

VENDOR / SUBCONTRACTOR PRE-QUALIFICATION FORM

General Information	
Company Name: [REDACTED]	Telephone: [REDACTED]
[REDACTED]	Fax: [REDACTED]
Street Address: [REDACTED]	Mailing Address: [REDACTED]
[REDACTED]	[REDACTED]
Contact Person: [REDACTED]	E-mail: [REDACTED]
President: [REDACTED]	Mobile: [REDACTED]
Tax ID#: [REDACTED]	Years in Business: [REDACTED]

Organization	
Form of Business: Sole owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/>	
Business/Ownership Type (check all that apply) <input type="checkbox"/> MBE – Minority Owner Business Enterprise <input type="checkbox"/> WBE – Woman-Owned Business Enterprise <input type="checkbox"/> Veteran-Owned Business Enterprise <input type="checkbox"/> Disabled Veteran Owned Business Enterprise <input type="checkbox"/> EDGE (Ohio) classification	Ownership Ethnicity (check one) <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Native American <input type="checkbox"/> Asian-Pacific American <input type="checkbox"/> Asian-Indian American <input type="checkbox"/> White / Non-Minority
Describe Services Performed: [REDACTED]	
Largest Project in Last 3 Years – Name: [REDACTED] \$ [REDACTED]	
Bonding Company: [REDACTED] Address: [REDACTED]	Capacity: [REDACTED]
Contact Person: [REDACTED]	Telephone: [REDACTED]

Insurance Company: [REDACTED] Address: [REDACTED]
Contact Person: [REDACTED] Telephone: [REDACTED]
Any judgments, claims or suits pending or outstanding against your company? If yes, please attach details Yes <input type="checkbox"/> No <input type="checkbox"/>

Banking Information	
Bank Name: [REDACTED] Address: [REDACTED]	
Contact Person: [REDACTED] Telephone: [REDACTED]	Fax: [REDACTED]
Does your company have a line of credit? If yes, what is the amount of the line of credit? \$ [REDACTED]	Yes <input type="checkbox"/> No <input type="checkbox"/>

Safety & Health Performance & Management	
Workers Compensation Experience Modification Rate (EMR) for the past 3 years [REDACTED] 20 [REDACTED] [REDACTED] 20 [REDACTED] [REDACTED] 20 [REDACTED]	
Please submit your OSHA 200/300 logs for last 3 years	
Have you received any regulatory (EPA, OSHA, etc) citations in the past 3 years? If yes, please attach copies	Yes <input type="checkbox"/> No <input type="checkbox"/>
Highest ranking safety/health professional in your company Name: [REDACTED] Telephone: [REDACTED] Fax: [REDACTED]	
Do you have a written Safety and Health Program?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is Personal Protective Equipment provided for each employee?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will you obey all Mel Lanzer Co.'s safety guidelines that are enforced when signing a subcontract agreement?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Attachments:

- OSHA 300s (3 most recent years)
- W-9
- Minority Certifications (if any)