

# Construction Contractor's Capability Statement

The undersigned certifies that the information provided herein is true and sufficiently complete so as not to be misleading.

COMPANY NAME

GLM Construction

ADDRESS

PO Box 294

CITY

Cleveland

STATE

NM

ZIP CODE

87715

PHONE

505-387-6365

FAX

505-387-2986

EMAIL:

N/A

PRIMARY CONTACT:

Gene Maes

TYPE OF CONSTRUCTION WORK (Check all that apply)

General----List Primary Expertise: \_\_\_\_\_

Site Work

Demolition

Exterior Utilities

Paint

Structural

Steel Fencing

Masonry

Mechanical (HVAC/Plumbing)

Carpet

Roofing

Building

Electrical

Mechanical

Clean Room

Fire Protection

Nuclear Facility

## COMPANY PROFILE:

How many years has your organization been in a business as a construction contractor?

10 years

How many years has your organization been in the construction business under its present business name?

8 years

Under what former names has your organization operated?

N/A

List the names and titles of the key individuals of your organization, years with firm, educational training and qualifications.

Gene Maes - Owner

List the categories of work that your organization normally performs with its company personal.

New construction, concrete, demolition, framing, roofing

List the major projects your organization has in progress or has completed in the past five years, owner, contact amount, date/expected completion, percentage performed with its company personal

Alcalde Community Center - \$895,000 - Complete
Addition to Annex (Rio Arriba) - \$90,000 – 120 more days to complete as of 9/19/02
TH-55 – Los Alamos Concrete - \$210,000 – 1 month until completion

List your Trade References


List your Surety company or your banking affiliates.

Wells Fargo Bank (Banking)
Minick & Company (Bonding)

What is your organization’s current bonding rate?

Single  Aggregate \_\_\_\_\_

Has your firm entered into a contract that had to be completed by your surety within the past five years?

Yes  No

List your Contractor’s New Mexico license classification(s):

GB98 License # 31294 Preference # 39C08
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**Safety History:**

List your firm’s: Workmen’s compensation Experience Modification Rate (EMR), Total recordable Injury/Illness case rate, and Lost workday case rate for the current period (calendar year to-date) and the previous three year period.

\_\_\_\_\_ no injuries have ever been reported \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rate Type: Interstate , In-State \_\_\_\_\_, Monopolistic \_\_\_\_\_

Insurance Carrier:

Acordia Insurance
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What is your firm’s North American Industrial Classification System (NAICS) code?

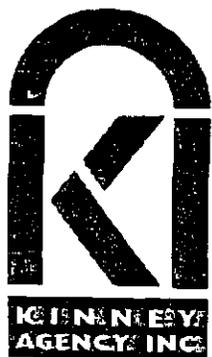
Primary NAICS Code: 233210
Other NAICS Code: 233320

Check all that apply to your organization. Provide certification if 8(a) Certified or Small Disadvantaged.

Woman owned       Small Business     Small Disadvantaged     8(a)       Large       Veteran  
 Disabled Veteran       HUBZone

Present number of employees

1-20       21-40       41- 60       61 – 100       Over 100



RE: PUEBLO ELECTRIC, INC.  
EXPERIENCE MODIFIER SUMMARY

To Whom It May Concern:

The history for the reference experience modifiers is as follows:

2002	.74
2001	.73
2000	.79
Average	.75

KINNEY AGENCY, INC,

Robert L. Brooks, CPCU  
Executive Vice President

Subscribed and sworn to before me this 14th day of June, 2002.



Notary Public

## Preaward Survey of Prospective Contractor Safety

**Company Name:**  
Pueblo Electric, Inc.

**RFQ or Solicitation Number**

1. Provide the information requested below for your company's Workmen's Compensation insurance carrier.

Rate Type: Interstate 0.75, Intrastate     , Monopolistic State     

Insurance Carrier: Federated Mutual Insurance Company

2. Submit a letter from your insurance carrier listing your company's Workmen's Compensation Experience Modification Rate (EMR) for the most recent three years and the most recent three-year average.

3. Provide the information requested below for the years shown using U.S. Bureau of Labor Statistics Guidelines to determine recordability and lost workdays from your firm's OSHA 200 logs.

Total Recordable Injury / Illness Case Rate:

1999: 0.00      2000: 0.00      2001: 0.00      3 year average: 0.00

Lost Workday Case Rate:

1999: 0.00      2000: 0.00      2001: 0.00      3 year average: 0.00

**CERTIFICATION:** I hereby certify that the above information is true to the best of my knowledge, information and belief.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: J. Robert Heineman, President

**Note:** If no historical information exists for a particular year, the average will be based on the number of years for which information is available.

### Explanation of Preaward Statistical Standards

<b>Experience Modification Rate</b>	The "EMR" is a number that is assigned to your company based on the insurance premium you pay and your loss statistics. Contact your insurance company for these numbers.	Maximum Allowable Average: <b>1.00</b>
<b>Total Recordable Injury/Illness Case Rate [US BLS (1995)]</b> ( see Company OSHA 200 log, col. 1,2 & 6 )	$\frac{\text{Total Recordable Incidents} \times 200,000}{\text{Total Employee Hours Worked}} = \text{Rate}$	Maximum Allowable Average: <b>10.6</b>
<b>Lost Workday Case Rate US BLS (1995)</b> ( see Company OSHA 200 log, col. 2 )	$\frac{\text{Total Lost Work Day Cases} \times 200,000}{\text{Total Employee Hours Worked}} = \text{Rate}$	Maximum Allowable Average: <b>4.9</b>