

Standardized Contractor Safety Pre-Qualification Form (SCSPF)

GENERAL INFORMATION

		Today's Date: August 31, 2004	
1. Company Name: Bennett & Brosseau Roofing, Inc.		Telephone: 630-759-0009	Fax: 630-759-2288
Street Address: 1316 Marquette Drive		Mailing Address: same	
Romeoville, IL 60446		Web Site: www.BennettandBrosseau.com	
Contact Person: Kenneth E. Brosseau		E-Mail: Safety@BennettandBrosseau.com	
Telephone: 630-759-0009 ext. 227		Fax: 630-759-2288	
2. Officers			
President: James P. Brosseau		Years with Company: 19	
Vice President:		Years with Company:	
Secretary: Donna M. Brosseau		Years with Company: 33	
3. How Many Years has Your Organization Been in Business Under Your Present Firm Name? 33			
4. Form of Business: <input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (State Incorporated: Illinois)			
5. State License #: 104-000207		5a. Tax ID#: 36-3035239	5b. Dun's #: 075632521
6. Under Current Management Since (Date): 1971			
7. SIC / NAICS Code(s): 1761 / NAICS Code: 235610		8. Specialty Trade(s) Performed: Roofing & Sheet Metal	
9. Parent Company Name: N/A			
City: N/A		State: N/A	Zip: N/A
10. Subsidiaries: N/A			

SAFETY

10. Does Your Company Have a Written Safety & Health Program? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please attach a copy of the Table of Contents. A full copy will be requested upon pre-qualification approval.)</i>			
11. Who is Responsible for Coordinating Your Company's Safety Program?			
Name: Kenneth E. Brosseau		Title: Safety Director	Telephone: 630-759-0009 ext. 227
12. Describe Your Safety Training for Your Employees:			
- Employee Initiation Safety Training	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Frequency: Orientation	By Whom: Safety Director
- Supervisors, Managers	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Frequency: Weekly	By Whom: Safety Director
- Jobsite "Tool Box Meetings"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Frequency: Weekly	By Whom: Jobsite Foreman
13. Does Your Company Have a Site Specific Safety Program? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please attach an example copy.)</i>			
14. Does Your Company Perform Jobsite Inspections? <i>(If yes, please attach an example copy.)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Frequency: 2x Month	By Whom: Safety Director & Outside Agency
14a. If Your Company Does not Perform Jobsite Inspections, Explain Why: N/A			
14b. Does Your Company Employ an Outside Agency to Perform Jobsite Inspections?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Frequency: 2x Month	Whom: Safety Check, Inc.

SAFETY (cont'd)

15. Insurance Carrier(s): *(Please attach copy of current insurance certificate.)*

Name	Type of Coverage	Insurance Broker's Contact & Telephone
Zurich American Insurance Co.	General Liability, Automobile Liability, Excess/Umbrella Liability, Workers Compensation and Employers' Liability	Scheer's, Incorporated
		Contact: Jim Moore
		708-352-6282

16. What is Your Company's OSHA Recordable Incident Rate Over the Last Three Years:

Year:	2003	2002	2001
Rate:	3.2	3.1	2.9

17. What is Your Company's OSHA Severity or Lost Workday Rate Over the Last Three Years:

Year:	2003	2002	2001
Rate:	1.6	3.1	2.9

Please attach copies of your OSHA 300 logs for years listed above. If you do not complete OSHA 300 forms, explain why:

18. What is Your Company's Experience Modification Rate (E. M. R.) Over the Last Three Years:

Year:	2003	2002	2001
Rate:	.69	.70	.82

(Please attach a letter from your insurance carrier or state fund (on their letterhead) verifying the E. M. R. data provided.)

19. How Many OSHA Citations / Violations has Your Company Received in the Last Three Years: 0

(Please provide the details of each citation / violation on a separate sheet of paper and attach.)

INDUSTRY MEMBERSHIP AFFILIATIONS

20. What Industry Organizations / Associations is Your Company a Member of:

National Roofing Contractors Association (NRCA) - Midwest Roofing Contractors Association (MRCA; ownership past and present officer seat holding) – Chicago Roofing Contractors Association (CRCA; ownership past and present officer seat holding, active participant in Safety Committee) – Sheet Metal and Air Conditioning National Contractors Association (SMACNA) – American Subcontractors Association (ASA) – Roof Consultants Institute (RCI) – Chicago Area Chapter Roof Consultants Institute (CAC-RCI)

21a. What Awards / Special Recognition has Your Company Received:

1997 Thomas H. Madigan Special Merit Award – University of Illinois, Chemical & Life Sciences Laboratory, Champaign-Urbana, IL from State of Illinois Capital Development Board
 2002 Friends of Downtown, Green Downtown – Chicago City Hall from City of Chicago
 2002 Gold Medal Award for Outstanding Safety – CRCA
 2002 Premier Safety Contractor through the Roofing Industry Partnership Program for Safety and Health (RIPPSH)
 2003 Commercial Project of the Year – Bank One Corporate Center aka Dearborn Center, Chicago, IL from Midwest Construction
 2003 Sarnafil "Elite" Status
 2004 Gold Circle Award Finalist for Innovative Reroofing Solutions (Chicago Ave. Pump) Honorable Mention – NRCA
 2004 Firestone "Q" Quality Master Contractor Status / 2004 LEADER Status through The Chicagoland Roofing Safety Partnership Program (CRSP)

Signature Block

As a condition of pre-qualification, the said Company agrees that it:

- A. Will notify the Owner within five business days of any material changes to the information contained in the SCSFP.
- B. Authorizes the local broker listed in Item 14 to provide any and all information regarding said Company to the Owner, as a condition of said Company's pre-qualification.

Signature – FORM MUST BE SIGNED BY SAID COMPANY'S PRESIDENT, VICE PRESIDENT or CEO (if Corporation), PARTNER (if partnership), or SOLE OWNER (if sole owner).

I hereby certify that all the information contained in this pre-qualification statement is true and complete, and that I have the authority to execute this document on behalf of this firm.

Signed:			
Name:	James Brosseau	Title:	President