

Service / Repair



Type
service

Name of your current AVI-SPL employee contact or referral

SECTION 1. Company Profile:

A. Full legal Name of your Business *

B-1. Main address, city, state, (country) zip or postal code *

Address 1 *

Address 2

City *

State or Province

Zip or postal code *

Country *

B-2. Billing address, city, state, (country) zip or postal code *

☐ Same as above

Address 1 *

Address 2

City *

State or Province

Zip or postal code *

Country *

C. Phone, with Area Code *

D. Fax

E. Company web site (if none, enter "none"): *

F. This form was completed by:

Name *

Phone

E-mail *

G. NAICS* Code

- ☐ Do not have a NAICS Code
- ☐ NAICS Code entered below

North American Industry Classification System*. For questions refer to www.sba.gov website.

H. Please describe the services that your Company provides *

I. What will be your relationship with AVI-SPL? *

- ☐ Audiovisual Communication Construction type subcontractor ... installation of AV systems or equipment at our customer's locations ... installation or Integration work.
- ☐ Audiovisual Service calls and repairs for and/or at AVI-SPL's Customer locations ... Providing AV-related service calls to our customers' locations. Repairs, upgrades, troubleshoot.
- ☐ Professional Services ... off premises. Architect, engineering, consultant, accounting, programming ... all of these services are done at or from your remote office or home.
- ☐ Professional Services ... on-site. Will be performing professional-type service business (described above) on-site, at our customer's location(s).
- ☐ Other

Select only one type from the below choices

J. Company Structure *

- ☐ Corporation
- ☐ Partnership
- ☐ LLC
- ☐ Other

FEIN

K. Company Structure *

- ☐ Sole Proprietorship. I am a force of one, with no employees or partners

FEIN#

SS#

Full Legal Name

L. Company Structure *

- ☐ Foreign Corporation

If an International Corporation (legally based outside of the USA).

Name of Country *

Please enter your Country's Business or Tax Registration Number *

If you have a United States TIN, please enter it here *

Note: in section 6, there will be information regarding W-8 forms.

M. Company's workforce: *

- ☐ Have no employees, other than myself. I am a 'force of one.'
- ☐ workforce is all W-2 payrolled employees on this company's payroll
- ☐ workforce consists of some W-2 employees and some IRS 1099 subcontractors
- ☐ workforce consists of all other independent subcontractors, paid via IRS 1099

N. Union affiliation? *

- ☐ no union affiliation
- ☐ yes, affiliated with union(s)

Please indicate names of union(s) local(s):

O. Size of your Company's workforce *

- ☐ one employee only
- ☐ 2-5
- ☐ 6-10
- ☐ 11-25
- ☐ 26-50
- ☐ 51-100
- ☐ 100+

P. In business under this name since:

Q. Your company Diversity must be selected (check all that apply) *

- ☐ Large Business
- ☐ SB (Small Business) – (see the SBA regulations, 13 CFR121.201 or the Table of Small Business Size Standards follow link <https://www.sba.gov/size-standards/>)
- ☐ VOSB (Veteran Owned Small Business)
- ☐ SDVOSB (Small Disadvantaged Veteran Owned Small Business)
- ☐ HUBZone Small Business
- ☐ ANC (Alaskan Native Corporation)
- ☐ SDB (Small Disadvantaged Business)
- ☐ WOSB (Women Owned Small Business)
- ☐ Native American Owned
- ☐ 8(a)
- ☐ MBE (Minority Business Enterprise)
- ☐ WBE (Women's Business Enterprise)
- ☐ DBE (Disadvantaged Business Enterprise)
- ☐ Other (please elaborate)

- ☐ None of the above

R. Licenses *

(Appropriate to this application)

- ☐ No licenses appropriate to this application

License #1

Issuing Authority

Class

License #

Expiration

License #2

Issuing Authority

Class

License #

Expiration

S. Dun & Bradstreet number? Must answer Yes or No *

- ☐ No, do not have a Dun & Bradstreet account number
- ☐ Yes, do have a DUNS (Dun and Bradstreet number)

If Yes, please enter 9-digit DUNS number here:

SECTION 2. References:

2.1 Current or prior experience with AVI-SPL ? *

Please check all past or current experiences you have had with AVI-SPL .

This would include business relationships with:

- ☐ AVI-SPL Inc. - Audiovisual Innovations, Inc. (AVI) - Signal Perfection Ltd. (SPL)
- ☐ AVI-SPL Canada, Ltd
- ☐ AVI-SPL Limited (UK)
- ☐ Anderson AV
- ☐ VideoLink
- ☐ No Prior Relationship with any AVI-SPL business units.

Please elaborate on past or present business relationships with AVI-SPL

Experience #1

Approximate date(s)

AVI-SPL or location

What did you do for us?

