



**SUBCONTRACTOR'S QUALIFICATION FORM**

Trade(s): \_\_\_\_\_ Date Completed: \_\_\_\_\_

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

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

\_\_\_\_\_  
*City* *State* *Zip code*

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

\_\_\_\_\_  
*City* *State* *Zip code*

Point of Contact: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Website address: \_\_\_\_\_

Company Principal Name or Names: \_\_\_\_\_

Type of Entity: Corporation  Sole Proprietorship  Partnership  Sub S Corp  LLC

Federal ID # or Social Security # \_\_\_\_\_ Number of Full time employees: \_\_\_\_\_

Parent Company (if applicable) \_\_\_\_\_

How long have you been in business? \_\_\_\_\_ Years

Are your employees Union or Open Shop? \_\_\_\_\_

Fill in your contractor license info for all states you are licensed to conduct business:

Contractor License #: \_\_\_\_\_ State: \_\_\_\_\_ Classification \_\_\_\_\_ Exp. Date \_\_\_\_\_

Contractor License #: \_\_\_\_\_ State: \_\_\_\_\_ Classification \_\_\_\_\_ Exp. Date \_\_\_\_\_

Contractor License #: \_\_\_\_\_ State: \_\_\_\_\_ Classification \_\_\_\_\_ Exp. Date \_\_\_\_\_

Geographic areas you can perform work: \_\_\_\_\_

What type of Jobs does your firm normally do? \_\_\_\_\_

**SUBCONTRACTOR DIVERSITY**

Does your company qualify as a: Small Business Enterprise  Woman Owned  Small Dis-advantaged  8a  Veteran Owned  Service Disabled Veteran Owned  HUB Zone

Subcontractor Diversity (for office use only)

**Safety**

Please complete the Contractor Safety Questionnaire provided with this document to include supply of OSHA logs.

**Quality**

Does your company have a written quality program? Yes  No

If yes, please supply a copy of your program for our review with this form.

Is your quality program compliant or certified? (e.g. ISO 9001:2008) Yes  No

**Insurance**

Do you carry General Liability Insurance? Yes  No

Do you carry Automobile Insurance? Yes  No

Do you carry Employer's Liability Insurance (Worker's Compensation)? Yes  No

Do you carry Umbrella Insurance? Yes  No

Do you carry Professional Liability Insurance? Yes  No

**PLEASE NOTE: A sample document listing minimum required coverage is included with this document. Return this form with a current copy of an ACORD certificate listing your company's current limits carried. You will be required to provide minimum coverage listed in the sample provided in order to bid work.**

Name of Insurance Company / Carrier: \_\_\_\_\_

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

**Payment & Performance Bonding**

Can you provide a Payment & Performance bond for this project? Yes  No

What is the largest project that you have done: Unbonded? \_\_\_\_\_ Bonded? \_\_\_\_\_

Location/Name/Completion Date: \_\_\_\_\_

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

Bond Rate (per thousand) \$ \_\_\_\_\_

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

Agent Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Legal**

Have any lawsuits been filed by or against the company in the last three years? Yes  No

If "YES,"

Please explain \_\_\_\_\_

Has the company: Ever operated under another name? Yes  No  Ever failed to complete a project? Yes  No  Ever filed bankruptcy or receivership proceedings? Yes  No

If "YES,"

Please explain \_\_\_\_\_

Does the company have any uncollected judgments against it? Yes  No

If "YES"

Please explain \_\_\_\_\_

**Financials**

Please attach a copy of your current financial statement (Minimum of Current Balance Sheet) and previous year end financial statement.

