



Exxel Pacific, Inc.
 323 Telegraph Road
 Bellingham WA 98226
www.exxelpacific.com
 Phone: (360) 734-2872
 Fax: (360) 671-7616

Subcontractor / Supplier Qualification Form

Please Print or Type

Requested by:

Job:

Company Name		Type of Company <input type="checkbox"/> Subcontractor <input type="checkbox"/> Supplier <input type="checkbox"/> Other	
Street Address		Website/E-Mail Address	
City/State/Zip		Section / Scope of Work	
Mailing Address		Telephone Number	
City/State/Zip		Toll Free Number	
Principal Contact		Bonding Company	
Bonding Agent		Bonding Capacity	
Contact		Telephone Number	
Years in Business	Previous Company Name	Contact	Telephone Number
Business Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Individual <input type="checkbox"/> Union <input type="checkbox"/> Non-Union			
Do you have any judgments, claims, arbitrations, suits, or liens currently against your organization? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, explain on a separate sheet and attach to this form)			
Average Annual Work		Federal Tax Identification #	
Design / Build Capabilities <input type="checkbox"/> Yes <input type="checkbox"/> No		Uniform Business Identification #	
MWBE Certification <input type="checkbox"/> MBE <input type="checkbox"/> WBE		Business Registration #	

Current Number of Employees

Projects Under Construction

**Subcontract Overall Value
Amount of Project**

Perm F/T	Perm P/T	Temp.	Contract		
Office					
Field Mgmt.					
Field Workers					
Other					
Total Payroll				(Attach additional sheet if necessary)	

Trade References (List Three Reference Projects)

Project Name		Project Location (City/State)		Completion Date (MM, DD, YY)	
Your Contract Amount	Project General Contractor		General Contractor Contact		Contact Telephone
<i>Briefly Describe Work Performed:</i>					
Project Name		Project Location (City/State)		Completion Date (MM, DD, YY)	
Your Contract Amount	Project General Contractor		General Contractor Contact		Contact Telephone
<i>Briefly Describe Work Performed:</i>					
Project Name		Project Location (City/State)		Completion Date (MM, DD, YY)	
Your Contract Amount	Project General Contractor		General Contractor Contact		Contact Telephone
<i>Briefly Describe Work Performed:</i>					

Supplier References (List Three Supplier Accounts)

Supplier Name/Address	Contact	Phone Number
		Fax Number
Supplier Name/Address	Contact	Phone Number
		Fax Number
Supplier Name/Address	Contact	Phone Number
		Fax Number

Bank References

Name of Bank	Contact	Phone Number
		Fax Number
Name of Bank	Contact	Phone Number
		Fax Number

Financial History (this year to date and past two (2) years) Attach Current Financial Statement

Year	Gross Revenue	Gross Margin	Net Profit / (Loss)
	\$	%	\$
	\$	%	\$
	\$	%	\$

Is Your Company Currently Working on Any Government Projects? Yes No If Yes, Describe Below.

PLEASE BE SURE TO COMPLETE THE SAFETY PORTION CONTAINED ON PAGE 4

Additional Comments:

I hereby certify that the information submitted herewith, including any attachments is true and sufficiently complete so as not to be misleading.

Information Supplied By: Signature

Print Name

Title

Date

Return completed form to: Exxel Pacific, Inc., 323 Telegraph Road, Bellingham, WA 98226

For Exxel's Use

Approved By: _____

Date: _____

Contact: _____

FAX: _____

Company: _____

Address: _____

Job #: _____

SAFETY QUESTIONNAIRE

Does your company document that appropriate employees are certified and/or adequately trained in the following areas:

	Yes	No	N/A		Yes	No	N/A
Written/Documented Safety Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Man Lift Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documented Regular Meetings/Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavation / Trenching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Fall Protection Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal Protective Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Defined Work Rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disciplinary Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Substance Abuse Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CPR/First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand Tool Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rigging Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scaffold/Ladders/Stairways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrical Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety Incentive Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hazard Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injury Reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Welding & Cutting Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockout / Tagout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Protection Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Incident Investigation Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do you have a documented orientation program for new hire? Yes No
- Do you have an investigation program for injuries, accidents and near misses? Yes No
- Do you hold site safety / tool box meetings? Yes No
- Do you maintain inspection and maintenance certification records for operating equipment you own? Yes No
- Do you have a pre-qualification process for subcontractors? Yes No
- Do you conduct project safety inspections? Yes No

