



SUBCONTRACTOR PRE-QUALIFICATION APPLICATION

If you are interested in getting prequalified with MYR Group Inc. and its subsidiaries, please complete the form below.

SUBCONTRACTOR INFORMATION

Legal Business Name: _____

Contact Name/Title: _____

Business Address: _____

Mailing Address (if different than above): _____

Phone Number: _____ Fax Number: _____

'Remit to' (Accounts Receivable) Address (if different than above): _____

Email Address: _____ Dun & Bradstreet Number: _____

Internet URL: _____ Federal Tax ID (EIN/TIN): _____ or SSN: _____

Sole Proprietor
 Partnership
 Corporation
 Affiliate
 Joint Venture
 Subsidiary

Non-Profit
 Division of: _____

I. COMPANY OFFICERS, PARTNERS OR PRINCIPALS (Please attach organizational chart)

A. Parent Company: _____

B. Corporate Address: _____

C. Year Established: _____ D. Number of Employees: _____ E. State of Incorporation: _____

F. Subsidiary/Affiliations: _____

G. Type of Business

<input type="checkbox"/> Contractor	<input type="checkbox"/> Consultant	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Carrier	<input type="checkbox"/> Distributor	<input type="checkbox"/> Factory Rep.
<input type="checkbox"/> Wholesaler	<input type="checkbox"/> Software	<input type="checkbox"/> Retailer	<input type="checkbox"/> Other: _____		

H. Products or Services offered: _____

II. BUSINESS CLASSIFICATION (Please provide copies of all active certifications)

A. Are you a certified diversity enterprise?	YES	NO
If yes, please list your diversity classifications: _____		
B. Are you self certified?	YES	NO
If no, please list which agency(s) issued you the certification: _____		
C. Are you certified as, or a participant in a US Small Business Administration (SBA) program?	YES	NO

III. BUSINESS INFORMATION

A. Have you worked for, or supplied material to, MYR Group Inc. or any of its affiliates?	YES	NO
B. Do you have any union affiliations?	YES	NO
C. Are you interested in working: _____	regional	national



IV. FINANCIAL DATA

A. Indicate your annual sales for the last three years:

YEAR	SALES
	\$
	\$
	\$

B. Attach financial statements (audited, if available) for the interim and previous two years.

C. Please attach a list of company owned equipment.

D. Bank Reference:

E. Contact Name: Phone: Fax:

F. Bank Reference:

G. Contact Name: Phone: Fax:

Please notify your bankers as listed above to authorize release of banking information.

H. Indicate dollar range which you are interested in bidding:

Minimum: \$ Maximum: \$

I. Are you Bondable? YES NO

J. Dollar limit per contract:

K. Total dollar bondability:

V. INSURANCE COVERAGE

A. Please provide a copy of your Certificate of Insurance.

SIGNATURE

I certify the above information and any attachments are correct to the best of my knowledge.

NAME OF ORGANIZATION

SIGNATURE

TITLE

DATE

REMIT TO

Please return completed Supplier Pre-Qualification Application to: pre-qual@myrgroup.com

NOTE: This questionnaire does not qualify or approve your company as a subcontractor nor does it obligate us to solicit price quotations or proposals from your company.



SUBCONTRACTOR SAFETY PERFORMANCE QUESTIONNAIRE

SUBCONTRACTOR INFORMATION

Legal Business Name:

Contact Name/Title:

Business Address:

Mailing Address (if different than above):

Phone Number:

Fax Number:

Email Address:

Project:

I. WORKER'S COMPENSATION INSURANCE - EXPERIENCE MODIFICATION RATE (EMR)

A. Provide your company's EMR for each of the last three (3) years:

Policy Year:

EMR:

B. Furnish a letter from your insurance company verifying the EMR data listed above.

II. OSHA RECORDABLE INCIDENTS

A. Provide the following data from your company's OSHA 300 Logs for each of the last three (3) years:

Year:

20

20

20

1. Number of employee hours worked

2. Number of fatalities

(Total Columns 1 + 8)

