



**T&W CORPORATION ■ GENERAL CONTRACTORS**

January 01, 2006

To Whom It May Concern:

Thank you for your interest in T&W Corporation. Please find attached, T&W's New Vendor Qualification Survey. This survey contains general questions about your organization, as well as a detailed description of the insurance requirements needed to be in compliance with T&W standards.

At T&W, safety in the work place is a primary concern! Therefore, we have also included a section regarding your safety program. This particular section is very important to T&W and our clients; as such, please fill this section out in its entirety.

Upon completion of the survey, you may return it to us via email, fax or by hand. Once received in our office, your information will be distributed to the pertinent departments for approval. After final departmental approval, your organization will be placed on our subcontractor/vendor list. Please note: invitations to bid projects are given at the discretion of the bidding Project Manager. Proper completion of this vendor qualification survey does not guarantee bidding opportunities with T&W Corporation.

Please send all information to the following:

Kristy Estes  
c/o T&W Corporation  
P.O. Box 42267  
Indianapolis, IN 46242  
kestes@twcorp.net  
Fax: 317.244.6348

Again, we thank you for your interest, and we look forward to working with you!

Sincerely,  
T&W Corporation

**T & W Corporation**  
**New Vendor Qualification Survey**

**I. Business Information**

Legal name of business \_\_\_\_\_

DBA (if applicable) \_\_\_\_\_

Basic type of service or supply \_\_\_\_\_

Is your company incorporated? Yes / No    If No, submit completed W-9

Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

E-mail Address \_\_\_\_\_

Company Web Site \_\_\_\_\_

Names of Officers & Titles \_\_\_\_\_

Name of company representatives authorized to sign contracts and proposals \_\_\_\_\_

Name of owners \_\_\_\_\_

Does your company qualify for MBE or WBE? \_\_\_\_\_

Name of insurance agency & agent contact \_\_\_\_\_

**II. Company Historical Information**

Year business was formed \_\_\_\_\_

List approximate yearly value of work performed in the last 5 years

\_\_\_\_\_

Is the company now, or in the past been involved in litigation? \_\_\_\_\_

\_\_\_\_\_

Has the company ever filed for bankruptcy protection? \_\_\_\_\_

If yes, when and what is the current status ? \_\_\_\_\_

\_\_\_\_\_

Does the company have any pending or ordered judgements against it?

\_\_\_\_\_

Describe services regularly provided & history of experience \_\_\_\_\_

\_\_\_\_\_

Geographic area served (number of crews / employees / equipment)

\_\_\_\_\_

### **III. Safety Information**

- Do you have a Safety Program? Yes / No (Submit a copy for review)  
Do you have a HAZCOM Program? Yes / No (Submit a copy for review)  
Current Experience Modification Rate (EMR) \_\_\_\_\_  
Do you prepare an OSHA 300 Log? Yes / No (Submit copy previous year's log)  
Have your foremen completed an OSHA Ten Hour Course? Yes / No  
Do you subcontract any portion of your work? Yes / No

### **IV. Insurance Requirements** (EIFS Subs have special requirements)

Insurance shall be obtained from a responsible company or companies, to provide proper, and adequate coverage and T & W Corporation shall be listed as "additional insured" with satisfactory evidence (Certificate of Insurance) furnished to the Contractor that the Subcontractor has complied with requirements stated in this Section.

Coverage to be per project's General and Supplementary Conditions, or in their absence, minimum limits to be as follows:

#### Comprehensive General Liability

- \$2,000,000 General Aggregate
- 2,000,000 Products/Completed Operations Agg.
- 1,000,000 Personal/Advertising Injury
- 1,000,000 Each Occurrence
- 100,000 Fire Damage
- 10,000 Medical Payments

#### Automobile

- \$1,000,000 Liability Limit Each Accident
- 1,000,000 Uninsured Motorist Limit
- 1,000,000 Non-Owned Automobile

#### Worker's Compensation

- Statutory Benefits
- Employers Liability
  - \$ 500,000 Bodily Injury/Accident Each Accident
  - 500,000 Bodily Injury/Disease Policy Limit
  - 500,000 Bodily Injury/Disease Each Employee

#### Commercial Umbrella Liability

- \$1,000,000 Limit of Liability

Please submit a Certificate of Insurance listing T&W Corporation as "Additional Insured" showing the above minimum limits with this Survey.

## V. References & Information

3 Customer References \_\_\_\_\_

\_\_\_\_\_

3 Vendor/Supplier References \_\_\_\_\_

\_\_\_\_\_

5 Recently completed projects and for what General Contractor

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Bank information

Bank Name \_\_\_\_\_

Location \_\_\_\_\_

Contact \_\_\_\_\_

Phone Number \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Survey completed by \_\_\_\_\_

Title or position \_\_\_\_\_

Date \_\_\_\_\_

Please enclose 5 – 6 business cards to distribute to the appropriate estimators.

Thank You