



Accredited Quality Contractor Application Form

The Accredited Quality Contractor (AQC) program documents a company's commitment to quality, its community and its employees.

AQC participants must meet the following core criteria:

- Received a minimum of two quality-based awards within the past seven years.
- Demonstrates financial stability, per the company's financial institution of choice.
- Bonded adequately for the scope of service provided.
- Maintains a company Quality Control Program.
- Has an Incident Rate at, or below, the industry average. Companies with fewer than 100 employees may use a three-year average.
- Conducts job-site hazard analyses before work commences.
- Conducts a new employee safety orientation.
- Maintains a written substance abuse program that includes a drug/alcohol screening process.
- Maintains a formalized craft training structure (for companies that self-perform only).
- Regularly participates and/or encourages employees to participate in civic-oriented and community activities

Instructions:

Select the answer that best describes your company's involvement in a particular area. Note that there are several core requirements in the application. In order to be eligible for the AQC program, a company must meet these requirements. Responses are required for ALL questions. . If the original application is altered in any way it will not be accepted. If you are unable to meet any of the core requirements, you will not be eligible for the program at this time.

The application and requested supplemental information must be provided in both printed and electronic form in order to be considered for certification. For the printed materials, please submit in a binder with tabs and please do not use page protectors unless the document being supplied is smaller than 8 ½" x 11". The electronic version may be submitted on disc or flash drive, or zipped and emailed to AQC@abc.org. Please be sure the files are organized and labeled clearly. Electronic folders are recommended.

This application is also available at www.abc.org/AQC. In future years, you will recertify with a short form.

Please send the payment and binder to: Heather Trude/Associated Builders and Contractors: 440 First St., NW, Suite 200, Washington, DC 20001. Please be sure to note the invoice number on the check.

If you have any questions regarding this application, please call the ABC national office at (202) 595-1505 or email AQC@abc.org.

All responses will be held in strict confidence.

Application Scoring Procedures:

The application is based on a total score of 100 points. A minimum score of 85 is required to become an Accredited Quality Contractor. Each section has certain minimum point requirements. The scoring for companies that do not self-perform is adjusted to exclude the craft training section.

Allow a minimum of 45 days for tabulation and review of your application. You may be contacted for clarification or additional information. Applications that are not approved will be retained as ABC property and will be contacted regarding what needs to be improved. After a 90 day holding period, you will be able to resubmit your application but must notify ABC in advance.

1. QUALITY (30 points)

Core Requirements:

1.1 Has your company been in business for more than five years?

Yes No

If yes, how many years?

If no, your company is not currently eligible for the AQC program. Please do not continue.

1.2 Has your company won a minimum of two Excellence in Construction awards from ABC (national or chapter) or other awards from other organizations demonstrating involvement with exceptional projects within the past seven years?

Yes No

If no, your company is not currently eligible for the AQC program. Please do not continue.

If yes, provide copies of certificates or letters of acknowledgement specifying the job and type of work completed for the awards received. Please note this is related to project-specific awards.

Awards related to safety, diversity, etc. are applicable to other sections of this application.

1.3 Request five or more companies you have worked with within the past two years to complete the AQC recommendation form. A minimum of five must be returned directly to ABC National.

General contractors need forms completed by at least (1) client/owner; (1) architect and (1) subcontractor. Specialty & subcontractors need forms completed by at least (2) General Contractor, (1) architect and no more than (1) tier sub or vendor. The form may be found at

www.abc.org/AQC.

1.4 Submit a letter from your bank or financial institution, on their letterhead, stating the length of the financial relationship, and indicating the strength of the company's financial standing. (Please note no confidential financial information is required.)

1.5 Submit a letter from your bonding company, on their letterhead, stating your company's bonding capacity is adequate for the scope of service provided. If your company is not bonded, please provide the following information signed by your CPA on their letterhead:

- a. Your Current Ratio (Current Assets divided by Current Liabilities)
- b. Your Debt to Equity Ratio (Total Liabilities divided by Net Worth)
- c. Your Ratio of Working Capital divided by Backlog
- d. Your Ratio of Net Worth divided by Backlog

1.6 Does your company have a quality control program or manual?

Yes No

If yes, please provide a copy of the table of contents.

If no, your company is not currently eligible for the AQC program. Please do not continue.

Additional Information:

1.7 In the past five years, have there been any judgments, claims, arbitration proceedings or suits either pending, outstanding or against your company or its offices due to a construction defect?

Yes No

If yes, please explain on a separate page.

1.8 In the past five years, has your company been terminated from a project for any reason related to defective work?

Yes No

If yes, please explain on a separate page.

