete years		
		20__	20__	20__
Experience Modification Rate:				
Total Man Hours Worked:				
# of Lost Workday Cases: (Column H from 300 Log)				
# of Days Away (Column K from 300 Log)				
# of Restricted Duty Cases: (Column I from 300 Log)				
# of Days Restricted (Column L from 300 Log)				
# of Other Recordable Cases: (Column J from 300 Log)				
Total Recordable Cases: (Columns H, I, & J, from 300 Log)				
LTI Severity Rate: (Columns K & L / Columns H & I from 300 Log) not DART rate				

Number of Fatalities:				
Number of Safety Related Citations:				
Number of Vehicle Accidents:				
Average Number of Employees (From OSHA 300A)				

Do you have a written safety & health policy? NO YES

Do you conduct drug & alcohol testing? NO YES

Do you provide training for employees? NO YES

Primary Workers Compensation Provider: _____

Policy Number: _____

Renewal Date: _____

Person Responsible for Safety & Health: _____

Title: _____

Phone Number: _____

Company Use Only

3yr Avg.	EMR <1	DART <2	TRIR <3	Approved:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> COND
				By:			

Quality

Do you have a written Quality Control Manual? Yes No

Current ASME Stamps: A S U R PP

Do you have a Full Time company Quality Control Manager? Yes No

If yes, Contact Name: _____ Phone: _____

Fabrication

Briefly describe your companies fabrication capabilities: _____

Bonding & Insurance

Do you currently carry, or can you obtain the following insurance coverage?

Worker's Compensation Statutory Maximum at Project Site Location?	Yes	No
General Liability (\$1,000,000)	Yes	No
Automobile Liability (\$1,000,000)	Yes	No
Employer Liability (\$1,000,000)	Yes	No



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Insurance Company

Insurance Agent

Contact #

What is your company's current bonding capacity? Total \$ _____ Single Project: \$ _____

Name of Bonding Company

Bonding Agent

Contact #

Experience

Does your company have experience on similar projects? If yes, please list.

Project Name & Location: _____ Contract Amount: \$ _____

Project Name & Location: _____ Contract Amount: \$ _____

Project Name & Location: _____ Contract Amount: \$ _____

List the Types of projects for which your company typically performs, or which it specializes: _____

Resources

What is the largest contract ever performed? \$ _____ Current value of work on hand: \$ _____

What is company average annual volume for the last three years? \$ _____ Average number of employees: _____

License and Work Location

Select the geographical areas where your company is licensed and will provide quotes for work:

AK CA HI ID MT ND NV OR SD UT WA WI Other

List license numbers of jurisdictions in which your company is legally qualified to work:

State:

License Number:

Expiration:

Requested Attachments – References, Financial Statement, Resume

Attach a list of References for the following: 1) Clients 2) Trade References 3) Bank References

Note: Please include a point of contact and their phone / fax numbers

Attach a copy of your audited financial statement.

For specific project, attach a copy of proposed organizational chart.

Confidentially Note

The information supplied by the undersigned in this document is intended only for the use of Haskell.

The Undersigned certifies that the information provided herein is a clear and accurate representation of this organization.

Information Supplied by:

Print Name

Signature

Date

Title