|  |  |  |  |
| --- | --- | --- | --- |
| **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)* |  |

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

*# Lost Workday Cases from OSHA 300 Logs x 200,000*

*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 |  |

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

# Recordable Cases (OSHA 300 Logs – A, B, C & D) x 200,000

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 |  |

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.

**The above information has been verified and known to be accurate.**

Organization Name:

Signed By:

Typed or printed name:

Title:

Date: