
Trade Partner Qualification Form

Welcome to the Robins & Morton trade partner qualification process. Please note, this application is good for ALL division offices and this process is required for all contractors whose contract may equal or exceed \$150K. Unless the Risk Management team advises you otherwise, this application and requested attachments will need to be submitted/updated no more than once every 12 months (see below for financial expiration dates), regardless of how many projects you bid. Any questions or comments can be sent to prequalifications@robinsmorton.com.

What information is needed to complete my qualification?

- Basic company organization information
- Legal info for previous 3 years
- 2 years of financial Information
- Banking information
- Surety information
- 3 years of OSHA and safety history
- References contact information and associated project info
- Dunn & Bradstreet information

The items below will need **to be attached** and submitted **along with** the completed/signed application to prequalifications@robinsmorton.com.

- ☐ Explanation for any legal items marked "Yes" in section III of the application
- ☐ Two most recent financial statements including balance sheet, income statement and statement of cash flows (CPA prepared financials are valid for 1 year and 90 days from date on statements; financials not prepared by a CPA are valid for 6 months from date on statements)
- ☐ Current work in progress report showing contract amounts, % complete and balance to bill, with the balance to bill column totaled
- ☐ Formal letter from surety company dated within last year confirming aggregate and single limits
- ☐ References – if you chose not to fill out section VII, please include an attachment that contains the information requested within this application
- ☐ Insurance certificate showing coverage for all required insurance as noted in the bid documents
- ☐ EMR Letter from workers compensation insurance carrier listing the most recent 3 years' experience modification rates (EMR)
 - **If your EMR is greater than 1.0**, provide the following:
 - Copy of last 6 years of workers compensation loss runs, excluding employee names (your insurance carrier can provide this for you)
 - Explanation from your insurance carrier as to why the number is greater than 1.0 and what actions your company has implemented to better control losses
- ☐ Safety/Hazardous Communication Program – provide the most updated copy of your safety and hazardous communication programs
- ☐ OSHA 300 log and 300A Summary – Provide OSHA 300 log & 300 A Summary for the last 3 years (this does not include current year). Please exclude employee names on the OSHA 300 log

Download Robins & Morton Insurance Requirements [HERE](#)

I. GENERAL INFORMATION

Provide Info as it appears on your W-9

Company	<input type="text"/>	Year Business Started	<input type="text"/>
Address	<input type="text"/>	Main Contact	<input type="text"/>
	<input type="text"/>	Contact Title	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>
		Contact Email	<input type="text"/>
Zip Code	<input type="text"/>	Website	<input type="text"/>
		Federal ID #	<input type="text"/>
Phone	<input type="text"/>	Union <input type="checkbox"/> Yes <input type="checkbox"/> No	Dunn & Bradstreet # <input type="text"/>
Safety Program Contact	<input type="text"/>	Safety Contact Email	<input type="text"/>
Safety Contact Phone	<input type="text"/>		

II. ORGANIZATION

Business Type:
☐ Corporation ☐ Partnership ☐ Limited Liability Company ☐ Sole Proprietor ☐ Joint Venture

List the name, title, years with company and percent of ownership of the company's principals:

Name	Title	Years with Company	% Ownership
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Is your company owned or controlled by a parent company or other organization? ☐ Yes ☐ NoName of parent company:

III. LEGAL INFORMATION

Are there any judgments, claims, arbitration proceedings or suits pending/outstanding against your firm, its officers, or principals? ☐ Yes ☐ No If yes, please attach a complete explanation.

Has your company filed any lawsuits or requested arbitration or mediation regarding construction contracts within the last three (3) years? Yes No If yes, please attach a complete explanation

Has your company or any organization with which your officers were involved during the last three (3) years ever been in bankruptcy or a voluntary or involuntary reorganization? Yes No If yes, please attach explanation.

III. FINANCIAL INFORMATION

Robins & Morton uses this information strictly for qualification purposes. Provide the average annual revenue from the previous 2 years and your current year's forecasted revenue. Please attach all items noted on cover page.

Prev. Year Prev. Year Current Year
 Revenue Revenue Forecasted Revenue

Current Backlog Amount

Banking

Name Contact
 Phone
 City State Zip Code Since
 Line of Credit (LOC) Limit LOC Available Balance

If you do not utilize a line of credit, please check this box.

Bonding

Please attach formal letter from bonding company providing single and aggregate limits.

Bonding Company Surety Broker/Agent
 Surety Contact Phone
 Time with Surety Bond Co. Rating Last Bond Issued
 Amount Rate %

V. INSURANCE

Please attach current copy of insurance certificate and a copy of your umbrella declarations page, umbrella schedule of underlying policies and form numbers page. (R&M insurance requirements are listed in **Schedule E** of the subcontract. If you do not have a subcontract yet, you may download a copy of the requirements at the link below.)

