GENERAL COMPANY INFORMATION						
Company Legal Name						
Mailing Address						
Street Address						
Phone			Fax:			
Website						
Contact			Title	:		
E-Mail Address			Year	Comp	any Fo	unded:
Type of Company		Corporation		□ Pa	artnersh	nip
		Sole Proprie	tor		.C	□ Other
Are there any affiliated subsidiar	ies?		□ Ye	es	□ No	
If yes, please name them						
Is your firm owned or controlled	by ar	nother	□Ye	es	□ No	
organization?						
If yes, name of parent organizati						
Washington State Contractors Lie						Exp:
Washington State Sales Tax Reg	istrat	ion No.				
Washington State Unemploymen	t Insı	urance No.				
Federal Tax ID No.						
Are you a Union contractor			□ Ye	es	□ No	
If yes, please list Unions which you have agreements with:						
Total number of current employe	es					
Minority Business Enterprise Status:		□ MBE	□ WB	E 🗆	DBE	
Certifying Agency:						
* Please attach copies of all certi	ficati	ons regardi	ng you	ur MBI	= status	
COMPANY'S PRINCIPALS						
Name:		Title:				
Name:		Title:				
Name:		Title:				
Name:		Title:				
SURETY INFORMATION						
Current Surety Company						
Broker / Agent Name						
Bond Rates		Volume \$100,000 \$500,000 \$1M			<u>Bond</u>	d % Rate
Single Project Bonding Capacity		\$				
Aggregate Bonding Capacity		\$				

SAFETY INFORMATION			
Company Safety Professional:			
Title:			
Telephone:			
Email:			
OSHA 300 Information (Entire Com			TORY
	20	20	20
OSHA Recordable Incident Rate			
Lost Time Incident Rate			
Number of Recordable Injury Cases			
Number of Lost Time Incidents/Illnesse	S		
Number of Days Away from Work			
Number of Fatalities			
Total Employee Hours Worked			
OSHA CITATIONS			
Has your company received any OSHA			
three (3) years? If yes, please provide		П V	□ Na
violations, the violation type, (i.e. serio	· ·	☐ Yes	□ No
been done to prevent similar violations  SAFETY GOALS AND OBJECTIVES	on a separate sneet		
Do you have company safety goals and	objectives?	☐ Yes	□ No
Do you have company safety goals and Do you have a written safety and health		□ Yes	□ No
*Please note that Skyline Construction reserves the rig	ght to review this document (		
SAFETY MEETINGS			
Do your supervisors/superintendents he	old safety meetings?	□ Yes	□ No
If yes, how often?			
INSPECTIONS			
Do you conduct field safety inspections		□ Yes	□ No
compliance with applicable federal, stat	e, local, and		
company regulations/procedures?			
If yes, who conducts the inspections?			
SAFETY TRAINING AND ORIENTATI			
Do you have a documented pre-job or new employee		□ Yes	□ No
occupational safety and health program	□ Voc	□ No	
Do you have a documented occupational training program for newly hired or pro	□ Yes	□ No	
supervisors or foremen?			
If yes, who conducts this training (nam	e title)?		
Please check all elements below the		vour traini	na
program:		,	9
Subject		□ Yes	□ No
Injury/Incident/Near-Miss			
Emergency Procedures			
First Aid Procedures			
Hazard Recognition			

Incident Reporting		
Job Hazard Analysis		
Respiratory Protection		
Lunch Box Safety Meetings		
Other (Please Specify)		
Does you company hold regularly scheduled safety	□ Yes	□ No
meetings for all employees?		
If yes, how often?		
DRUG FREE WORKPLACE		
Does your company have a Drug Free Workplace Program?	□ Yes	□ No
Does this program include the following testing:		
Pre-Employment	□ Yes	□ No
Random	□ Yes	□ No
Post Incident	□ Yes	□ No
Reasonable Suspicion	□ Yes	□ No
INJURY/INCIDENT INVESTIGATION		
Does your company conduct injury, incidents, and near-	□ Yes	□ No
miss investigations?		
Who conducts the investigations (name, title)?		
LITIGATION INFORMATION (Please attach additional pages if n	ecessary)	
Does your company have any outstanding judgments or	□ Yes	□ No
claims against it?		
If yes, please explain:		
Have any of the Owners, officers, or major stockholders of	□ Yes	□ No
your company ever been indicted or convicted of any		
felony or other criminal conduct?		
If yes, please explain:		_ N
Has your company or any of its principals ever petitioned	□ Yes	□ No
for bankruptcy or failed in business?		
If yes, please explain	: Lla Lla	- <b>-</b> - 11
In the past five (5) years has your company been involved w		
A claim made against it for improper, delayed, defective, or	⊔ Yes	□ No
non-compliant work or failure to meet warranty issues?		
If yes, please explain:	□ Voc	□ No
Been assessed liquidated damages?	☐ Yes	□ No
If yes, please explain:	U Vaa	□ No
Defaulted or failed to complete a contract?	☐ Yes	□ No
If yes, please explain		
Been terminated from a contract?	□ Yes	□ No
If yes, please explain	П V	□ Na
Had your license revoked or suspended?	☐ Yes	□ No
If yes, please explain		D N-
Had any labor law violations?	☐ Yes	□ No
If yes, please explain:		

