



Please complete, sign and return this questionnaire to the Platinum Companies, Inc. Subcontractor Administrator with a copy of your insurance certificate & W9. All information submitted is confidential.

Subcontractor Questionnaire

Company Name: _____

Company Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Safety Contact: _____ Phone: _____

Date: _____

Is your Company: MBE WBE SBE

Certified by: _____

EIN/Federal Tax ID# (or social security no.) _____

AZ (State) Sales Tax No. _____

State Contractor's License No. _____ **Expires:** _____

MCAQD SC # _____ **Expires:** _____

Personnel Contacts:

Primary Contact: _____ Phone: _____

E-mail address: _____

Safety Contact: _____ Phone: _____

E-mail address: _____

Accounting Contact: _____ Phone: _____

E-mail address: _____

Sales Rep: Name _____ Cell# _____

E-Mail address: _____

Insurance Details:

Workman's Compensation: (min limits 500/500/500) Limits: _____

Provider:(SCF-State Comp. Fund)_____ Other _____

Policy No. _____ Expiration Date: _____
(Please submit insurance certificates for the above by email to terri@platinumcompanies.com.)

General Liability Insurance: (min limits 1M / 2M) Limits: _____

Policy No. _____ Expiration Date: _____
(Please submit insurance certificates for the above by email to terri@platinumcompanies.com.)

Affiliations with any Other Company: (Please provide name)

Name: _____

Address: _____ City _____, State _____ Zip _____

Year Company Started: _____

Annual Revenue for the last three years: \$ _____ \$ _____ \$ _____

Contractor's License Number(s):

Number	State	Expiration
_____	_____	_____
_____	_____	_____
_____	_____	_____

Surety/Bonding Co: _____ Contact Name/Phone: _____

Bonding Capacity: _____ (single) _____ (aggregate) Bonding Rate: _____

Have you ever failed to complete a project? Yes No

Any litigation in the last five (5) years? Yes No

Please list your firm's workers' compensation experience modification rate for the past three (3) years in all states in which your firm has been rated. If the EMR rating is above 1.0 please provide a letter stating why.

Year	State	Average
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list your firms Total Recordable Incident Rate for the last three years.

Year	TRIR
_____	_____
_____	_____
_____	_____

What is the type of work performed? _____

Number of employees: _____

Do you have a training program for newly hired or promoted supervisors? Yes ___ No ___

If yes, does this include instruction on the following?

	Yes	No	NA
Safe work practices	___	___	___
Safety supervision	___	___	___
Toolbox/tailgate meetings	___	___	___
Emergency procedures	___	___	___
First aid/CPR Procedures	___	___	___
Accident investigation	___	___	___
Fire protection and prevention	___	___	___
New work orientation	___	___	___

How frequently do your supervisors hold toolbox/tailgate meetings (circle one)?

- Daily
- Weekly
- Biweekly
- Monthly
- Less often, as needed

Has your company been inspected/cited by OSHA for a safety or health violation within the last three years?

Yes ___ No ___

If yes, please explain: _____

How often do you hold safety meetings for field supervisors (circle one)?

- Daily
- Weekly
- Biweekly
- Monthly
- Quarterly
- Semi-annually
- Never

Does your firm conduct jobsite safety inspections? Yes ___ No ___

If yes, who conducts this inspection? _____

How often? _____

Does your firm have a safety policies/procedures manual? Yes ___ No ___

Does your firm have a safety orientation program for new hires? Yes ___ No ___

If yes, does this include instruction on the following?

	Yes	No	NA
Head protection	___	___	___
Eye protection	___	___	___
Hearing protection	___	___	___
Respiratory protection	___	___	___
Fall protection	___	___	___
Scaffolding	___	___	___
Perimeter guarding	___	___	___
Housekeeping	___	___	___
Fire protection	___	___	___
First aid facilities	___	___	___
Overall code of safe work practices	___	___	___
Injury reporting	___	___	___
Emergency procedures	___	___	___
Signs, barricades, and flagging	___	___	___

Electrical safety _____
Rigging and crane safety _____

Please list three Supplier References:

Name	Company	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Please list three Contractor References:

Name	Company	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Signature: _____ Title: _____

Print Name: _____

Date Submitted: _____

Platinum Companies, Inc. Subcontractor Administrator:

Kevin Michael, Controller
KMICHAEL@PLATINUMCOMPANIES.COM
(480) 585-5080 X 210