Do you use Temporary / Leased employees? ☐ Yes ☐ No

Do you use a Professional employer organization (PEO) for these leased/ temporary employees? ☐ Yes ☐ No

Were you provided a list or document containing our insurance requirements? ☐ Yes ☐ No

If required in your scope, do you carry Contractors Pollution Liability ☐ Yes ☐ No

If required in your scope, do you carry Professional Liability ☐ Yes ☐ No

Looking for the Robins & Morton standard insurance requirements? [Click here to download.](#)

V. SAFETY

OSHA Record

Has your firm had any OSHA citations within the last three (3) years?

☐ Yes ☐ No

If yes, please attach a detailed description of each incident.

Fatality History

Has your firm had any fatalities within the last three (3) years?

☐ Yes ☐ No

If yes, please provide an explanation for each incident and what actions have been taken to prevent future occurrences.

Labor:

☐ Self Perform Work (your employees)

☐ Supplements Work (Leased/Temp Employees)

Does your company have: ☐ In House Safety Professional

☐ Insurance or Consultant Safety Professional

☐ Neither

☐ Other:

Type of Safety Training Provided

Total Company Hours Worked in Last Three (3) Years

EMR (Last 3 years)

List the year and corresponding Workers Compensation Experience Mod. Rate. If your current EMR is over 1, please see the requirements page for additional documentation needed.

Year <input type="text"/>	Year <input type="text"/>	Year <input type="text"/>
Rate <input type="text"/>	Rate <input type="text"/>	Rate <input type="text"/>

OSHA 300 Log Information (List the last three years of information below. This does not include current year)

	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>
No. of Fatalities (Column G)		<input type="text"/>	<input type="text"/>	<input type="text"/>
No. of Cases Days Away From Work (Column H)		<input type="text"/>	<input type="text"/>	<input type="text"/>
No. of Job Transfer or Restriction (Column I)		<input type="text"/>	<input type="text"/>	<input type="text"/>
No. of Other Recordable Cases (Column J)		<input type="text"/>	<input type="text"/>	<input type="text"/>

Provide number of:

Office
Staff

Field
Supervisors

Average Field
Labor

Average Shop
Labor

VI. EXPERIENCE

Trade Categories

List the PRIMARY categories of work your firm performs.

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Contract Method

Please indicate the percentage of your work load for each contract method.

Competitive Bid Negotiated/Design Assist Design Build IPD

VII. PERFORMANCE REFERENCES

Provide two most recent **Robins & Morton** references below. These references should be for work completed in the last five years and should be representative of the work you are trying to qualify for now. **(Leave blank if you haven't worked with us in the last 5 years)** **One must be for your largest project with us within the last two years (if applicable).** **NOTE: The contact provided must have *direct* knowledge of your performance on that project.**

Project Name	<input type="text"/>	Project Name	<input type="text"/>
Subcontract Value	<input type="text"/>	Subcontract Value	<input type="text"/>
R&M Contact Name	<input type="text"/>	R&M Contact Name	<input type="text"/>
Year Completed	<input type="text"/>	Year Completed	<input type="text"/>

Additional References

Provide four references below. Each reference should be from a different general contractor other than Robins & Morton. These references should be for work completed in the last five years and should be representative of the work you are trying to qualify for now. **One must be for your largest project within the last two years.** **NOTE: The contact provided must have *direct* knowledge of your performance on that project. Leaving out any requested contact information including email address will delay processing of your form.**

1. Project Name	General Contractor		Subcontract Value
<input type="text"/>	<input type="text"/>		<input type="text"/>
Contact Name	Contact Email	Contact Phone	Year Completed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Project Name	General Contractor		Subcontract Value
<input type="text"/>	<input type="text"/>		<input type="text"/>
Contact Name	Contact Email	Contact Phone	Year Completed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Project Name	General Contractor		Subcontract Value
<input type="text"/>	<input type="text"/>		<input type="text"/>
Contact Name	Contact Email	Contact Phone	Year Completed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Project Name	General Contractor		Subcontract Value
<input type="text"/>	<input type="text"/>		<input type="text"/>
Contact Name	Contact Email	Contact Phone	Year Completed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

VIII. SIGNATURE

By signing this form, I certify that the information provided therein is accurate, correct, and true. By submitting a valid bid, the trade partner authorizes Robins & Morton to obtain a written or oral credit report on the trade partner's business entity from any credit-reporting agency. The trade partner authorizes any bank, commercial business, or bonding company with whom the trade partner has current or inactive experience to give any and all necessary information to Robins & Morton, which will assist Robins & Morton in the Trade Partner Evaluation. The trade partner further authorizes Robins & Morton to reinvestigate the status from time-to-time, as Robins & Morton deems necessary.

Printed Name	<input type="text"/>
Signature	<input type="text"/>
Title	<input type="text"/>
Prepared By	<input type="text"/>

Date	<input type="text"/>
Phone	<input type="text"/>

SUBMIT

