

# Roy Anderson Corp

## C O N T R A C T O R S

### SUBCONTRACTOR / VENDOR CONFIDENTIAL QUALIFICATION QUESTIONNAIRE

Thank you for your interest in Roy Anderson Corp. In order to develop a more complete knowledge of your Company and better match future Roy Anderson Corp opportunities to your Company's capabilities, please complete this form and return to:

Roy Anderson Corp  
P. O. Box 2  
Gulfport, MS 39502  
Attn: Mary Brumley  
Telephone: 228-594-4092  
Fax No: 228-896-4019  
Email: [mary.brumley@rac.com](mailto:mary.brumley@rac.com)

*This document is available as a Microsoft Word document and can be e-mailed.*

#### GENERAL INFORMATION:

Name of Business: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Post Office Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Is this the address of the:     Main Office     Regional Office     Branch Office  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Person to Contact: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Name of Parent Company: \_\_\_\_\_  
Address of Parent Company: \_\_\_\_\_  
Date founded: \_\_\_\_\_  
State of Incorporation: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_  
Type of Company:     Corp     Partnership     S Corp     Proprietorship     LLC

Is your Company a certified:

- Small Disadvantaged Business (SDB)
- Women-Owned Small Business (WOSB)
- Historically Black Colleges & Universities (HBCU) & Minority Institutions (MI)
- HUB Zone Small Business (HUB Zone SB)
- Veteran-Owned Small Business Concerns (VOSMC)
- Service-Disabled Veteran-Owned Small Business Concerns (SDVOSMC)
- Native American

**Please attach copies of all certifications**

Contractor's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_  
**(Attach List if Necessary)**

Federal Identification Number: \_\_\_\_\_

State Sales Tax Registration Number: \_\_\_\_\_ **(Attach List if Necessary)**

Other names your company has operated under: \_\_\_\_\_

Names, titles, ages, and length in position of Officers, Managers, or Principals:

Name	Title	Age	Time in Position

**ATTACH A COPY OF YOUR COMPANY ORGANIZATIONAL CHART.**

**WORK CLASSIFICATION:**

Please list the type(s) of work you are interested in bidding:

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Please list the categories of work your firm normally performs with your own employees:

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Please list the geographical areas in which you work:

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## WORK EXPERIENCE:

Please attach a list of the major projects your firm currently has in progress showing the project name, location, owner, architect/engineer, general contractor, contract amount, percent complete and scheduled completion date, and contact person.

Please attach a list of the major projects your firm has completed in the last three years showing the project name, location, owner, architect/engineer, general contractor, contract amount and completion date, and contact person.

Has your firm or any other organization, with which the officers or partners were involved during the past three years, ever failed to complete any work awarded?  No  Yes – If yes, please explain:

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Are there any judgments, claims, arbitrations, proceedings or suits pending/outstanding against your firm or its officers or principals?  No  Yes - If yes, please explain:

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Has your firm filed any lawsuits or requested arbitration or mediation with regard to construction contracts within the last three years?  No  Yes - If yes, please explain:

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Has your firm or any of its principals ever petitioned for bankruptcy, failed in business, defaulted or been terminated on a contract awarded to you?  No  Yes - If yes, please explain:

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Have any of the owners, officers or major stockholders of your Company ever been indicted or convicted of any felony or other criminal conduct?  No  Yes – If yes, please explain:

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Has your firm ever been disbarred or otherwise precluded from pursuing public work or ever been found to be non-responsive to a public agency?  No  Yes – If yes, please explain:

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Has your firm ever had a claim made against it for improper, delayed, defective or non-compliant work or failure to meet warranty obligations?  No  Yes – If yes, please explain:

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What is your average job size? \$ \_\_\_\_\_ Largest Job to Date? \$ \_\_\_\_\_

What is your backlog? (i) as of last financial statement: \_\_\_\_\_  
(ii) as of today: \_\_\_\_\_  
(iii) as of 12 months ago: \_\_\_\_\_

