

4. Insurance Information

Please provide a sample insurance certificate showing that coverage and limits for General Liability, Automobile Liability, Excess Umbrella Liability, and Worker's Compensation.

5. Safety Information Experience Modification Rating for the past three years:

Rating Agency's Name: _____

Contact Name: _____ Phone: _____

Does your firm have a written safety program? Yes No

Do you have an orientation program for new hires? Yes No

Does your firm have a drug testing program? Yes No

In the past three years, have you been cited by OSHA? Yes No

Please Explain: _____

(Attach a Separate Sheet if Necessary)

6. Quality Information

Does our firm have a written Quality Program? Yes No

Does your firm have a dedicated staff person to oversee quality? Yes No

7. Which specs/divisions does the company perform work? Please list

Form must be signed by an officer of the firm or an individual so authorized by an officer of the firm.

Signature: _____

Name: _____

Title: _____

Type of Firm (Please Circle)

Corporation Sole Proprietorship

Partnership LLC

Please send this completed form and all attachments to: mdean@sletteninc.com