INSURANCE INFORMATION (Please attach a copy of you Insurance Certificate)				
Insurance Broker Name: Phone Number:				
Please review the attached Vendor Insurance Requirement Checklist to verify				
whether you meet Skyline Construction's	minimum insurance requirements.			
M/a have verificated the attended Mandau To	Description of Charlettak and an			
We have reviewed the attached Vendor In				
fully comply with Skyline Construction's in ☐ Yes ☐ No	surance requirements:			
If you checked NO, please list which rec	ujroments vou de NOT meets			
if you checked NO, please list which rec	Juliements you do MOT meet:			
REFERENCES				
Please list three (3) customer referen	ices and three (3) credit references			
CUSTOMER REFERENCES				
Company Name:				
Contact Name:	Title/Position:			
Phone Number:	Email:			
Thore Number.	Lindii.			
Company Name:				
Contact Name:	Title/Position:			
Phone Number:	Email:			
Thore Number.	Liliali.			
Company Name:				
Contact Name:	Title/Position:			
Phone Number:	Email:			
rnone number.	Lilidii.			
CREDIT REFERENCES				
Company Name:				
Contact Name:	Title/Position:			
Phone Number:	Email:			
Priorie Nurriber.	Liliali.			
Company Namo				
Company Name:	Title /Decition			
Contact Name:	Title/Position: Email:			
Phone Number:	Email:			
Canadani Nama				
Company Name:	Title /Decition			
Contact Name:	Title/Position:			
Phone Number:	Email:			
KEY FINANCIAL INFORMATION				
Current CONTRACTOR SCORE Certificate (see attached overview and				
brochure)				
I				

For your company to be considered for approval as a subcontractor for Skyline Construction please be sure to attach the following to your completed application:		
☐ Sample Certificate of Insurance		
☐ Current (within past 12 months) Contractor Score (https://contractorscore.com)		
CONTRACTORS STATEMENT OF VALIDITY		
We have attempted to answer all questions in a full and complete manner to assure that our answers are not in any respect misleading either by expressing ourselves in a misleading or ambiguous manner or by omitting information. We recognize that Skyline Construction will rely on the accuracy of the information and our responses in this questionnaire in determining whether to permit us to bid upcoming work as well as in awarding work to our company.		
Dated this day of Two Thousand and		
Name of Company		
Completed by:		
Title: (must be on officer of the company)		
Signature:		
Title: being duly sworn deposes and says that the information provided herein is true and sufficiently complete so as to not be misleading.		
Subscribed and sworn before me this Day of, 20		
Notary Public:		
My Commission Expires:		

### SKYLINE – INSURANCE CERTIFICATE CHECKLIST

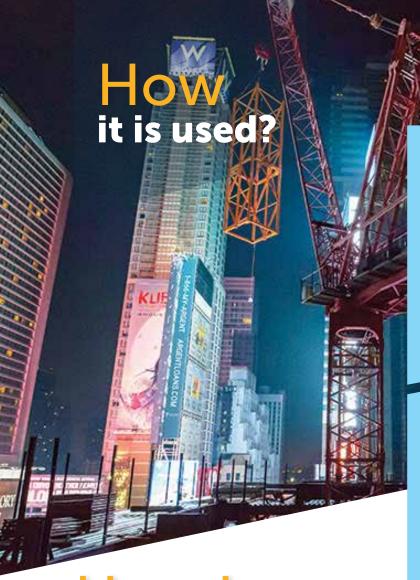
SUBCONTRACTOR NAME:	PROJECT NO:	
The ACCORD Certificate of Liability does not provide information to us as a coverage which may cause a material breach under your contract agreement.		lusions or limitations in
Commercial General Liability:		
COVERAGE DOES INCLUDE:	YES	NO
\$2,000,000 General Aggregate Limits		
\$2,000,000 Products & Completed Operations		
\$1,000,000 Each Occurrence		
Stop Gap Liability Included - \$1,000,000 Limits		
Per Project Aggregate Box Checked		
Skyline Construction is named as an Additional Insured		
Primary Additional Insured Endorsement		
Non Contributory Additional Insured Endorsement		
Waiver of Subrogation Endorsement		
Additional Insured Covers Ongoing Operations		
Additional Insured Covers Completed Operations		
Additional Insured includes "arising out of" language		
Copies of All Forms and Endorsements Are Attached to the Certificate		
Commercial Auto Insurance		
\$1,000,000 Combined Single Limits		
Hired Auto Liability Box Checked		
Umbrella Liability Insurance		
\$1,000,000 Per Occurrence		
\$1,000,000 Aggregate		
Additional Insured and Waiver of Subrogation Boxes Checked		
General Liability		
Automobile Liability		
Reviewed By:	Date:	

Skyline Construction relies on the information provided by Contractor Score to help measure the key aspects for a contractor's short-term financial and management capacity.