## **BONDING AND INSURANCE:**

### **I. Bond Reference:**

Surety Company: \_\_\_\_\_

Bonding Agency: \_\_\_\_\_

Bonding Agent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Bonding Capacity: \_\_\_\_\_ Per Project

\_\_\_\_\_ Per Aggregate

Date, amount & type of last bond issued: \_\_\_\_\_

Bond Rate: \_\_\_\_\_

Please list the person(s) who provide indemnification to your Surety: \_\_\_\_\_

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**Attach copy of a "GOOD GUY LETTER" from your surety.**

**Note: Letter must come from the surety company.**

**II. Insurance Reference:**

Insurance Agent/Broker: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

**A. Commercial General Liability**

Insurance Carrier: \_\_\_\_\_

1. Policy Form Occurrence \_\_\_\_\_ Tail Coverage \_\_\_\_\_  
Claims Made \_\_\_\_\_ Tail Coverage \_\_\_\_\_ yrs.

2. Any exclusion from Standard CGL Policy?  Yes  No  
If yes, please attach a copy of the exclusion from your policy.

3. Limits:	Current
General Aggregate	\$ _____
Products-Comp/Op Aggregate	\$ _____
Personal/Adv. Injury	\$ _____
Each Occurrence	\$ _____
Fire Damage (any one fire)	\$ _____
Medical Exp (any one person)	\$ _____

4. Deductible \$ \_\_\_\_\_

**B. Excess Liability**

Insurance Carrier: \_\_\_\_\_

1. Policy Form: Umbrella  Yes  No

2. If no, explain form: \_\_\_\_\_  
\_\_\_\_\_

	Current
3. Each Occurrence	\$ _____
4. Aggregate	\$ _____

**C. Worker's Compensation and Employer's Liability**

Insurance Carrier: \_\_\_\_\_

- 1. Limits \$ \_\_\_\_\_
- 2. E.L. Each Accident \$ \_\_\_\_\_
- 3. E.L. Disease – Policy Limit \$ \_\_\_\_\_
- 4. E.L. Disease – Each Employee \$ \_\_\_\_\_
- 5. Owner/Officers Included? \_\_\_\_\_

Please list your Company's Workers' Compensation Interstate/Intrastate Experience Modification Rate for the most recent three years.

**(Attach a copy of your insurance carrier or state fund, on their letterhead, verifying the EMR rate).**

Year	Rate	Year	Rate	Year	Rate
_____ / _____		_____ / _____		_____ / _____	

**D. Automobile Liability**

Insurance Carrier: \_\_\_\_\_

- 1. Combined Single Limit \$ \_\_\_\_\_
- 2. Bodily Injury (per person) \$ \_\_\_\_\_
- 3. Bodily Injury (per accident) \$ \_\_\_\_\_
- 4. Property Damage \$ \_\_\_\_\_

**E. Professional Liability Insurance**

Insurance Carrier: \_\_\_\_\_

- 1. Office Policy Limit \$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_
- 2. Project Specific Limit Available \$ \_\_\_\_\_  
Extended Reporting Period (tail) \_\_\_\_\_ yrs.  
Prior Acts:  Yes  No

**Attach copy of your insurance certificate including general liability, worker's compensation, auto, excess and professional liability, if applicable.**

**Attached to this questionnaire is a sample certificate based on the terms & conditions of our contracts. This sample illustrates the minimum amount of insurance that is required from our subcontractors when working on a project with Roy Anderson Corp.**

## SAFETY:

1. Please use the three most recent year's OSHA No. 300/200 Log to fill in the number of cases for each of the following categories: **(Attach a copy of your last three years of OSHA 300/200 logs.)**

