



Date: _____

SUBCONTRACTOR AND VENDOR PREQUALIFICATION FORM

CONTACT INFORMATION

Company Name: _____

Company Address: _____

Company Phone: _____ Company Fax: _____

Company Website: _____

Geographic Region: _____ Number of Employees: _____

Contact Person: _____ Contact Title: _____

Contact Phone: _____ Contact Email: _____

Contractor's License Number: _____ State: _____ Expiration: _____

Trade(s) or Scope of Work (list all applicable divisions): _____

Other Office Locations: _____

Supplier or Contractor

Does your company perform Prevailing Wage work? Yes No

Is your firm AFL-CIO affiliated? Yes No

Years that your company has been in business: _____

BUSINESS CLASSIFICATION

Please list classifications that apply to your firm, examples: Woman-Owned Small Business (WOSB), Woman Business Enterprise (WBE), Minority Business Enterprise (MBE), etc:



INSURANCE

See insurance requirements below for all subcontractors performing work on our projects. Please review and confirm that your firm can meet and provide these coverages:

Yes No

If No, explain why:

COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000
	GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000
A	AUTOMOBILE LIABILITY		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> ANY AUTO						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					\$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
A	UMBRELLA LIAB		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> RETENTION \$	<input type="checkbox"/> CLAIMS-MADE					PROPERTY DAMAGE (Per accident) \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/>			EACH OCCURRENCE \$ 2,000,000
	DESCRIPTION OF OPERATIONS below						AGGREGATE \$
							\$
							<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
							E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000



BONDING

Rave Construction reserves the right to request Payment and Performance Bonds of any subcontractor. Please provide the following:

1. Does your company currently have a surety line of credit established with a surety company?
Yes No

2. How long have you been with your current Surety Company? _____

3. What is your current single project bond limit? _____

4. What is your current aggregate bond limit? _____

5. How much of your aggregate bond limit is available to you? _____

6. What is your contract bond rate? _____

7. How many projects is your firm currently bonded for? _____

8. What is your firm's largest bonded project to date? _____

9. At any time during the past ten years, has any surety company made any payments on your firm's behalf to satisfy any claims made against a performance or payment bond issued on you firm's behalf?
Yes No

If yes, please provide additional information: _____

10. List name, address, phone, and contact of your bonding company: (NOT AGENT)

Company Name: _____
Contact Person: _____ Contact Title: _____
Contact Phone: _____ Contact Email: _____

11. What is your bonding capacity? _____



SAFETY

Please provide the following:

Subcontractors must provide their Workers Compensation Experience Modification Rate (EMR) for the past three years.

Year: _____ EMR Rate: _____ Year: _____ EMR Rate: _____ Year: _____ EMR Rate: _____

Rave Construction may not hire subcontractors with an EMR higher than 1.10. This threshold also applies to lower tiers. Note that Specific Project Owners may require a lower EMR.

If EMR is higher than 1.10, please provide explanation:

Does your company have a written Company Safety Policy & Program? Yes No
Copies to be provided upon request.

Provide data shown on your OSHA Form 300 OR 300 A for all jobs accident history, summarize.

	<u>This Year</u>	<u>Last Year</u>
Number of Recordable (Medical) incidents:	_____	_____
Number of Light Duty Cases:	_____	_____
Number of Days Lost:	_____	_____
Number of Lost Time Incidents:	_____	_____

Have you been cited by Federal or State OSHA for serious violations in the last three years?

Yes No If yes, please explain:

Does your company provide safety training for all employees? Yes No



REFERENCES

Please list at least three major references (general contractors, owner, suppliers or subcontractors) who you have recently worked for:

Reference One

1. Company Name: _____
Contact Person: _____ Contact Title: _____
Contact Phone: _____ Contact Email: _____
Project Name: _____
Contract Amount: _____ Project Location: _____
Scope of Work Performed: _____
Project Completed Date: _____

Reference Two

2. Company Name: _____
Contact Person: _____ Contact Title: _____
Contact Phone: _____ Contact Email: _____
Project Name: _____
Contract Amount: _____ Project Location: _____
Scope of Work Performed: _____
Project Completed Date: _____

Reference Three

3. Company Name: _____
Contact Person: _____ Contact Title: _____
Contact Phone: _____ Contact Email: _____
Project Name: _____
Contract Amount: _____ Project Location: _____
Scope of Work Performed: _____
Project Completed Date: _____



Please List bank references:

1. Company Name: _____
Contact Person: _____ Contact Title: _____
Contact Phone: _____ Contact Email: _____
2. Company Name: _____
Contact Person: _____ Contact Title: _____
Contact Phone: _____ Contact Email: _____
3. Company Name: _____
Contact Person: _____ Contact Title: _____
Contact Phone: _____ Contact Email: _____

*(Attach additional
information)*

Please sign confirming that ALL of the above information is true and has been completed as NOT being misleading in any way.

_____/_____/_____
Signature Title Date