

# Ulland Brothers, Inc. Subcontractor Qualification

**Overview:** It is the policy of Ulland Brothers to prequalify and monitor our subcontractors' health and safety programs prior to the start of a project and throughout the duration. Please be assured that your information will be kept strictly confidential. **Questions should be directed to David Debevec at 218-421-6014 or ddebevec@ulland.com**

**Please fill out completely:**

**DATE:** \_\_\_\_\_

Legal Name of Firm: \_\_\_\_\_

DBA: \_\_\_\_\_

Address: \_\_\_\_\_

*City, State, Zip*

Organizational Type:     LLC     LLP     Corporation     S Corp     Other

State of Incorporation \_\_\_\_\_ Year Established \_\_\_\_\_

Federal Tax ID \_\_\_\_\_ MN License # \_\_\_\_\_

MN Sales Tax # \_\_\_\_\_

# of Professional Employees \_\_\_\_\_ # of Field Employees \_\_\_\_\_

Annual Revenue: \_\_\_\_\_ Union(s): \_\_\_\_\_

**Responsible Contractor**

Contractor hereby certifies that it complies with each of the minimum criteria in Minn. Stat. § 16C.285, subd. 3.

**List two contacts:**

**Principal Contact:** \_\_\_\_\_ **Title:** \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**email:** \_\_\_\_\_

**Contract Admin:** \_\_\_\_\_ **Title:** \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**email:** \_\_\_\_\_ (Contract Documents Will Be Sent Here.)

## Disadvantaged Business Enterprise Program

Is the company certified?    MBE\_\_\_ WBE\_\_\_ SBE\_\_\_ DBE\_\_\_ VBE\_\_\_ DVBE\_\_\_ TBG\_\_\_\_\_

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**All contractors must complete. If values are zero, please indicate 0. The EMR is a comparison between the number and value of your workers' compensation claims and those of other companies in the same industry. Companies that pay in excess of \$3,000 in annual workers' compensation premiums will receive an EMR rating. Employers with more than ten employees and whose establishments are not classified as a partially exempt industry must record work-related injuries and illnesses using OSHA Forms 300, 300A and 301. If you are not required to complete an OSHA log, please be as complete as possible and indicate zero values.**

Please complete all boxes.

Electronic Submittal Preferred:

ddebevec@ulland.com

Date completed: \_\_\_\_\_

	Current Year-to-Date	Previous Year 1	Previous Year 2	Previous Year 3
Total Hours Worked				
Total Number of Injuries				
Experience Modification Rate (EMR) <i>Attach supporting documentation from insurance carrier</i>				
Deaths: If so, attach summary of incident(s). <i>(G) of OSHA's 300A Summary Form</i>				
Lost Workday Cases (LT) <i>(H) of OSHA's 300A Summary Form</i>				
Lost Time Incidence Rate (LTIR) <i>See formulas below.</i>				
Recordable Workday Cases ( R ) <i>(J) + (I) of OSHA's 300A Summary Form</i>				
Recordable Incidence Rate (RIR) <i>See formulas below.</i>				
Total Case Incidence Rate (TCIR) <i>See formulas below.</i>				
# of Regulatory Citations (OSHA, MSHA, etc.) <i>If so, attach supporting documentation.</i>				

### Formulas to Assist with Incidence Rates:

LTIR = LT x 200,000 Divided by Total Hours Worked

RIR = R x 200,000 Divided by Total Hours Worked

TCIR = (LT + R) x 200,000 Divided by Total Hours Worked

Do you have a drug testing program in place? \_\_\_\_\_ Describe: \_\_\_\_\_

### Subcontractor agrees to:

100 % hard hat enforcement	Supply MSDS
100% safety-toe boot enforcement	Report all incidents to UBI verbally and in writing
100% Class II safety vest enforcement	Provide all required OSHA and MSHA programs and training
Eye protection enforcement	Participate in pretask planning, JHA, and other safety meetings

Company Name: \_\_\_\_\_

Subcontractor's Safety Director: \_\_\_\_\_

Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address, State, Zip \_\_\_\_\_ Email Address \_\_\_\_\_