	Year		
A. Number of fatalities <i>(Total Columns 1 &amp; 8)</i>	_____	_____	_____
B. Number of lost & restricted workday cases <i>(Total Columns 2 &amp; 9)</i>	_____	_____	_____
C. Number of medical treatment cases <i>(Total Columns 6 &amp; 13)</i>	_____	_____	_____
D. Number of lost workday cases <i>(Total Columns 3 &amp; 10)</i>	_____	_____	_____
Employee Hours Worked	_____	_____	_____
OSHA Recordable Incidence Rate	_____	_____	_____
OSHA Lost Workday Incidence Rate	_____	_____	_____

Note: -- Items in parenthesis come from your OSHA 200 Log  
 -- Recordable Incidence Rate = [(A+B+C) x 200,000/Employee Hours Worked]  
 -- Lost Workday Incidence Rate = [(D) x 200,000/Employee Hours Worked]  
 -- Employee Hours Worked = total number of hours worked during the year by all employees

2. How many OSHA violation(s) has your Company received in the last three years?  
**Attach copy, if necessary**

(Yr. = # violations)

\_\_\_\_\_ = \_\_\_\_\_      \_\_\_\_\_ = \_\_\_\_\_      \_\_\_\_\_ = \_\_\_\_\_

Any willful OSHA violations:  Yes  No

Please give a brief description of the violation(s); use additional paper if necessary.

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Any employee deaths in the past 3 years?  Yes  No

If yes, please give a brief description of the circumstances:

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3. Do you have a qualified person responsible for safety within your Company:  Yes  No  
 Please provide his/her name and contact information.

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4. Does this person do safety inspections on all of your projects:  Yes  No  
Frequency: \_\_\_\_\_

5. Do you have a written Company Safety Policy and Program and will you provide copies if requested:  
 Yes  No

\*\*If your company is involved with one of the following types of work, please include a copy of your company safety policy & program.

Electrical      Steel Contractors  
Roofing        Heavy Excavation

6. Does your Company have a substance abuse policy:  Yes  No  
If yes, please check which are included in the policy:

- Pre-hire/Initial Employment
- Cause
- Post Accident/Incident
- Random
- Periodic

7. Do you have a return to work/light duty program?  Yes  No  
If yes, please describe:

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8. Have you ever-implemented 100% fall protection?  Yes  No

If requested can you provide us with a site-specific program addressing the fall hazards in your work?  
 Yes  No

9. Do you require documented safety meetings for your employees? Indicate which, and how often.

Field Supervisors:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency: _____
New Hires:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency: _____
Employees:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency: _____
SUBCONTRACTORS/VENDORS:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency: _____

10. Does your Company provide safety training for all employees:  Yes  No  
If yes, please list training provided.

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11. Does your Company have a disciplinary program in place for safety violations?  Yes  No

12. Does your Company review the safety management systems of your sub-subcontractors?  
 Yes  No

13. Does your Company conduct accident/incident investigations?  Yes  No



## FINANCIAL INFORMATION:

**Attach a copy of your latest audited financial statement.** (Your financial statement is strictly for Roy Anderson Corp's Risk Management Department use and will be treated confidentially.)

**This is required for prequalification program and enrollment into Subguard program.**

If the attached financial statement is not for the identical Company name above, explain the relationship and financial responsibility of the Company whose financial statement is provided:

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Bank used by Company: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Current line of credit amount: \$ \_\_\_\_\_ Current amount available: \$ \_\_\_\_\_

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

UCC Filing:  Yes  No How is credit secured? \_\_\_\_\_

Company's Dunn & Bradstreet Number: \_\_\_\_\_

List three of your major suppliers:

- A. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Contact: \_\_\_\_\_ Fax: \_\_\_\_\_
- B. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Contact: \_\_\_\_\_ Fax: \_\_\_\_\_
- C. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Contact: \_\_\_\_\_ Fax: \_\_\_\_\_

List three contractors that you do business with:

- A. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Contact: \_\_\_\_\_
- B. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Contact: \_\_\_\_\_ Fax: \_\_\_\_\_
- C. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Contact: \_\_\_\_\_ Fax: \_\_\_\_\_

We have attempted to answer all questions in a full and complete manner to assure that our answers are not in any respect misleading, by either expressing ourselves in a misleading or ambiguous manner or omitting information. We recognize that Roy Anderson Corp will be relying on the accuracy of the information and our responses in this questionnaire in deciding whether to permit us to bid and in awarding work to our Company.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 2014.