Who was your main contact with AVI-SPL ?

Experience #2**Approximate date(s)****AVI-SPL or location****What did you do for us?****Who was your main contact with AVI-SPL ?****Experience #3****Approximate date(s)****AVI-SPL or location****What did you do for us?****Who was your main contact with AVI-SPL ?****2.2 Please supply at least two business references, space is provided for up to three references ***

You can include a mix of General Contractors, Contractors, Suppliers, Audiovisual type firms, other Trade Contractors... that you have done business with in the last 3 years.

reference #1 ***Company Name****Contact person/title****Phone****Fax****E-mail**

reference #2 *

Company Name

Contact person/title

Phone

Fax

E-mail

reference #3

Company Name

Contact person/title

Phone

Fax

E-mail

2.3 Litigation *

Has your company, (or you, if you are a sole proprietor) ever defaulted, failed to complete, or been terminated on a contract? *

☐ Yes

☐ No

If yes, describe

Has your company (or you, if you are a sole proprietor) ever gone through a bankruptcy or reorganization? *

☐ Yes

☐ No

If yes, describe

SECTION 3. Capabilities and Qualifications in AV/Communications for Service / Repair work

A. Capabilities

Please answer all questions

If not applicable, please enter "N/A"

1. List the States in the US in which your company is licensed to do work, or you have existing capabilities. *

hold down the control key or shift key to make multi state selections.

2. Do you have the capability or experience to work outside the United States? *

☐ Yes

☐ No

If yes, please elaborate on qualifications and global geographies which can be covered:

3. What % of work is performed by your direct employees And what % is provided by your third party contractors? *

Direct Employee percentage:

Third-Party subcontractors, or "independent" contractor's percentage:

4. What equipment/tools do your technicians carry as standard?

5. What is your average Response Time to new requests?

6. What is your average Lead Time required to dispatch an engineer to a customer site?

B. Technical Qualifications in AV/Communications for Service / Repair work

1. Please indicate number of resources with these skills and/or certifications (where you have specific certifications please state which and how many): *

Upload Certifications or other Documents in Section 7 – g – Other

☐ InfoComm CTS

☐ Extron

☐ Biamp

☐ Crestron

☐ Programming

☐ Polycom

☐ Cisco

☐ Cabling / Rack Install

<input type="checkbox"/> Digital Media / Digital Signage	<input type="checkbox"/> Switcher / Scaler	<input type="checkbox"/> Install / Design	<input type="checkbox"/> Clear One
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> AMX Control Programming	<input type="checkbox"/> Crestron DMC-T	<input type="checkbox"/> Lifesize Certification	<input type="checkbox"/> Netlinx Studio
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> DSP	<input type="checkbox"/> Other		
<input type="text"/>	<input type="text"/>		
<input type="checkbox"/> None of the above			

2. Is your company a member firm of InfoComm? *

- ☐ Yes
- ☐ No

3. Is your company a member firm of BICSI? *

- ☐ Yes
- ☐ No

4. Regarding Audiovisual/communication Service and Repair work. Please provide contact information for 3 customers or firms you have contracted with previously for Audiovisual systems / Communication Systems Service / Repair assignments:

Customer #1

Name *

Contact information (Individual's name, phone and/or email) *

Name

Phone

E-mail

When did you do service work *

Type of Service / repair work *

Typical \$\$\$ level of a service call *

Customer #2

Name *

Contact information (Individual's name, phone and/or email) *

Name

Phone

E-mail

When did you do service work *

Type of Service / repair work *

Typical \$\$\$ level of a service call *

Customer #3

Name *

Contact information (Individual's name, phone and/or email) *

Name

Phone

E-mail

When did you do service work *

Type of Service / repair work *

Typical \$\$\$ level of a service call *

SECTION 4. Safety

As part of AVI-SPL's continuing commitment to safety, we assess our current and potential subcontractor's compliance with all applicable safety

requirements, both regulatory and best practices. The following questionnaire, and list of required supplemental attachments, will assist us in assessing your safety programs.

Please contact Safety and Risk Management with any questions or concerns. subcontractor@avispl.com 813-884-7168

4.1 Safety

Is your business subject to United States DOL OSHA regulations? *

1.