Was your Financial Statement prepared by a Certified Public Accountant? Yes  No

Contact Name and Number of CPA: \_\_\_\_\_

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

Account #: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Bank Information: Total amount of line(s) of credit \$ \_\_\_\_\_ Unused portion of lines of credit \$ \_\_\_\_\_

**Financials (for office use only)**

Other Lender's Name and Address: \_\_\_\_\_

Other Lender's Contact Name and phone number: \_\_\_\_\_

**Financial Statements received (for office use only)**

**Suppliers**

1. Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Account#: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date of Account Opening: \_\_\_\_\_ Payment Terms: \_\_\_\_\_ Pay Per Terms: \_\_\_\_\_

Twelve Month High: \_\_\_\_\_ Current Balance: \_\_\_\_\_

2. Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Account#: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date of Account Opening: \_\_\_\_\_ Payment Terms: \_\_\_\_\_ Pay Per Terms: \_\_\_\_\_

Twelve Month High: \_\_\_\_\_ Current Balance: \_\_\_\_\_

3. Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Account#: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date of Account Opening: \_\_\_\_\_ Payment Terms: \_\_\_\_\_ Pay Per Terms: \_\_\_\_\_

Twelve Month High: \_\_\_\_\_ Current Balance: \_\_\_\_\_

4. Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Account#: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date of Account Opening: \_\_\_\_\_ Payment Terms: \_\_\_\_\_ Pay Per Terms: \_\_\_\_\_

Twelve Month High: \_\_\_\_\_ Current Balance: \_\_\_\_\_

**Suppliers (for office use only)**

**Project Experience**

What type of jobs do you normally do? Wind  Solar  Biomass  Power  Commercial  Industrial   
Government  Healthcare  Hospitality  Residential

What is the average size job you have done? \$ \_\_\_\_\_ Average number of projects annually? \_\_\_\_\_

Average size of current project(s) in progress? \$ \_\_\_\_\_ How many current projects in progress? \_\_\_\_\_

**Project Experience (for office use only)**

What was your company's annual volume for the past three years? 20\_\_ \$ \_\_\_\_\_ 20\_\_ \$ \_\_\_\_\_ 20\_\_ \$ \_\_\_\_\_

Current Value of Work on Hand: \$ \_\_\_\_\_ **Work on Hand (for office use only)**

**Energy Project (Wind, Solar, Biomass, etc) Experience:**

For Energy Projects, what role(s) have you played in the Design and/or construction of those projects?

Engineering Only \* See below      Material Supply Only   
Design/Build       Other  Describe \_\_\_\_\_  
Construction Only

**If Engineering/Design was marked above, indicated types of design you provide:**

Civil       In house? Yes       No   
Electrical       In house? Yes       No   
Mechanical       In house? Yes       No   
T&D       In house? Yes       No

**Please list below six (6) Energy projects completed by your firm within the last two (2) years:**

- Please list as many different Contracted Parties (Owners, GC's , etc.) possible.

1. Name of Project: \_\_\_\_\_ Date of Completion: \_\_\_\_\_  
Approximate amount of your contract: \_\_\_\_\_ Bonded? \_\_\_\_\_  
Party Contracted with (Owner, G.C.): \_\_\_\_\_ Phone: \_\_\_\_\_  
Contracted Party Representative: \_\_\_\_\_ Fax: \_\_\_\_\_  
Number of jobs completed for this contractor: \_\_\_\_\_
2. Name of Project: \_\_\_\_\_ Date of Completion: \_\_\_\_\_  
Approximate amount of your contract: \_\_\_\_\_ Bonded? \_\_\_\_\_  
Party Contracted with (Owner, G.C.): \_\_\_\_\_ Phone: \_\_\_\_\_  
Contracted Party Representative: \_\_\_\_\_ Fax: \_\_\_\_\_  
Number of jobs completed for this contractor: \_\_\_\_\_
3. Name of Project: \_\_\_\_\_ Date of Completion: \_\_\_\_\_  
Approximate amount of your contract: \_\_\_\_\_ Bonded? \_\_\_\_\_  
Party Contracted with (Owner, G.C.): \_\_\_\_\_ Phone: \_\_\_\_\_  
Contracted Party Representative: \_\_\_\_\_ Fax: \_\_\_\_\_  
Number of jobs completed for this contractor: \_\_\_\_\_

4. Name of Project: \_\_\_\_\_ Date of Completion: \_\_\_\_\_  
 Approximate amount of your contract: \_\_\_\_\_ Bonded? \_\_\_\_\_  
 Party Contracted with (Owner, G.C.): \_\_\_\_\_ Phone: \_\_\_\_\_  
 Contracted Party Representative: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Number of jobs completed for this contractor: \_\_\_\_\_
5. Name of Project: \_\_\_\_\_ Date of Completion: \_\_\_\_\_  
 Approximate amount of your contract: \_\_\_\_\_ Bonded? \_\_\_\_\_  
 Party Contracted with (Owner, G.C.): \_\_\_\_\_ Phone: \_\_\_\_\_  
 Contracted Party Representative: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Number of jobs completed for this contractor: \_\_\_\_\_
6. Name of Project: \_\_\_\_\_ Date of Completion: \_\_\_\_\_  
 Approximate amount of your contract: \_\_\_\_\_ Bonded? \_\_\_\_\_  
 Party Contracted with (Owner, G.C.): \_\_\_\_\_ Phone: \_\_\_\_\_  
 Contracted Party Representative: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Number of jobs completed for this contractor: \_\_\_\_\_

**Please list below up to four (4) Non-Energy projects completed by your firm that we should know about:**

1. Name of Project: \_\_\_\_\_ Date of Completion: \_\_\_\_\_  
 Approximate amount of your contract: \_\_\_\_\_ Bonded? \_\_\_\_\_  
 Party Contracted with (Owner, G.C.): \_\_\_\_\_ Phone: \_\_\_\_\_  
 Contracted Party Representative: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Number of jobs completed for this contractor: \_\_\_\_\_
2. Name of Project: \_\_\_\_\_ Date of Completion: \_\_\_\_\_  
 Approximate amount of your contract: \_\_\_\_\_ Bonded? \_\_\_\_\_  
 Party Contracted with (Owner, G.C.): \_\_\_\_\_ Phone: \_\_\_\_\_  
 Contracted Party Representative: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Number of jobs completed for this contractor: \_\_\_\_\_
3. Name of Project: \_\_\_\_\_ Date of Completion: \_\_\_\_\_  
 Approximate amount of your contract: \_\_\_\_\_ Bonded? \_\_\_\_\_  
 Party Contracted with (Owner, G.C.): \_\_\_\_\_ Phone: \_\_\_\_\_  
 Contracted Party Representative: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Number of jobs completed for this contractor: \_\_\_\_\_
4. Name of Project: \_\_\_\_\_ Date of Completion: \_\_\_\_\_  
 Approximate amount of your contract: \_\_\_\_\_ Bonded? \_\_\_\_\_  
 Party Contracted with (Owner, G.C.): \_\_\_\_\_ Phone: \_\_\_\_\_  
 Contracted Party Representative: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Number of jobs completed for this contractor: \_\_\_\_\_

**Project References (for office use only)**

PRODUCER  <b>Insurance Agent</b>	FAX  <b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</b>												
INSURED  <b>Sample of Insurance Requirement. For Signal Energy, LLC Agreements with Subcontractors/Engineers</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><b>INSURERS AFFORDING COVERAGE</b></td> <td style="width:20%;"><b>NAIC #</b></td> </tr> <tr> <td>INSURER A: <b>Insurance Company</b></td> <td></td> </tr> <tr> <td>INSURER B: <b>Insurance Company</b></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>	INSURER A: <b>Insurance Company</b>		INSURER B: <b>Insurance Company</b>		INSURER C:		INSURER D:		INSURER E:	
<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>												
INSURER A: <b>Insurance Company</b>													
INSURER B: <b>Insurance Company</b>													
INSURER C:													
INSURER D:													
INSURER E:													

