



Accredited Quality Contractor Application Form

Instructions:

The AQC application asks questions regarding your business operations, the quality of work your company performs, the level of involvement your company has with the local community, and the safety, training and employee benefits your firm offers your employees.

Select the answer that best describes your company's involvement in a particular program. The application and requested supplemental information must be provided in both printed and electronic form. For the printed materials, please submit in a binder with tabs and 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 eic@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 renew with a short form.

All responses will be held in strict confidence.

Application Scoring Procedures:

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, but your application fee will be refunded. You will be eligible to resubmit in 90 days.

AQC Pledge

"As an Accredited Quality Contractor, our company is committed to providing our clients with the highest quality construction services and we care deeply about our employees and the communities in which we build. We are proud to be part of the construction industry and are dedicated to the principle of free enterprise. We commit ourselves to serve our communities and to provide our employees with the skills they need to work safely and productively in order to meet the needs of our clients."

1. QUALITY

- 1.1 Has your company won an Excellence in Construction award from ABC (national or chapter) or has it won other awards demonstrating involvement with exceptional projects from other organizations within the past seven years?

Yes No

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.

- 1.2** Request three or more companies you have worked with within the past year to complete the AQC recommendation form. A minimum of three 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 (1) General Contractor, (1) architect and (1) tier sub or vendor. The form may be found at www.abc.org/AQC.
- 1.3** Is your company able to provide bid, payment and performance bonds?
Yes No
- 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.
- 1.6** In the past five years, what percentage of projects have been from repeat customers?
_____ %
- 1.7** Does your company have a quality control program or manual?
Yes No
If so, please provide a copy of the table of contents.
- 1.8** 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.
- 1.9** 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.
- 1.10** 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.
- 1.11** Does your company have any LEED certified employees?
Yes No
If yes, how many? _____
- 1.12** Does your company hold any current certifications relating to quality?
Yes No
If yes, please provide documentation of the award(s).

Quality Bonus Opportunity

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/STEP

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

STEP Diamond STEP Platinum STEP Gold

A current STEP Diamond, STEP Platinum or STEP Gold certification is required for AQC certification. For a STEP program application, or for more information, visit www.abc.org/STEP.

2.2 Include a copy of your Safety Handbook or similar information.

2.3 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? _____

Safety Bonus Opportunity

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

3. MANAGEMENT EDUCATION

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

No management training program Management seminars
Supervisor courses Administrative skills courses

3.2 Indicate which of the following statements best describe your company's policy regarding management education cost:

Courses at employee's expense
Courses partially paid for by company
Courses fully paid for by company

3.3 Does your company provide training to unskilled workers prior to employment?

Yes No

3.4 What is the percentage of total payroll dollars spent on management training?

_____ %

- 3.5 What is the total dollar amount spent on management training annually?
\$ _____
- 3.6 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 3.1. Please do not include information regarding OSHA, first aid, CPR, etc.

4. CRAFT TRAINING

(If your company does not provide craft training, please provide an explanation on a separate page.)

- 4.1 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 employees. If your company provides craft training in-house only, please provide copies of certifications for your instructors and details on the curriculum.
- 4.2 What is the percentage of total payroll dollars spent on craft training? _____%
- 4.3 What is the total dollar amount spent on craft training annually? \$ _____
- 4.4 Include a copy of a training schedule and examples of training announcements or notices.
- 4.5 Provide a copy of your training schedule and examples of training announcements or notices. Please do not include information regarding OSHA, first aid, CPR, etc.

Craft Training Bonus Opportunity

Does your company have an employee who is a craft instructor?

Yes No

If yes, please indicate name and title: _____

If there are more than one, please provide additional names and titles on a separate page.

5. EMPLOYEE BENEFITS

- | | Salaried | | Hourly | |
|---|-----------------|----|---------------|----|
| | Yes | No | Yes | No |
| 5.1 Does your company offer medical coverage? | | | | |
| What percentage does your company pay for employees? | _____% | | _____% | |
| What percentage does your company pay for dependents? | _____% | | _____% | |
| 5.2 Does your company offer an ERISA qualified retirement plan? | | | | |
| Does your company offer a matching contribution? | | | | |
| If yes, what is the match? | \$ _____ | | \$ _____ | |
| Is your plan profit sharing? | | | | |

| | | Salaried | | Hourly | |
|------------|--|-----------------|----|---------------|--------|
| | | Yes | No | Yes | No |
| 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 at least two weeks of paid vacation leave during the first year of employment? If yes, how many days? _____ If no, indicate the year two weeks paid vacation is reached. _____ | | | | _____ |
| 5.6 | Does your company offer at least 5 days paid sick leave during the first year of employment? If yes, how many days? _____ If no, indicate the year five days is reached. _____ | | | | _____ |
| 5.7 | Does your company offer at least 6 paid holidays? How many days are offered? _____ | | | | _____ |

