



Gerrits Construction

8177 Glades Road Boca Raton, FL 33434

Office 561 477 4537 Fax 561 477 0876

QUALIFICATION FORM

Company: _____

Completed By: _____ Title: _____ Date: _____

How did you hear from Gerrits Construction GC Showcase Bid

_____ Name of Most Recent Project

√ List

Attach **CERTIFICATE(s)** if firm is **MBE, WBE, SBE, CSBE, DBE, CDBE.**
 Is your Company **BONDABLE** for projects over \$100,000.00?

_____/_____
Name of Company / Capacity

Attach current **INSURANCE** Certificate(s).

Liability - coverage \$1 million
Name of Company _____

W.C.- statutory limits - \$100,000
Name of Company _____

Auto - coverage \$1 million
Name of Company _____

Upon verification a Contract Agreement will be issued. When returning the signed contract you need to include Form W-9 and a valid Certificate of Insurance with the mentioned coverage and amounts as well as Gerrits Construction listed as Additional Insured.

REFERENCES:

Company Name:

Supplier?

Contractor?

Verified by:
(For Gerrits use only)

1) _____ _____

Address _____ Contact Person _____ Phone _____

2) _____ _____

Address _____ Contact Person _____ Phone _____

3) _____ _____

Address _____ Contact Person _____ Phone _____

CURRENT JOBSITES:

1) _____

2) _____

3) _____

LITIGATIONS:

Have your company ever been involved in any type of litigation? YES NO

If yes, kindly give brief explanation _____



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CONTRACT SAFETY EVALUATION PRE-QUALIFICATION QUESTIONNAIRE

1. List your firm’s Experience Modification Rate for the last three years:

20____

20____

20____

2. List the following OSHA Log Information (past three years):

	20____	20____	20____
A. Total Recordable Cases	_____	_____	_____
B. Lost Workday Cases	_____	_____	_____
C. Lost Workdays	_____	_____	_____
D. Total Employee Hours Worked	_____	_____	_____
E. Number of Fatalities	_____	_____	_____

3. Do you have a written safety program? Yes No

4. Do you have a full time safety director? Yes No
If not, who is in charge of safety and to what extent?

5. Do you conduct job site audits? Yes No
By whom? _____
How often? _____
Is this documented? Yes No

6. Do you hold “Tool Box Talks” for employees? Yes No
How often? _____
Is this documented? Yes No

7. Do you have an orientation program for new hires? Yes No
If yes, what does this include? _____

8. Do you have a training program for newly hired or promoted foremen?

9. Do you have trained competent persons in the following areas?

- A. Scaffolding Yes No
- B. Excavation Yes No
- C. Cranes Yes No
- D. Electrical Yes No

10. Has OSHA cited you in the past three years?
If yes, explain in detail. _____