#### SUBMISSION REQUIREMENTS

- 1. Your most recent fiscal year-end financial statement This should be either a audited, reviewed, or compiled statement from your outside accountant including their cover letter. If financial statements are not prepared, the year-end IRS tax return may be submitted (first (6) pages only) along with your internal year-end statements (balance sheet and income statement). Since all submission information is destroyed after a score is calculated, those applying for updates should also include their most recent year-end financial statement again.
- 2. Your most recent internal YTD Balance Sheet and Profit & Loss Statement
  This would be your internally generated balance sheet and income statement. If your most recent YTD represents your year-end as well, you can skip this submission
- 3. Your most recent Work in Progress Statement
- 4. Your most recent bank credit line information Credit limit and current balance. This must be from a bank. A letter will suffice (on bank letterhead) as long as actual amounts are cited and not vague ranges. Screen shots or printouts of on-line statements will also work. If you do not have a credit line, that is not a problem, just state so.
- 5. Submissions will be uploaded at <a href="https://contractorscore.com">https://contractorscore.com</a>





Contractor Score communicates the contractor's financial capacity while maintaining their confidentiality. The score is used for prequalification, re-qualification or refinement to a contract's terms' and conditions. Owners, general contractors and anyone engaging a contractor will want to better understand the hired contractor's financial position.

Regular updates to the score keep users apprised of the contractor's current financial status. Many users request quarterly updates of their contractors to maintain an effective project flow and keep everyone on schedule. Financially weak contractors are a major contributor to blown schedules and delayed projects. Contract defaults are costly to everyone even when secured by a bond or subcontractor default insurance.

# How is contractor score calculated?

There are over thirty metrics taken from the submitted information. An empirical algorithm, derived from years of experience in the industry as financial and management consultants, objectively measure the critical aspects of a contractor's financial position.

### The submitted information includes:

The contractor's latest year-end financial statement from either their outside CPA or their IRS tax return

Their most recent year-to-date internal financial statement

Their corresponding work-in-process statement

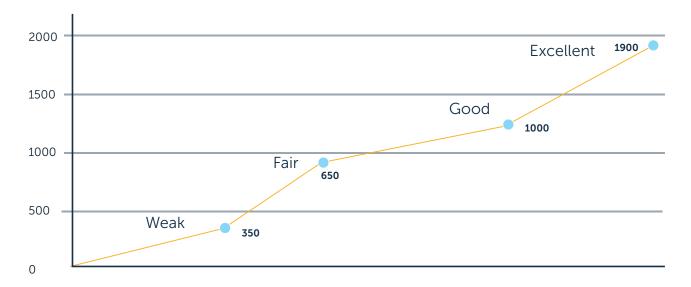
Their line of credit information from their bank

# How is the confidential information protected?

Confidentiality is a cornerstone to our business. Only a limited number of Contractor Score employees have access to the submitted information. All of the information is secured in locked safes and disconnected hard drives. All of the submitted information is destroyed thirty days after a certificate is generated. Only the subscribing contractor receives the score certificate. We never share scores unless they are made public by the contractor.

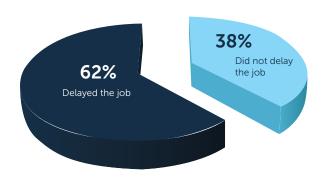
## What is a good score?

The scores range from 0 to 2500. The grade of Weak, Fair, Good and Excellent are subjective and the values should be seen as a continuum.



## The Survey

The matched individual survey results from the operational personnel with the identified contractor's Contractor Score. Survey ratings were then put into the appropriate Contractor Score ranges.



We tallied the responses and separated the contractors by Contractor Score into those above and below a score of 600. Those that scored below 600 caused a delay a majority (62%) of the time. As the Contractor Scores rose, the percentage of, "Yes", answers (they delayed the job), decreased significantly. While there may be many reasons why delays occurred with lower scoring contractors, the results indicate a higher probability of delay may occur with lower scoring contractors. The 600 level score was chosen as that was approximately the break between contractors scoring at least the mid-point response, "Usually = 3" on the previous ten survey questions.

# **Te** immediate take-away

Our survey results show that contractors with lower Contractor Scores (below 600) did not rate as well in project performance as contractors with higher Contractor Scores (650 and up). The higher Contractor Scores show better and level project performance results. Basically, any Contractor Score over 1000 looks to perform equally. Obviously, this does not rule out a lower scoring contractor from performing admirably on any given job or a high scoring one behaving badly.

### ne conclusion

Qualification of contractors is important. Both pre-qualification and re-qualification on a regular basis provide a stronger job performance for all participants. Financial positions change continuously and the smaller the contractor, the faster their financial picture can change. A re-examination of financial qualifications every six months is prudent and sometimes quarterly updates make sense.

for a complete survey

919-758-8700



919-794-6099



www.ContractorScore.net