



# D. H. GRIFFIN COMPANIES

## SUB-CONTRACTOR PREQUALIFICATION FORM

Contractor: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Which DHG Company are you prequalifying for: \_\_\_\_\_

Qualifying for Specific Project? \_\_\_\_\_

The following documents must be attached to this qualification application to be considered:

- 1) Copy of current Certificate of Insurance
- 2) Certification of current EMR from your insurance carrier.
- 3) OSHA 300 logs for past 3 years.
- 4) Copy of Company's Health and Safety Program -Table of Content.

Please answer the following:

1. NAICS Code(s): \_\_\_\_\_

2. List your firm's insurance Experience Modification Rate (EMR) for the last 3 years:

Year _____	Rate _____	Interstate or Intrastate? (If Intrastate, list state) _____
Year _____	Rate _____	Interstate or Intrastate? (If Intrastate, list state) _____
Year _____	Rate _____	Interstate or Intrastate? (If Intrastate, list state) _____

3. Please calculate incidence rates for Lost Workday Cases for the latest three years using the following formula:

$$\frac{\# \text{ Lost Workday Cases from OSHA 300 Logs} \times 200,000}{\text{Employee Hours Worked that Year}}$$

_____	Lost Workday Cases	Yr. _____	Manhours _____	Incidence Rate _____
_____	Lost Workday Cases	Yr. _____	Manhours _____	Incidence Rate _____
_____	Lost Workday Cases	Yr. _____	Manhours _____	Incidence Rate _____

4. Please calculate incidence rates for recordable injury cases for the latest three (3) years using the following formula:

$$\frac{\# \text{ Recordable Cases (OSHA 300 Logs - A, B, C \& D)} \times 200,000}{\text{Employee Hours Worked that Year}}$$

_____	Recordable Injury Cases	Yr. _____	Manhours _____	Incidence Rate _____
_____	Recordable Injury Cases	Yr. _____	Manhours _____	Incidence Rate _____
_____	Recordable Injury Cases	Yr. _____	Manhours _____	Incidence Rate _____



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- 5. Does your company have a written Safety Program? \_\_\_\_\_ If so, please provide a copy of the Table of Contents.
  - 6. Provide a list of similar projects completed with brief project description, location, client contract information and year completed.
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**The above information has been verified and known to be accurate.**

Organization Name: \_\_\_\_\_

Signed By: \_\_\_\_\_

Typed or printed name: \_\_\_\_\_

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

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