1.9 In the past five years, has your company had its own forces supplemented by an owner, contractor or CM?

Yes No

If yes, please explain on a separate page.

1.10 Does your company hold any current certifications relating to quality?

Yes No

If yes, please provide documentation of the certification(s).

1.11 Does your company have an employee incentive program that is tied to quality?

Yes No

If yes, please provide details on a separate page.

2. SAFETY (20 points)

Core Requirements:

2.1 Provide your company's most recent STEP (Safety Training Evaluation Process) designation from ABC:

STEP Diamond STEP Platinum STEP Gold STEP Silver (must complete below)

STEP SILVER: Please attach a document with an explanation that includes, but is not limited to:

1. Number of employees in your company
2. Man hours worked for 2014
3. List and briefly explain reasoning for incidents that your company had in 2014
4. You may attach your OSHA 300 form as a supplemental document; however, you must remove all personal information regarding your employees first.

For a STEP program application, or for more information, visit www.abc.org/STEP.

2.2 Include a copy of the table of contents from your Corporate Safety Manual.

2.3 Does your company perform job site hazard analyses before work commences?

Yes No

If yes, please include a copy of your job site hazard analysis form.

If no, your company is not currently eligible for the AQC program. Please do not continue.

2.4 Does your company have a written substance abuse program that includes a drug/alcohol screening policy?

Yes No

If no, your company is not currently eligible for the AQC program. Please do not continue.

2.5 Does your company conduct a new employee safety orientation? Provide a copy of the agenda, including length of time per topic.

Yes No

If no, your company is not currently eligible for the AQC program. Please do not continue.

2.6 Provide a copy of your safety training schedule and examples of training announcements or notices. Safety training includes OSHA, first aid, equipment training, toolbox talks, hazard specific training, job specific safety training, etc.

Additional Information:

2.7 Does your company have an employee incentive program that is tied to safety?

Yes No

If yes, please provide details on a separate page.

2.8 Include copies of safety awards or recognition of safety excellence your company has received over the past five years.

2.9 Has your company signed the Construction Coalition for a Drug- And Alcohol-Free Workplace's pledge at www.drugfreeconstruction.org?

Yes No

If no, your company is not currently eligible for the AQC program. Please do not continue.

2.10 Is your company applying for AQC status for multiple office locations?

Yes No

If yes, does your company apply for STEP at a company or office level? _____

3. CRAFT TRAINING (20 points)

If your company self-performs any work, craft training program is required for participation in the AQC program. If your company does not self-perform, please skip this section, but include a statement certifying that your company, at no time, employs craft professionals.

Core Requirement:

3.1 Provide a letter from an ABC chapter, the National Center for Construction Education and Research (NCCER) or other educational institution certifying that your company regularly participates in a craft-training program for your craft professionals. Who conducts the training? Please provide details on a separate page. *If your training program is currently inactive, please contact ABC at AQC@abc.org before continuing.*

Additional Information:

3.2 If your company provides craft training in-house, please provide copies of resumes or certifications for your instructors.

3.3 Provide copies of your curriculum, training schedule, curriculum assessments and examples of training announcements or notices. Please do not include information regarding OSHA, first aid, CPR, or other safety-related training.

3.4 What is the percentage of your craft professionals that are certified or at journey level? Certified or journey level craft professionals have the skill and expertise necessary to perform any reasonable task within the craft. _____%

3.5 What is the percentage of your craft professionals that have completed a formal training program and/or have received a certification or journey level assessment? _____%

4. COMMUNITY RELATIONS, IMAGE AND DIVERSITY (15 points)

Core Requirements:

Important: A response of “Yes” is required for 4.1 – 4.3. If your answer is **no**, your company is **not currently** eligible for the AQC program. Please do not continue.

Yes No

- 4.1** In the past year, has your company directly participated and/or encouraged its employees to join and participate in civic-oriented and community activities? Examples include: blood drives, toy drives, United Way, adopt-a-highway and adopt-a-school programs and athletic team sponsorships. Attach materials that are used to promote and communicate your company’s efforts.
- 4.2** In the past five years, has your company participated in construction activities that positively affect your community and the image of the industry? Examples include: Habitat for Humanity, home fix-up efforts, other charitable build projects and school projects. Attach materials that are used to promote and communicate your company’s efforts.
- 4.3** Does your company have a policy statement on diversity? Please attach a copy of the statement signed by the CEO (*required*).

