



**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:
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Federal Identification Number:
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Address:	City:	State:	Zip Code:
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Phone:	Fax:	Website:
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Chief Executive Name:	Title:
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Phone:	Email:
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Estimating Contact Name:	Title:
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Phone:	Email:
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Other Names Your Business Has Operated Under (if applicable):
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Type of Ownership:	Sole Proprietorship	Partnership	Corporation	Other
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Years in Business:	State of Incorporation:	Date of Incorporation:
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Labor Affiliation:	Union	Non-Union	Merit
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Do your employees participate in Registered Apprenticeship (DOL) Programs:	Yes	No
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Number of Employees:	Number of LEED Accredited Professionals:
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How many LEED Certified buildings has your company worked on?
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Is your Company an EPA Certified Lead Renovation, Repair and Painting firm?	Yes	No
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Are you ISO Certified?	Yes	No	Certified to Standard:
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Business Classification (Check ALL that apply):	MBE	WBE	SBE	DBE	HUB	Other
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Primary Trade and CSI Code:
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What work does your Company perform with your own forces?
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Number of Trades Workers:	Geographic Work Areas:
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Comments: (Miller-Davis Use Only)
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**Financial Information**

Desired and Effective Project Size:
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Expected Annual Volume this Year:	Current Backlog:
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Volume for the Past Three (3) Years:	Year 1	Year 2	Year 3
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Bank Name:	Contact Name:	Phone:
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Address:	City:	State:	Zip Code:
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Does your company have a line of credit?	Secured	Unsecured	None
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What is the amount of the line of credit?	\$
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**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