Name of Company: \_\_\_\_\_

Completed by: \_\_\_\_\_

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

*(must be an officer of the Company)*

State of \_\_\_\_\_

County of \_\_\_\_\_

Being duly sworn, \_\_\_\_\_ deposes and says that the information provided herein is true and sufficiently complete to not be misleading.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 2014.

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**ESTIMATING/BID SOLICITATION INFORMATION:**

The following information is REQUIRED if your company wishes to be placed on Roy Anderson Corp's bid list.

Info needed for the person who will be receiving the invitations to bid:

Contact Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

E-Mail: \_\_\_\_\_

CSI Code(s): \_\_\_\_\_

\_\_\_\_\_

## SUBCONTRACTOR/VENDOR PRE-QUALIFICATION CHECKLIST:

### Items Provided – Check List

- Attach a copy of Company Organizational Chart. *(page 2)*
- Attach “Good Guy” letter from surety. *(page 4)*
- Attach from your insurance company a copy of your company Certificate of Insurance (G/L, Worker’s Comp, Auto, Excess, Professional Liability) *(page 6)*
- Attach from your insurance company your E.M.R. Ratings for the last three (3) years. *(page 6)*
- Attach a copy of your company CURRENT OSHA 300/200 Log (SIC codes/DART Rates/Incident Rates) *(page 7)*
- Attach list of names and position of dedicated safety staff. (i.e. Safety Manager, Job Safety Staff)
- Attach list of staff with OSHA Safety Certification (Names, Position, Certification Hours, and Date of Certification)
- Company Safety Policy & Program for those companies involved with electrical, roofing, steel contracting & heavy excavation. *(page 8)*
- Attach a copy of your **AUDITED FINANCIAL STATEMENT**. *(page 9)*  
*This is required for prequalification program & Subguard program*
- Additional items, as required, per response to questions.

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

XX/XX/XXXX

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	PRODUCER CUSTOMER ID#:	
INSURED  All Other Subs example	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY POLICY OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE CLASS	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		XX		XX/XX/XXXX	XX/XX/XXXX	EACH OCCURRENCE	\$ 1,000,000	
							DMG TO RENTED PREM (Ea occur)	\$ 500,000	
							MED EXP (Any one person)	\$ 5,000	
							PERSONAL & ADV INJURY	\$ 1,000,000	
							GENERAL AGGREGATE	\$ 1,000,000	
							PRODUCTS - COMP/OP AGG	\$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:								
	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	XX	XX		XX/XX/XXXX	XX/XX/XXXX	COMBINED SINGLE LMT (Ea accid)	\$ 1,000,000	
							BODILY INJURY (Per person)	\$	
							BODILY INJURY (Per accident)	\$	
							PROP DAMAGE (Per accident)	\$	
								\$	
								\$	
	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$	XX	XX		XX/XX/XX	XX/XX/XX	EACH OCCURRENCE	\$ 1,000,000	
							APPLICABLE	\$ 1,000,000	
								\$	
								\$	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXEC OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		XX		XX/XX/XXXX	XX/XX/XXXX	<input checked="" type="checkbox"/> WC STATUTORY LMT E.L. EACH ACCID E.L. DISEASE - EA E.L. DISEASE - POLICY Lmt	\$ 1,000,000 \$ 1,000,000 \$ 1,000,000	
								\$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**Roy Anderson Corp, project owner and any other parties required by prime contract are additional insureds on all liability policies and in favor of a waiver of subrogation on all policies as required by written contract.**

CERTIFICATE HOLDER	CANCELLATION
Roy Anderson Corp PO Box 2 Gulfport, MS 39502	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE

ACORD 25 (2009/09)