3. Number of OSHA recordable injuries

(Total Columns 2 + 6 + 9 + 13)

4. OSHA recordable incident rate

(Line 3 x $\frac{200,000}{\text{Line 1}}$)

5. Number of lost workday cases

(Total Columns 3 + 10)

6. Lost workday incident rate

(Line 5 x $\frac{200,000}{\text{Line 1}}$)

7. Number of cases with days away from work or restricted duty

(Total Columns 2 + 9)



III. SAFETY AND HEALTH PROGRAM

- | | | |
|---|------------|-----------|
| <p>A. Have you had an OSHA citation in the past five years?
If yes, please attach details for each citation.</p> | <p>YES</p> | <p>NO</p> |
| <p>B. Do you have a written safety and health program?
If yes, please attach a copy.
If no, explain how your company's safety requirements are communicated to your employees:</p> | <p>YES</p> | <p>NO</p> |
| <p>C. Does your company have a Safety Officer or Safety Department?
If yes, please provide contact information:

If no, who in your company is responsible for your safety and health program?</p> | <p>YES</p> | <p>NO</p> |
| <p>D. Will your company assign full time supervision to this project?</p> | <p>YES</p> | <p>NO</p> |
| <p>E. Will your company assign a full time safety professional to this project?
If not, who will be responsible for safety on the jobsite?
At what frequency will this person visit the jobsite?
In this person's absence, who will be responsible for safety at the jobsite?</p> | <p>YES</p> | <p>NO</p> |
| <p>F. Will each of your company's crews have competent persons assigned, as required by OSHA, for the particular work being performed?

Please attach a list of competent persons that will be assigned to this project and copies of their training records.</p> | <p>YES</p> | <p>NO</p> |
| <p>G. Does your company have a Personnel Protective Equipment (PPE) Policy?
(i.e.) mandatory hard hats, safety glasses, etc.
If yes, what does it include?

If not, what PPE will your company require on this project?</p> | <p>YES</p> | <p>NO</p> |
| <p>H. Does your company have a substance abuse program designed to provide a drug free workplace?
If yes, please attach a copy.
If no, would you agree to adhere to MYR Group's Drug Free Workplace Policy?</p> | <p>YES</p> | <p>NO</p> |
| <p>I. Comment on any other areas of your company's safety program and policies that you feel will be appropriate in our evaluation.</p> | | |



IV. SAFETY AND HEALTH TRAINING

A. Do you require on-site supervision to have OSHA 30-Hour training courses? YES NO
 Please attach a list of all supervision with OSHA 30-Hour training that will be assigned to this project and copies of their training records.

B. What type of safety orientation do you provide for new hires?

C. Do your foremen receive formal safety training? YES NO
 If yes, please list training provided.

Are your foremen trained in: First Aid CPR

D. Does your company train on environmental subjects? YES NO
 If yes, please specify topics:

E. Safety Meetings:

Are jobsite foremen’s safety meetings required? YES NO
 If yes, frequency?

Are regular toolbox safety meetings required? YES NO
 If yes, frequency?

Are regular safety/housekeeping audits conducted? YES NO
 If yes, frequency?

Are environmental audits conducted on your jobsites? YES NO
 If yes, frequency?

V. SAFETY AUDITING AND INCIDENT INVESTIGATION

A. At what frequency will your company audit/inspect your crews’ conformance with your company’s safety and health program and the requirements of the project?

B. What levels of management in your company receive field safety reports?



- C. Do your company require your subcontractors to meet the same safety standard as you employ? YES NO
- D. Does your company have an incident investigation procedure? YES NO
If yes, please attach a copy.
If not, how will incidents be investigated?
- E. Does senior management participate in incident investigations? YES NO

SIGNATURE

I certify the above information and any attachments are correct to the best of my knowledge.

NAME OF ORGANIZATION

SIGNATURE

TITLE

DATE

REMIT TO

Please return completed Supplier Pre-Qualification Application to: pre-qual@myrgroup.com

NOTE: This questionnaire does not qualify or approve your company as a subcontractor nor does it obligate us to solicit price quotations or proposals from your company.