☐ Yes

☐ No

Please enter your reason here:

a. In the past 3 years, has your company received any inspections from a national federal state or provincial regulatory agency? (Such as OSHA, EPA, DOT, CAL/OSHA, OH&S, HSE etc.) *

☐ No

☐ Yes

If yes, provide date and details

Date

Details

b. In the past 3 years, has your company received any citations from a regulatory agency? *

☐ No

☐ Yes

If yes, provide date and details

Date

Details

c. In the past 3 years, has your company experienced workplace fatalities? *

☐ No

☐ Yes

If yes, provide date and details

Date

Details

d. Does your company hold regularly scheduled and documented employee safety meetings? (i.e. Tailgate/Toolbox) *

☐ No

☐ Yes

If yes, how often? And what is covered at safety meetings?

e. Who conducts these meetings?

f. Does your company provide and require employees to use the following PPE? *

PPE	Yes	No
Hard Hats	<input type="radio"/>	<input type="radio"/>
Safety Shoes/Boots	<input type="radio"/>	<input type="radio"/>
Eye/Face Protection	<input type="radio"/>	<input type="radio"/>
Fall Protection	<input type="radio"/>	<input type="radio"/>
Hearing Protection	<input type="radio"/>	<input type="radio"/>

g. Indicate all circumstances in which your company's employees are subject to alcohol/drug screening: *

☐ Never ☐ Reasonable Cause/Suspicion ☐ Post-Accident ☐ Random
☐ Periodic ☐ Return to Duty ☐ Follow-Up ☐ Pre-employment
☐ for Badging or Site-Access ☐ Other:

h. Provide your Experience Modification Rate (EMR) for three most recent years. *

You will be asked to supply a letter from your broker/agent confirming these Ratings. See section 7.

☐ Do not have an EMR rate, because:

☐

1. Current or last year:

2. Prior year:

3. Year prior to #2:

Please provide...in Section 7... a copy of your written Safety Policy and Program

4.2 OSHA / Insurance Experience.

Please indicate your injury and insurance experience for the past three years:

	Current Year	Last Year	Last Year	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
1. # of OSHA Recordable Cases	<input type="text"/>	<input type="text"/>	<input type="text"/>	From OSHA 300A: add columns G, H, I & J
2. # of DART cases	<input type="text"/>	<input type="text"/>	<input type="text"/>	From OSHA 300A: add columns H & I
3. # of employee hours worked	<input type="text"/>	<input type="text"/>	<input type="text"/>	As shown on OSHA 300A
4. OSHA Recordable Injury Rate	<input type="text"/>	<input type="text"/>	<input type="text"/>	On OSHA 300A add Col G,H,I & J times 200,000 ÷ hours worked
5. OSHA DART Rate	<input type="text"/>	<input type="text"/>	<input type="text"/>	OSHA 300A: Col H&I X 200,000 ÷ hours worked

In Section 7, you will be asked to provide copies of last 3 years' OSHA 300A reports

In Section 7, you will be asked to provide a letterhead statement from your insurance stating your EMR rating for past 3 years.

SECTION 5. Commercial Insurance... And Bonding

We will require a **Certificate of Insurance** from your broker or agent. You can submit/upload the certificate in Section 7.

Insurance Provider

5.1 Please provide name and contact information for your primary insurance provider/broker/agent:

Name *

Phone

Email

Bonding

Being bondable may or may not apply to your company, depending upon type and size of projects in our relationship. If you do have a bond insurance program, please provide in section 7 a letter of bondability from your bonding agent or bonding company, to serve as a written record confirming both:

1. Your bondability and
2. The bonding information you have provided below.

5.2 Check only one: *

☐ At present, do not have an active bonding insurance account. NOTE: Not having existing Payment or Performance bonding insurance coverage is not a disqualification at this stage

☐ At present, my company, or myself, does have an active bonding insurance account. Our Bonding Information is entered below.

Bonding company

Agent name/Phone#

Name

Phone

Bonding Rate

Single project limit

Aggregate Limit

Available Capacity

Security Clearance

5.3 Do you, your firm, or employees in your firm, hold any government-issued security clearance? *

Consider:

- USA- Personnel Security Clearance (PCL), and/or Facility Security (FCL);
- UK- Security Clearance (BPSS, CFC, SC);
- Canada - Security Clearance through ISP;
- or other Foreign Government Security Programs

- ☐ No, Do not have any security clearances
- ☐ Yes. If so, please briefly describe

SECTION 6. E-Verify... And W-9 or W-8

AVI-SPL, Inc., and its wholly owned subsidiaries, is a United States federal contractor and is obligated to abide by E-Verify rules, and compliance procedures and recognizes that U.S. law requires companies to employ only individuals who may legally work in the United States – either U.S. citizens, or foreign citizens who have the necessary authorization; AVI-SPL fully complies with E-Verify, and our subcontractors will be required to comply.

6.A This is understood and agreeable. *

- ☐ Yes
- ☐ No

6.B Are you currently an [E-Verify](#) registered firm with U.S. government? *

- ☐ Yes
☐ No

If Yes, please supply your E-Verify ID#

Notice: Not having an existing E-Verify registration is not a disqualification at this stage.

