FIRST SOLAR ELECTRIC, LLC

SUBCONTRACTOR
PRE-QUALIFICATION AND REFERENCE QUESTIONNAIRE FORM

Date Completed_____

I. ORGANIZATION:

Company Name: _____

Parent Company Name: _____

Address: _____
Street

_____
P.O. Box Zip Code

_____
City State Zip Code

Contact Name and Title: _____

Phone Number: _____ (Toll Free Number):_____

Fax Number: _____ E-Mail: _____

Web Page: _____ Current D&B Rating: _____

II. OWNERSHIP TYPE: (Business Structure—check one)

Corporation ☐ State of Incorporation: _____
Date Incorporated: _____

LLC ☐ State Organized: _____

Partnership ☐ State Organized: _____

Sole Proprietorship ☐

III. LICENSE/IDENTIFICATION NUMBERS:

Federal Tax ID No. _____ Professional License: _____

State Employer Tax ID: _____ Name of Licensee _____
(or Qualifying Party)

Local Business License: _____ Contractor License No. _____

IV. BUSINESS CLASSIFICATION: (Certification issued by: Government, State, City)

Agency: _____ Issue Date: _____ Valid thru Date_____

A. Non-Disadvantaged Business Enterprise _____
B. Small Business Enterprise (SBE) _____
C. Minority Owned Business Enterprise (MBE) _____
D. Women Owned Business Enterprise (WBE) _____
E. Disabled Veterans Owned Business Enterprise _____
F. Other:_____

V. INSURANCE:

Insurance Carrier: _____ _____

Insurance Limits:

General Liability	$_____	Expiration:	_____
Automobile Liability	$_____	Expiration:	_____
Workers Compensation	$_____	Expiration:	_____
Umbrella/Excess Liab.	$_____	Expiration:	_____

Are you self-insured? ☐ Yes ☐ No

What is your CGL Deductible Amount: $_____

List the number of jobs in the past three years you have worked under a wrap up program (Owner Controlled Insurance Program.) _____

In the past three (3) years, what percentage of your jobs was performed under a wrap up program (Owner Controlled Insurance Program.) _____

VI. BIDDING INTEREST:

A. List type(s) of work you are interested in bidding:

Site Surveying	☐ Yes	☐ No
Site Preparation (Civil, Grading)	☐ Yes	☐ No
Move-On (Prelim grading, Site access, Temp facilities)	☐ Yes	☐ No
Post Installation (8'-10' steel I-beams)	☐ Yes	☐ No
Fencing	☐ Yes	☐ No
Module Support Structures	☐ Yes	☐ No
Trenching	☐ Yes	☐ No
Electrical (Underground/Above ground)	☐ Yes	☐ No
Module Installation (no electrical)	☐ Yes	☐ No
Third-Party Testing	☐ Yes	☐ No
Switchyard/Sub-Station	☐ Yes	☐ No

Other (list):

_____

_____

B. What size job ($ Value) is your organization able to handle most effectively?

Maximum $_____ Average $_____ Minimum $_____

C. List type(s) of work you normally subcontract to others:

_____

_____

_____

D. Indicate the geographic regions where you are interested and capable (licensed) of working:

State(s) _____

_____

Region(s) _____

_____

E. Are you willing to obtain licenses in other states: ☐ Yes ☐ No

F. List any products manufactured or distributed:

_____

_____

_____

G. List all renewable energy projects your firm has successfully completed in the last 3 years:

Name of Project	**Client**	**Location**	**Size ($)**

H. Number of OSHA licensed PV installers: _____

I. Number of Construction Workers having completed mandatory OSHA 10 hour safety training: _____

J. Number of Construction Supervisors having completed OSHA 30 hour safety training: _____

VII. FINANCIAL:

A. Approximate net worth: $_____

B. Approximate annual volume, last 3 years:

2008 $_____ 2009 $_____ 2010 $_____

C. Bank Reference:_____

Contact: _____ Telephone:_____

D. Bonding Company:_____

Contact Person:_____ Telephone:_____

Indicate any limits for Performance and Payment Bonds:
Single _____ Aggregate _____

