



SUBCONTRACTOR PREQUALIFICATION FORM

All subcontractors are required to complete this questionnaire. The contents of this questionnaire will be considered and used solely to determine your firm's qualification to perform work for Riley Construction. Return completed form to:
Riley Construction 5301 99th Avenue, Kenosha, WI 53144-7870, Attention: Subcontractor Prequalification

PLEASE NOTE: This form must be filled out completely. Missing information may result in disqualification of consideration.

Application Date: _____

Date of Prequal Expiration: _____ April 30th Next Year

Background

Company Name		Type of Work Performed	
Street Address		Phone Number	
City/State/Zip	Principal Contact		Email Address
Year Business was Established	States We Do Work In	<input type="checkbox"/> Union <input type="checkbox"/> Non-Union	Current Number of Employees
Qualified Minority Business? <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> DBE			

Safety

List your Company's # of Injuries/Illnesses from your OSHA 300 Logs as follows:	Last Year	1st Prior Year	2 nd Prior Year
Experience Modification Rate (EMR) for past three years (attach letter from Insurance Agency).			
Total # of Fatalities. (From Column G on the OSHA 300 Log)			
Total # of OSHA Recordable Incidents. (Total of Columns H, I, and J on the OSHA 300 Log)			
Total # of Lost Work Day Incidents. (Column H on the OSHA 300 Log)			
Total # of other recordable cases. (Column J on the OSHA 300 Log)			
Total # of Annual Man-Hours Worked.			
Please attach OSHA 300 logs for the last three years.			

Schedule

Provide summary of three largest projects presently under construction.	Location	Start/Completion	Contract Amount

Financial Information

	Last Year	1 st Prior Year	2 nd Prior Year
Gross Revenue (\$)			
What is your backlog as of today (attach copy of Work in Progress): \$_____			
Please attach your firm's current balance sheet prepared by a 3rd party if the proposed contract value is greater than \$250,000. If typical contracts are less than \$250,000, in lieu of balance sheet, a current Surety Letter is acceptable (see page 2).			

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For Office Use Only

Risk Evaluation

Additional information that should be taken into consideration:

Override Approval

(Any subcontract greater than the approval limit must be approved by the Chairman or President.)

Committee Approval:

_____ CFO

_____ Risk Manager

_____ Date

_____ Date

Please note any special requirements: _____

Disapproved:

Reason for Disapproval: _____

Disapproval Overruled:

_____ Chairman or President

_____ Date