



CONTRACTOR PRE-QUALIFICATION FORM

CONTRACTOR PRE-QUALIFICATION FORM:

The CONTRACTOR PRE-QUALIFICATION FROM (PQF) is designed to provide Tradebe Environmental Services, LLC (TRADEBE) information on the safety and environmental performance of the applicant. It is TRADEBE policy to ensure all personnel working on a TRADEBE project/site adhere to all TRADEBE environmental and safety standards.

The information submitted on the PQF is for TRADEBE exclusive evaluation and internal use. Your cooperation and professional candor completing the questionnaire are appreciated. If you have any questions, please feel free to contact your Tradebe Contractor Coordinator.

<input type="checkbox"/> GENERAL INFORMATION:					
Company Name:					
# of Employees:					
Employee Type:	If union, list trades/locals:				
Form of Business:					
Company NAICS Code:					
Company Description:					
Address (Service Location):	Street:				
	City:	State:		Zip Code:	
Mailing Address (If different):	Street:				
	City:	State:		Zip Code:	
Principal Administrative Contact:	Name:				
	Title:		Telephone:		
	E-mail:				
Principal EHS Contact:	Name:				
	Title:		Telephone:		
	E-mail:				
PQF Completed By:					
	Name:				
	Title:		Telephone:		
	E-mail:				

<input type="checkbox"/> SAFETY PERFORMANCE:	
1) Provide copies of the company's OSHA 300 and 300A forms for the past three years (Do not provide form(s) with employee names on them):	Enter the three years of 300/300A forms that have been _____ submitted with this document:
2) Provide the name of the person responsible for the SAFETY performance of the employees provided to work on a Tradebe project/facility:	NAME: TITLE: PHONE #
3) Has your company had any notices of non-compliance, deficiencies, violations or consent orders issued by MSHA/OSHA or any similar Federal, State or Local agency during the past 36 months?	<input type="checkbox"/> No <input type="checkbox"/> Yes
<i>*If "Yes", provide a list of the occurrences, the date(s) of these occurrences, the agencies involved and the present disposition.</i>	



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<input type="checkbox"/> ENVIRONMENTAL PERFORMANCE:		
1) Provide the name of the person responsible for the ENVIRONMENTAL performance while working on a Tradebe project/facility:		
NAME:	TITLE:	PHONE #
2) Has your company had any notices of non-compliance, deficiencies, violations or consent orders issued by the USEPA or any similar Federal, State or Local agency during the past 36 months? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>*If "Yes", provide a list of the occurrences, the date(s) of these occurrences, the agencies involved and the present disposition.</i>		
3) Has your company had any notices of non-compliance, deficiencies, violations or consent orders issued by the USDOT or any similar Federal, State or Local agency during the past 36 months? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>*If "Yes", provide a list of the occurrences, the date(s) of these occurrences, the agencies involved and the present disposition.</i>		

SAFETY & ENVIRONMENTAL PROGRAMS:

1) Provide a complete copy (electronic or document) of your present Corporate Health and Safety Program.

This may include yet may not be limited to:

- OSHA requirements such as confined space entry, respiratory protection, lock out/tag out (LOTO), safe work permitting, electrical safety, personal protective equipment (PPE), hazard communication, HAZWOPER and fall protection.
- Regulatory requirements such as EPA/RCRA, DOT and MSHA.

2) Your Company will be responsible for and required to perform a Job Safety Analysis (JSA) before each shift worked in/on a Tradebe facility/project.

- This process will be repeated should conditions or scope of the job change during a shift.
- Please provide a copy of the program or process your Company will use to fulfill this requirement.

3) While working for Tradebe, the employees of your company must be empowered with a "Stop Work Authority" should at any time during their work activities they feel a condition or situation or process is UNSAFE for any reason.

- They will be required to stop the work process and bring the condition to the attention of their Supervisor and/or the Tradebe Representative they are working under.
- Work shall remain halted until all parties are satisfied that the situation or condition is properly addressed and/or remediated. This shall be done without any negative reprisal to the Employee enacting the "Stop Work".

4) Provide a copy of the Safety and Environmental tenants and philosophy that the upper management of your company hold and set forth to the rest of the organization.