5.8 Which of the following benefits does your company offer its employees?
Check all that apply.

| | Salaried | Hourly |
|--|-----------------|---------------|
| Cafeteria (125) Plan™ for applicable benefits | | |
| Travel reimbursement to and from project | | |
| Per diem | | |
| Flex time | | |
| Jury duty plan | | |
| Parental leave | | |
| Accidental Death & Dismemberment (AD&D) insurance | | |
| Incentive monetary bonus plan (safety, completion, etc.) | | |
| Holiday bonus pay | | |
| Paid bereavement plan | | |
| Employee recognition awards (non-monetary) | | |
| Employee Assistance Plan (EAP) | | |

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

Employee Benefits Bonus Opportunities

Yes No

- Does your company have an employee newsletter?
- Does your company provide company vehicles?
- Does your company have subsidized day care (child/disabled/elderly)?
- Does your company offer an Employee Stock Ownership Plan (ESOP) not tied to a retirement plan?
- Does your company offer a stock purchase plan (matched and/or unmatched)?
- Does your company have any innovative company programs that are industry trend setting? If yes, please explain programs on a separate page.
- Has your company won any rewards related to employment, programs or benefits? If so, please include a copy.
- 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. _____%
- What was your company's total employee turnover the last fiscal year? Include voluntary and involuntary changes. _____%
- Include any additional information or materials you feel would be helpful.

6. COMMUNITY RELATIONS AND OUTREACH

Community Relations

Yes No

- 6.1** Does your company sponsor and encourage its employees to join and participate in civic-oriented activities? Attach materials that are used to promote and communicate your company's efforts. Examples include: blood drives, adopt-a-highway and adopt-a-school programs, home fix-up efforts and athletic team sponsorships.
- 6.2** Does your company partner in ABC chapter community service programs? Attach materials that are used to promote and communicate your company's efforts.
- 6.3** Does your company actively participate in civic and community projects or support charitable organizations? Attach materials that are used to promote and communicate your company's efforts. Examples include: United Way, hospitals, etc.
- 6.4** 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.
- 6.5** Is your company a member in good standing with either the Chamber of Commerce or the Better Business Bureau?

Diversity

Yes No

- 6.6 Does your company have a policy statement on diversity?
If yes, has the CEO signed the statement?
Attach a (signed, if available) copy of the statement.
- 6.7 Does your company offer diversity training for employees and supervisors?
- 6.8 Does your company employ minorities reflective of the market you are servicing?
- 6.9 Are your company's work sites gender friendly, with equal facilities for men and women?
- 6.10 Does your company encourage the use of minority vendors and local purchasing?
- 6.11 Does your company have an employee-recruitment program? Examples include partnerships with local schools or employee-referral incentives.

Industry Image

- 6.12 Does your company participate in activities that positively affect the image of the industry? Attach materials that are used to promote and communicate your company's efforts. Examples include Habitat for Humanity, other charitable build projects and school projects.
- 6.13 Does your company provide ABC logos for jobsites?
- 6.14 Does your company provide ABC logos for hard hats?
- 6.15 Does your company provide employees with uniforms or work apparel with your logo?

Also Include

Include the following supporting documents and information to support ABC's ability to promote your company's accomplishments:

- Press clippings from in-house newsletter or local publications (Dated)
- Copies of plaques or certificates of appreciation
- Thank you letters
- Photographs

Community Relations and Outreach Bonus Opportunities

Yes No

- Are you an ABC Green Contractor?
- Does your company have a summer employment program for students from diverse backgrounds? An example is INROADS. Attach materials that are used to promote and communicate your company's efforts.
- Does your company offer second language courses, such as Spanish for English-speaking supervisors?
- Include copies of any awards or certificates received related to community service, diversity or minority employment.

7. COMPANY INFORMATION

Contact Name: _____
Contact Title: _____
Company Name: _____
Company Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Web site: _____
E-mail: _____
Type of contractor:
General Subcontractor Specialty (specify type): _____
Annual Volume: \$_____ Primary ABC Chapter Membership: _____
Annual Manhours 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 \$50 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: _____

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Company Office Contact: _____

AQC Pledge
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I have accurately answered each of the questions in this application to the best of my ability. 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. 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 \$295 plus an additional fee of \$50 for each branch office listed.

ABC Accredited Quality Contractor Program
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