6.C Our Standard Payment Terms are NET60. Some customers may have alternative payment terms which will be discussed with you at the time of engagement. Other Payment Terms require approval. *

☐ I Acknowledge the statement

Bank Information

Bank Name

Account Number

Routing Number

About a W-9 or W-8BEN

In Section 7, you will be requested to submit a W-9, completed with the full business name. This will have only one TIN (Tax Identification Number).

It might be a Federal Employer Identification Number (EIN) or a Social Security number (SSN)

1. NOTE: The EIN is a nine digit number – two digits, a dash, followed by 7 digits. (For example: 12-3456789) This is different from a social security number. When using an EIN, the business name will usually NOT be an individual person's name. The acronym FEIN and EIN are used interchangeably
2. A Social Security Number is granted to an individual, and is also a nine-digit number. (123-45-6789)
3. A sole proprietor can offer their Social Security number, but the W-9 cannot then use a business name, or a dba. The W-9 must be in the name of the individual... and a 1099 will be issued in that name
4. A W-9 does NOT have to be signed to be valid.
5. [Foreign corporations and individuals operating outside the USA will submit the applicable form W-8... Referenced in Section 7](#)

SECTION 7.

1. Items to View and Print for your retention

- a. AVI-SPL minimal Insurance Requirements.

[Click here to download and print](#)

- b. AVI-SPL Contact information regarding this Subcontractor application

[Click here to download and print](#)

2. Items to View and to indicate Agreement With

- a. Master Subcontractor Agreement (Please note that this is not the final MSA, you can redline the agreement after the official document is sent via DocuSign.)

[Click here to download](#)

☐ I acknowledge that this has been reviewed *

- b. Compliance with AVI-SPL's Safety Policy

[Click here to download](#)

☐ I acknowledge that this has been reviewed and agreed to *

3. Items to view and sign

a. Affordable Care Act (ACA) Compliance Policy and Agreement

- ☐ [Click here to download, review and sign agreement](#) *
- ☐ Click here to state that the United States Affordable Care Act does not apply to my business operations because my business has no employees working within the United States. Myself, or my employees, are based in another country.

b. Global Anti-Corruption Policy and Agreement

[Click here to download and sign](#) *

c. Acknowledgment of Financial Check

[Click here to download and sign](#) *

4. Items to upload to this program

a. W-9 (Information regarding W-9s can be found at: <https://www.irs.gov/>) *

For United States businesses, Provide a W-9, completed with the full business name.

Foreign Corporations and individuals operating outside the USA will submit the applicable form W-8. (Please submit only the W-9 or W-8 omitting the multiple instructional pages that accompany these forms)

b. Certificate of Insurance (COI) from broker or agent *

- ☐ Upload COI. Should comply with AVI-SPL Insurance requirements.

Workers Compensation Certificate

This is also referred to as employees' compensation or labour insurance. Workers' compensation provides medical expenses, lost wages, and rehabilitation costs to employees who are injured or become ill "in the course and scope" of their job. In some countries this may be part of a government scheme.

Workers' Compensation COI expires on

Public/General Liability Certificate

This is a type of business Insurance which covers third party injury or damage claims made by another customer or business.

General Liability COI expires on

Vehicle Insurance

Please provide a certificate of active Motor Vehicle insurance if applicable. If this is not applicable to your business, please complete the [letter attached](#), copy it onto your company letterhead, and upload this to your profile. This attached letter is titled, "SMP Auto NA Template".

Vehicule Insurance expires on

Umbrella / Excess insurance expires on

Professional Liability (E&O) expires on

- ☐ Do not have a Certificate of Insurance, or this is N/A
- ☐ On order from broker. Will obtain and submit very soon.

c. Last three years OSHA 300A reports, if you are a USA business entity subject to OSHA regulations.

- ☐ Upload OSHA 300A reports
- ☐ Do not have OSHA 300A reports or this is N/A
- ☐ Will obtain and submit later

d. Please upload your company's Health and Safety Policy or Manual

- ☐ Upload Safety Policy
- ☐ Do not have a written Safety Policy, Manual or Safety Program
- ☐ Will obtain and submit later

e. Please provide a signed letter from your bank verifying your banking information. Please ensure this letter is on your bank's letterhead.

☐ Upload Bank Letter

☐ Do not have, or N/A

☐ Will obtain and submit later

f. Letter from Broker or Agent showing Experience Modification Rate for past three years, if a USA business entity.

☐ Upload Broker / Agent's Letter

☐ Do not have, or N/A

☐ Will obtain and submit later

g. Bondability Letter from Bonding Agent

☐ Upload Bondability Letter

☐ Do not have, or N/A

☐ Will obtain and submit later

h. Other Document(s) if applicable to this application and potential business relationship

Upload other documents, applicable materials, certificates or certifications