E. Average Bond Rate for Performance and Payment Bonds: $ _____per $1,000

F. Does your company have / had any liens filed against them? ☐ Yes ☐ No Explain:_____

_____

_____

G. Have there been any judgments, claims, mediation proceedings, or suits pending or outstanding against your firm or any of its officers in the last five years? ? ☐ Yes ☐ No Explain:_____

_____

_____

H. Has your firm ever failed to complete a project? ☐ Yes ☐ No Explain:_____

_____

_____

VIII. QUALITY:

A. Does your company have a formal (written) Total Quality Management (TQM) Program? ☐ Yes ☐ No
Explain:_____

_____

IX. SUBSTANCE ABUSE:

A. Does your company have a written and documented substance abuse program? Provide training information and compliance metrics ? ☐ Yes ☐ No Explain:_____

_____

_____

X. MANAGEMENT

A. List name, position and years of service of officers (attach an organization chart if available):

Name	Title	Years with Company	Years Experience

B. Has your company or any of its current or former officers ever been suspended or debarred from performing public work? ☐ Yes ☐ No Explain:_____

_____

_____

C. Has your company changed names in the past five years, if so what was your company's previous name.

☐ Yes ☐ No Explain:_____

_____

XI. LABOR RELATIONS

A. How many employees to you have? (do not count temporary employees or the employees of any of your subcontractors)_____

B. Are you classified as: Union Shop_____ Non- Union Shop_____

C. If Union Shop, list all crafts with whom you currently have contracts and/or working agreements and indicate contract expiration dates:

CRAFTS	LOCAL NO. & LOCATION / INTERNATIONAL
_____	_____
_____	_____

D. In the past three years, have you had any work stoppages, slowdowns, strikes, disputes, disruptions, boycotts, walkouts or other labor difficulties or shortages? If so, please explain the circumstances.

☐ Yes ☐ No Explain:_____

_____

E. Have you performed work under:

1. Project Labor Agreement ☐ Yes ☐ No
2. National Maintenance Agreement ☐ Yes ☐ No

F. In the past three years, has your company been charged with or found to have violated any labor law? If yes, please explain. ☐ Yes ☐ No Explain: _____

_____

_____

G. Please describe your process for verifying your employee's eligibility to work. In the past three years, has you company been charged with or found to have violated any laws relating to verifying that your employees are authorized to work in the United States (e.g., failure to properly do I-9 verification)? If yes, please explain

H. Comment on any other areas of your company's relationship with its workforce that you think would be appropriate in our evaluation?

XII. SAFETY PERFORMANCE AND PROGRAM

A. Workers Compensation Insurance – Experience Modification Rate (EMR)

1. Please obtain from your insurance agent (or state fund, if applicable) your interstate EMR's for the last three rating periods. If you do not have an interstate rating, obtain your intrastate EMR's. Then complete the following data:

	*Effective Period	Modification Rate
Current Policy Year	_____	_____
1 Year Previously	_____	_____
2 Year Previously	_____	_____

*Specify calendar period start date and end date.
Are the above rates interstate or intrastate?_____

If your EMR is exactly 1.0 for any policy year, is it because your firm is (or was) too new or too small to have an EMR calculated? ☐ Yes ☐ No

Is your firm self-insured for Workers Compensation claims? ☐ Yes ☐ No

Are you in a Workman's' Compensation group plan? ☐ Yes ☐ No

B. ENVIRONMENTAL HEALTH & SAFETY (EHS)

1. Utilizing the OSHA 300 Log for the last three (3) years, record the number of injuries and illnesses as follows: (most recent year first)

Information obtained from OSHA 300A	**Yr: 2008**	**Yr: 2009**	**Yr: 2010**
a. Total hours worked by all employees			
b. Total number of deaths (G)			
c. Total number of cases with days away from work. (H)			
d. Total number of cases with job transfer or restriction. (I)			
e. Total number of other recordable cases.(J)			
f. Total recordable cases (b+c+d+e)			
g. TIR= f (200000) /a			
h. LTA= b+c+d (200000)/a			

Attach copy of OSHA 300A for the last three (3) years duly signed by an authorized person.