Who conducts the inspections? _____ How Often? _____

Do you develop Site Specific Safety Plans for your projects? Yes No

Do you have a full time safety director? Yes No

Name: _____ Phone #: _____

Workers Compensation Experience Modification Rate (EMR)			
Current Year: _____	2016: _____	2015: _____	2014: _____
		3 Year Average: _____	
Injuries (OSHA 300 Log Summary)	2016	2015	2014
Number of Fatalities (G)			
Number of Lost Workday Cases – Has lost days AND is OSHA Recordable (H)			
Number of Lost Workdays – All lost workdays (regardless of restricted days) AND is OSHA Recordable (K)			
Number of OSHA Recordable Incidents: No lost OR restricted days AND is OSHA Recordable (non-fatal) (J)			
Number of Restricted Cases – Has restricted days AND no lost days AND no lost days AND is OSHA Recordable (I)			
Total OSHA Recordable Injuries and Illnesses (H + J + I)			
Total Man-Hours Worked			
Total OSHA Recordable Incident Rate (TRIR): Rate = Total # of OSHA Recordable Injuries x 200,000 / Total Employee Hours			
			3 Year TRIR Average: _____

Please attach any additional comments regarding your company's safety program.

Signature

Date



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Banking Information Request Form

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(This form is to be sent to your listed Banking Reference(s) for release of the following information)

Date Account was Established: _____ (Month and Year)

Current Account Balance: _____ (To the nearest one hundred dollars)

Average Account Balance: _____ (To the nearest one hundred dollars)

Number of Non Sufficient Funds (NSF) or Overdrafts (within the last one year period)

General Comments:

Company Name:		Account Number:	
Address			
City/State/Zip			
Phone Number		Fax Number	
Printed Name		Title:	
Signature for Release (must be signatory to the account):			

Information Released By Banking Institution:

Signature		Date	
Printed Name		Title	



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Insurance Verification Form

Phone: (360) 734-2872
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(This form is to be sent to your Insurance Agent for Release of the following information)

1. Please indicate whether the Subcontractor's current policy meets the following policy limits for both general liability and auto insurance: If No please indicate the policy limits carried. An Umbrella Policy may be used to provide increased limits over the limits required by contract as follows:

General Liability, aggregate	\$2,000,000	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Products – Completed Ops Aggregate	\$2,000,000	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Personal & Advertising Injury	\$1,000,000	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Each Occurrence	\$1,000,000	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Auto Liability	\$1,000,000	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Washington Stop Gap (Employers Liability)	\$1,000,000	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Excess Liability Policy (Please show your limits)	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____

- 2. Does policy's general aggregate limit apply separately to each project? Yes No
- 3. Are defense costs outside the general aggregate limit? Yes No
- 4. Subcontractor's Commercial General Liability Policy is a: Claims Made form **OR** Occurrence form.
- 5. Does the Subcontractor's policy have an exclusion for work performed on any of the following?
 Apartments Condominiums Townhouses

- 6. When required by contract, does current policy carried by Subcontractor afford the following coverages:
 - A. Endorsement to the General Liability policy naming Exxel Pacific and the project Owner as additionally insured? Yes No
 - B. Endorsement stipulating the insurance afforded the additional insureds shall apply as primary and non-contributory to any other insurance carried by them? Yes No
 - C. Additional Insured Coverage form including "ongoing and completed ops" (**REQUIRED**) Yes No
 - D. Waiver of Subrogation Endorsement applies Yes No
 - E. Professional Liability \$2,000,000 (If applicable) Yes No
 - F. Pollution Liability including Mold Coverage \$2,000,000 (if applicable) Yes No

Description	Insurer(s) Affording Coverage	Policy Expiration Date
General Liability		
Automobile Liability (Any Auto)		
Excess Liability		

Please attach a **SAMPLE** Certificate and **SAMPLE** Endorsements. Certificate and Endorsement are used to verify that Subcontractor's carrier is able to meet our requirements. The Certificate Holder box can be left blank.

The following signature attests to the accuracy of the information provided above and must be from a licensed *insurance broker or insurance company representative*.

Please insert the company information below, as well as the job info & the person requesting this form. Otherwise we won't know who to give the information to. Thanks!

Name _____
 Company _____
 City, State Zip _____
 Phone Number _____
 Signed: _____ Date: _____

Company: _____
 Phone Number: _____
 Requested by: _____
 Project: _____