Additional information:

- 4.4** Does your company make speakers available to civic groups, school career days, etc.? Attach materials that are used to promote and communicate your company’s efforts.
- 4.5** Is your company a member in good standing with either the Chamber of Commerce or the Better Business Bureau?
- 4.6** Does your company offer diversity training for employees and supervisors?
- 4.7** Does your company employ minorities reflective of the market you are servicing?
- 4.8** Are your company’s work sites gender friendly, with equal facilities for men and women?
- 4.9** Does your company encourage the use of minority vendors and local purchasing?
- 4.10** Does your company have an employee-recruitment program? *Examples include partnerships with local schools or employee-referral incentives.*
- 4.11** I have included copies of any awards or certificates received related to community service, diversity or minority employment.

5. EMPLOYEE BENEFITS (10 points)

General Information:

How many full-time construction workers do you employ?

Do you employ seasonal construction workers? If so, how many on average? How many office staff employees do you employ full-time?

Please answer all questions below:

| | | Salaried | | Hourly | |
|------------|---|-----------------|---------|---------------|---------|
| | | Yes | No | Yes | No |
| 5.1 | Does your company offer medical coverage? What percentage does your company pay for employees? | | _____ % | | _____ % |
| 5.2 | Does your company offer an ERISA qualified retirement plan? Does your company offer a matching contribution? | | | | |
| 5.3 | Does your company offer any disability insurance coverage? If yes, what percentage of the cost does your company pay? | | _____ % | | _____ % |
| 5.4 | Does your company offer life insurance? If yes, what percentage of the cost does your company pay? | | _____ % | | _____ % |
| 5.5 | Does your company offer a minimum of 15 paid days of leave (may include vacation, sick and/or holiday) to its full-time employees after the first year of employment? If yes, how many days? If no, indicate the year 15 paid days is reached. | | _____ | | _____ |

5.6 Which of the following benefits does your company offer its employees?

Check all that apply

- Cafeteria (125) Plan for applicable benefits
- Travel Reimbursement to and from project
- Parental leave
- Accidental Death & Dismemberment (AD&D) insurance
- Employee Assistance Plan (EAP)

5.7 Include a copy of your employee benefits handbook (or similar information.)

5.8 Does your company provide company vehicles?

5.9 Has your company won any rewards related to employment, programs or benefits? If so, please include a copy.

5.10 What was your company's key personnel turnover the last fiscal year? Include voluntary and involuntary changes. Key personnel are: superintendents, project managers and executives.
_____ %

5.11 What was your company's total employee turnover the last fiscal year? Include voluntary and involuntary changes. _____ %

6. MANAGEMENT EDUCATION (5 points)

Core Requirement:

6.1 Provide an outline of your company's management curriculum, including course offerings and frequency. Please indicate the types of training offered:

Management seminars

Administrative skills courses

Supervisor courses

No management training program

If your company does not provide this type of training, your company is not currently eligible for the AQC program. Please do not continue.

Additional Information:

6.2 Provide a copy of your training schedule and examples of training announcements or notices.

**Please note that management training refers to the topics listed in 6.1. Please do not include information regarding OSHA, first aid, CPR, or other safety-related training.*

7. COMPANY INFORMATION

Contact Name: _____

Contact Title: _____

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Web site: _____

E-mail: _____

Type of contractor:

General Prime Subcontractor Specialty (specify type): _____

Annual Volume: \$ _____ Primary ABC Chapter Membership: _____

Annual Man-hours Worked: _____ Total Number of Employees: _____

List other ABC chapters your company is currently a member of and would like to be listed as an AQC member. There is a \$75 fee for each additional branch office listing. If you would like to add more than 3 branches, please attach a list on a separate sheet.

Chapter: _____

Company Office Address: _____

Company Office Contact: _____

Chapter: _____

Company Office Address: _____

Company Office Contact: _____

Chapter: _____

Company Office Address: _____

Company Office Contact: _____

I verify the information provided on this form and attached is accurate. I understand that Associated Builders and Contractors is authorized to request additional information to assist its efforts in authenticating this application. I understand ABC National will contact the local ABC chapter in order to ascertain information about my company, our AQC eligibility and our ABC membership. I understand ABC National has ownership of the materials provided and has the permission of this company to refer its name to construction buyers and other construction users.

Name of Company Principal: _____ Date: _____

Title of Company Principal: _____

Signature of Company Principal: _____

Send this completed form, supporting documentation and a check, payable to Associated Builders and Contractors, Inc., for the sum of \$345 plus an additional fee of \$75 for each branch office listed.

Associated Builders and Contractors
ATTN: Heather Trude
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Washington, D.C. 20001