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT 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 ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	TBD	Date	Date	EACH OCCURRENCE \$ <b>1,000,000</b>
		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>50,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>				
A		<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	TBD	Date	Date	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
		BODILY INJURY (Per person) \$				
		BODILY INJURY (Per accident) \$				
		PROPERTY DAMAGE (Per accident) \$				
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
		OTHER THAN AUTO ONLY: EA ACC \$ AGG \$				
B		<b>EXCESS / UMBRELLA LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	TBD	Date	Date	EACH OCCURRENCE \$ <b>5,000,000</b>
		AGGREGATE \$ <b>5,000,000</b>				
A		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under SPECIAL PROVISIONS below	TBD	Date	Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER
		E.L. EACH ACCIDENT \$ <b>1,000,000</b>				
		E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b>				
		E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>				
A		<b>OTHER</b> <b>If Erection Services provided Riggers Liability</b>	TBD	Date	Date	<b>2,000,000 each occurrence</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
**If Engineering/Design Services provided: Professional Liability: Policy Number, name of insurance company, eff. date, exp. dated, limits: \$5,000,000 each occurrence, \$5,000,000 aggregate.**  
**Project Name:**  
**Signal Energy, LLC is listed as additional insured with respect to general liability insurance**  
**Waiver of Subrogation in favor of Signal Energy, LLC with respect to workers compensation.**

<b>CERTIFICATE HOLDER</b>  <b>Signal Energy, LLC</b> <b>2034 Hamilton Place Blvd.</b> <b>Suite 400</b> <b>Chattanooga, TN 37412</b>	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <b>Agents Name/ signature</b>
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## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## **DISCLAIMER**

This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.



**SUBCONTRACTOR'S SAFETY & HEALTH PERFORMANCE DATA**

<b>1 Contractor's Name:</b>	
<b>2 Project Name:</b>	
<b>3 Work Scope (i.e. roads, foundations, tower erection, etc.)</b>	

<b>4 Worker's Compensation Experience Modification Rate (EMR) Data</b>				
<b>4a EMR is (Check One):</b>	<input type="checkbox"/> Interstate Rate	<input type="checkbox"/> Intrastate Rate	<b>Provide a letter from your insurance carrier verifying EMR information</b>	
<b>4b EMR Anniversary Date:</b>				
<b>4c EMR State of Origin:</b>				
<b>4d EMR for past 3 Years:</b>	<b>2007</b>	<b>2008</b>		

<b>5 Work Related Injury/Illness Data</b>				
	<b>2007</b>	<b>2008</b>	<b>2009</b>	
<b>5a Employee Hours Last 3 Years:</b>				

<b>5b Provide the Following Information From Your OSHA Form 300 for the Past 3 Years</b>				
	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>Provide OSHA Forms 300 and 300A associated with the entered information.</b>
<b>Number of Fatalities (Column G):</b>				
<b>Number of Lost Workday Cases (Column H):</b>				
<b>Number of Modified Duty Cases (Column I):</b>				
<b>Number of Other Recordable Cases (Column J):</b>				
<b>Total Number of Recordable Cases From Above:</b>				

**Attach a letter of explanation for any work related fatalities listed above**

<b>6 OSHA Inspection History</b>					
	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>Totals</b>	
<b>Number of OSHA Inspections:</b>					
<b>Number of "Willful" Violations:</b>					
<b>Number of "Repeat" Violations:</b>					
<b>Number of "Serious" Violations:</b>					
<b>Number of "Other Than Serious" Violations:</b>					
<b>Total Number of OSHA Violations:</b>					

**Provide a copy of all citations reported in this section**

<b>7 Safety Program Information</b>		
<b>Does your company staff projects with dedicated safety professionals?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Does your company require minimum OSHA-10 hr training for supervisors?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Does your company provide and document safety training for project employees?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Does your company conduct documented new employee orientation?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Does your company have a written hazard communication program?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Does your company have a written mandatory substance abuse program?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Does your company conduct documented project safety inspections/audits?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Does your company have a written incident investigation program?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Does your written program provide for Stop Work Authority for all employees?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>8 Organization's Safety Contact Information</b>			
<b>Safety Contact's Name:</b>		<b>Title:</b>	
<b>Phone Number:</b>		<b>e-mail:</b>	