



## SUBCONTRACTOR SAFETY QUALIFICATION

**SAFETY** is the highest priority for Primax Construction, Inc. and therefore we are committed to working with safe contractors and vendors. For that reason, the attached questionnaire needs to be completed to help us ensure our trades have good safety records and programs. If help is needed in completing the form please contact our Safety Director, Chris Morgan

Thank you for completing this questionnaire. Please submit to the following address as soon as possible.

Please submit to: Primax Construction, Inc.  
Attention: Safety Director  
293 Olmsted Blvd., Suite 11  
PO Box 3229  
Pinehurst, NC 28374  
910-295-1846  
[safety@primaxconstruction.com](mailto:safety@primaxconstruction.com)

### Section 1 – Company Information

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

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

City, State & Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_

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

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Location: \_\_\_\_\_

Scope(s) of work for which you are qualifying for: \_\_\_\_\_

Printed Name of Authorized Person Completing this Form \_\_\_\_\_

*If your company does not “pass” our **Safety Criteria**, you will be notified and provided with an opportunity to make any needed improvements.*



**Section 2 – Safety Performance and Program**

- 1. Please attach confirmation of your company’s last three years Experience Modification Rate (EMR)\*.
\*(This should be obtained through your insurance company, and must be confirmed by method below)

\*2004 \*2005 \*2006 \*2007 (if issued)

Confirmation of the above is required (this is not optional) and any of the following methods are acceptable:

- Furnish a letter from your insurance agent, broker, or carrier on business letterhead verifying the EMR data listed above OR...
Furnish a copy of the last three years’ EMR worksheets, which are mailed to you annually by the rating bureau OR...
Furnish a copy of your workers compensation policies for the last three years, which will contain the EMR policy period OR...
If you are a “state fund”, e.g. West Virginia or Ohio, furnish a copy of the state’s last three years annual statement page that shows the EMR and coverage period.

- 2. Please attach your last three years OSHA 300 accident logs and/or furnish claim loss runs (annual claim report summaries provided by your insurance carrier) for the past three years. One or both can be submitted (this is not optional.)

- 3. Has your company operated under a different name in the last three years? Yes No

If yes, under what name? \_\_\_\_\_

- 4. In the last three years has your company received a Serious, Willful, or Repeat violation under the OSHA Construction or General Industry Standards? Yes No

If Yes, please list the OSHA standard your company was cited under and if any monetary fines were paid.

\_\_\_\_\_

- 5. Please attach your trade specific safety plan. (i.e.: masonry bracing plan, scaffolding, fall protection, trenching, etc.)

- 6. How many employees does your company employ? \_\_\_\_\_

- 7. Do you hold safety meetings with foremen, employees, or subcontractors? Yes No

If yes, how often? \_\_\_\_\_

- 8. Please attach an original Certificate of Insurance (General Liability, Workers Comp and Automobile Liability).

- 9. Does your company have a substance abuse program? Yes No

If yes, how often are employees tested? \_\_\_\_\_

If no, what is your stance on substance abuse? \_\_\_\_\_

**Section 3 – Signature**

The undersigned certifies that the information provided herein is true and sufficiently complete so as not to be misleading.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

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