2. What is your Company's NAICS or SIC Code? _____

3. Have you received any OSHA (federal or state-equivalent) and/or EPA (federal or state-equivalent) citations, notices of violations, warning letters, etc. in the last three years? ☐ Yes ☐ No

   If yes, please **attach a detailed explanation** along with any pending citations.

C. SAFETY POLICIES AND RESPONSIBILITIES

Does your Company have an Environmental, Health & Safety Program: ☐ Yes ☐ No

Safety Management Systems: Documentation: a copy (C) or sample (S) is required if corresponding question is answered YES

	Description	YES	NO	Documentation
1.0	**Management Safety Policy Statement?**			C
	Establishes responsibility and accountability for safety and is distributed?			
2.0	**Written Safety Program?**			C
3.0	**Written Basic Safety Rules?**			C
	Distributed to all employees?			
4.0	**Established Emergency Response Procedures?**			
5.0	**Written Accident Reporting Procedures?**			
	Requires supervisory investigation, identification of cause and corrective actions to prevent recurrence in a written report?			
6.0	**New Employee Orientation?**			C
	Conducted by supervisor with written material given to each employee			
7.0	**Formal Safety Meetings For All Employees?** Indicate Frequency_____ (i.e., weekly)			S
8.0	**Safety Training For All Employees?**			
	Regularly scheduled with records of dates, topics and attendees?			S
	Is testing done to verify understanding?			S
	Which of the following does training include?			
	First Aid and CPR			
	Bloodborne Pathogens			
	Hazard Communication			
	Hazardous Energy Control (Lockout/Tagout)			
	Electrical Safety			
	Confined Space Entry			
	Fall Protection			
	Use of Personal Protective Equipment			
	Hearing Conservation			
	Respiratory Protection			
	Use of Portable Fire Extinguishers			
	Crane Operator			
	Forklift Operator (R.T.F.L.)			
	Excavation, Trenching, Shoring			

1. Does your Company have a designated employee responsible for compliance with environmental, health and safety regulations and requirements? ☐ Yes ☐ No

   If yes, please list name/s and position/s: _____
   _____

2. Does your company provide safety training for new hires? ☐ Yes ☐ No

3. Does your company require your foremen to be trained in: First Aid_____CPR_____

4. Does your company require jobsite foremen to hold/attend safety meetings? ☐ Yes ☐ No
   If yes, how frequently? _____

5. Are toolbox safety meetings required? ☐ Yes ☐ No
   If yes, how frequently? _____

6. Is it the practice of your company to conduct safety / housekeeping audits? ☐ Yes ☐ No
   If yes, how frequently? _____

7. Does your company have an accident investigation procedure? ☐ Yes ☐ No

8. Do you require your subcontractors to have the same safety standards you employ? ☐ Yes ☐ No

9. Who in your company (by level of management) receives field safety reports? _____

10. Does your company have a policy of conducting security background checks? ☐ Yes ☐ No

11. Comment on any other areas of your company's environmental, health and safety program and policies that you feel will be appropriate in our evaluation?

XIII. PROJECTS / REFERENCES

Attach a list of current / recent projects showing location, client, contact, phone number and dollar value of the work performed by your firm.

Submit questionnaire with:

- Copy of current licenses in all state
- Copy of current verification of insurance certificate (on ACCORD form)
- Latest published financial statements with balance sheet, income statement, statement of cash flow.
- Copy of corporate statement of qualifications

Company Officer Responsible for Completion of this Questionnaire:

By my signature, I represent and certify that the information presented is true and correct to the best of my knowledge.

Signature:_____
Authorized Officer to Bind Company

Printed Name:_____

Title:_____

Date:_____