



**MILLER-DAVIS COMPANY**

1029 Portage Street

Kalamazoo, Michigan 49001

T 269.345.3561 F 269.345.1372

**CONTRACTOR QUALIFICATION STATEMENT**

THIS QUALIFICATION STATEMENT MUST BE COMPLETED IN ITS ENTIRETY.

General Information			
Legal Business Name:		Date:	
Federal Identification Number:			
Address:		City:	State: Zip Code:
Phone:		Fax:	Website:
Chief Executive Name:		Title:	
Phone:		Email:	
Estimating Contact Name:		Title:	
Phone:		Email:	
Other Names Your Business Has Operated Under (if applicable):			
Type of Ownership:	Sole Proprietorship	Partnership	Corporation Other
Years in Business:	State of Incorporation:	Date of Incorporation:	
Labor Affiliation:	Union	Non-Union	Merit
Do your employees participate in Registered Apprenticeship (DOL) Programs:		Yes	No
Number of Employees:		Number of LEED Accredited Professionals:	
How many LEED Certified buildings has your company worked on?			
Is your Company an EPA Certified Lead Renovation, Repair and Painting firm?		Yes	No
Are you ISO Certified?	Yes No	Certified to Standard:	
Business Classification (Check ALL that apply): MBE WBE SBE DBE HUB Other			
Primary Trade and CSI Code:			
What work does your Company perform with your own forces?			
Number of Trades Workers:		Geographic Work Areas:	
Comments: (Miller-Davis Use Only)			
Financial Information			
Desired and Effective Project Size:			
Expected Annual Volume this Year:		Current Backlog:	
Volume for the Past Three (3) Years:		Year 1	Year 2 Year 3
Bank Name:		Contact Name:	Phone:
Address:		City:	State: Zip Code:
Does your company have a line of credit?		Secured	Unsecured None
What is the amount of the line of credit?		\$	

**Financial Information - Continued**

Is your Company bondable?	Yes	No
Bonding Capacity:	Bonding Available:	
Name of Surety:	Contact Name:	Phone:

**Insurance Information**

	Worker's Comp	General Liability	Excess/Umbrella	Professional Liability
Limits				
Insurance Company:	Contact Name:		Phone:	

Comments: (Miller-Davis Use Only)

**Qualifications and References**

Does your firm have previous work experience with Miller-Davis Company?      Yes      No

If yes, please list projects:

What differentiates your firm from other contractors in your trade?

**Project References:**

Project Name:	Contact Name:
Contract Amount:	Phone:
Project Name:	Contact Name:
Contract Amount:	Phone:
Project Name:	Contact Name:
Contract Amount:	Phone:

**Trade References:**

Company:	Contact Name:	Phone:
Company:	Contact Name:	Phone:
Company:	Contact Name:	Phone:

Has your company ever failed to complete its work on a project?      Yes      No

Are there any judgments, claims, mediation/arbitration proceedings or suits pending or outstanding against your organization or its officers?      Yes      No

Comments: (Miller-Davis Use Only)

**Safety Information**

Provide the following for the past three **complete** years:

	Year 1	Year 2	Year 3	Average
	20__	20__	20__	
<b>A. Number of Fatalities</b>				
<b>B. Number of Lost Workday Cases</b>				
<b>C. Number of Lost Workdays</b>				
<b>D. Total # of Recordable Injury Cases</b>				
<b>E. Total Employee Hours Worked</b>				
<b>F. OSHA Recordable Incident Rate</b> <i>Calculation: D x 200,000 / E</i>				
<b>G. Experience Modification Rate (EMR)</b>				

**Safety Information - Continued**

Do you have a written Safety Program?	Yes	No	
Do you agree to comply with all applicable safety laws and regulations?	Yes	No	
Who is responsible for safety management in your company?			
Contact Name:	Title:		
Phone:	Email:		
Are all employees trained in your Company's safety requirements?	Yes	No	
Do your employees receive OSHA training?	Yes	No	
Do you have a written Company Substance Abuse Policy?	Yes	No	
How often do you hold Toolbox Safety Talk meetings?	Daily	Weekly	Other _____
Are they documented?	Yes	No	
How often are regular Jobsite Safety Inspections conducted?	Daily	Weekly	Other _____
Are they documented?	Yes	No	
Who conducts the inspections?			
Do you have a written Accident Investigation procedure?	Yes	No	
Do your workers participate in a Safety Orientation Program?	Yes	No	
If yes, what does the orientation cover?			
How many OSHA and/or MIOSHA citations have you received over the last three (3) years?			
Willful:	Serious:		
Repeat:	Other Than Serious:		
Do you provide any other specialty safety training besides worker orientations?	Yes	No	
If yes, please describe?			
Do you have a written Quality Assurance and Quality Control Program?	Yes	No	
Have there been any Prevailing Wage Claims and/or Violations against your company?	Yes	No	
If yes, please explain?			

Comments: (Miller-Davis Use Only)

Signature of Company Officer responsible for the truthfulness and accuracy of information contained herein:

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Return completed Contractor Qualification Statement to:**

Miller-Davis Company  
 Attn: Josh Seiler - Safety Manager  
 1029 Portage Street  
 Kalamazoo, Michigan 49001

T 269.345.3561  
 F 269.345.1372  
 Email: jseiler@miller-davis.com

The following information may be requested:

Minority Certifications (if any)	OSHA Form 300s
Recent Financial Statements	Safety Program
Letter from Bonding Company	Insurance Certificates

**MILLER-DAVIS USE ONLY**

Date Received: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Financial \_\_\_\_\_ Qualifications \_\_\_\_\_ Safety \_\_\_\_\_