TRAINING & CERTIFICATIONS:

Your Company will be subject to provide proof and documentation of all training, certifications, and licenses required by Federal, State and local regulatory Agencies which regulate the activity that your Company employees may perform for Tradebe.



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INSURANCE REQUIREMENTS:

<input type="checkbox"/> WORKERS' COMPENSATION:			
Does your company carry WC Insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO It your answer is "YES" to WC Insurance, provide the following EMR data for the previous three years and attach the corresponding NCCI Letters obtained from your insurance carrier.			
<input type="checkbox"/> INSURANCE REQUIREMENTS:			
Your company will be required to provide a Certificate of Insurance obtained from your insurance broker reported on ACCORD Forms 25 and 101, compliant with the following parameters:			
COMPLIANT w/ PARAMETER	INSURANCE TYPE/REQUIREMENT	REQUIREMENT LIMIT	VARIANCE REQUEST (Include amount)
<input type="checkbox"/>	Commercial General Liability: (per occurrence)	\$5,000,000	<input type="checkbox"/> _____
<input type="checkbox"/>	Commercial General Liability: Products/ Completed Operations Aggregate	\$5,000,000	<input type="checkbox"/> _____
<input type="checkbox"/>	Automobile Liability: Combined Single Limit (each accident)	\$2,000,000	<input type="checkbox"/> _____
<input type="checkbox"/>	Excess Liability (per occurrence) <i>Description of Requirement: Excess limits of the following primary coverage for Commercial General Liability</i>		<input type="checkbox"/> _____
<input type="checkbox"/>	Excess Automobile Liability: (per occurrence)		<input type="checkbox"/> _____
<input type="checkbox"/>	Excess Employer's Liability: (per occurrence)		<input type="checkbox"/> _____
<input type="checkbox"/>	Excess Professional Liability: (per claim)		<input type="checkbox"/> _____
<input type="checkbox"/>	Excess Marine Liability: (per occurrence)		<input type="checkbox"/> _____
<input type="checkbox"/>	Workers' Compensation Statutory	Statutory	<input type="checkbox"/> _____
<input type="checkbox"/>	Employer's Liability: (each accident)	\$2,000,000	<input type="checkbox"/> _____
<input type="checkbox"/>	Employer's Liability – Disease: (each employee)	\$2,000,000	<input type="checkbox"/> _____
<input type="checkbox"/>	Employer's Liability – Disease: (policy limit)	\$2,000,000	<input type="checkbox"/> _____
<input type="checkbox"/>	Contractor's Equipment Coverage	\$25,000	<input type="checkbox"/> _____
<input type="checkbox"/>	General Liability – Explosion, collapse and underground hazards coverage		<input type="checkbox"/> _____
<input type="checkbox"/>	General Liability – Broad form property damage		<input type="checkbox"/> _____
<input type="checkbox"/>	General Liability – Contractual liability		<input type="checkbox"/> _____



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INSURANCE REQUIREMENTS (cont.):

<input type="checkbox"/> GENERAL INSURANCE REQUIREMENTS:
Auto Additional Requirements – Covered Vehicles: <i>Description of Requirement:</i> Auto Liability MUST include ONE of the following for covered vehicles: 1) Any Auto; 2) All Owned, Non-Owned, and Hired vehicles; 3) Described or Scheduled.
Insured Name: <i>Description of Requirement:</i> Vendor name on certificate must match legal vendor name.
Additional Insured: <i>Description of Requirement:</i> A policy endorsement that extends coverage to a person or entity who normally would not be included as an insured to a policy. Applies to Commercial General Liability and Auto Liability.... More v
Certificate Holder: <i>Description of Requirement:</i> Certificate Holder Must Cite: Tradebe Environmental Services, 1301 W. 22 nd Street, Oakbrook, IL 60523
Insurer: Financial Strength: <i>Description of Requirement:</i> Vendor agrees to procure insurance from an insurance company maintaining a financial strength rating of A- or above.
Insurer: Financial Size: <i>Description of Requirement:</i> Vendor agrees to procure insurance from an insurance company maintaining a financial size rating of VII or above.
Policy Number.
Signature.

PRE-QUALIFICATION COMPLETION CERTIFICATION:

“I certify that I have personally examined and I am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I further agree that my firm and its employees will follow TRADEBE’s environmental and safety policies and procedures.”

SIGNATURE

DATE

PRINT NAME

TITLE