

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:

PLEASE NOTE	This form must be fille	ed out complete	ely. Missing info	ormation may res	sult in disqualificat	ion of considerati	ion.		
Application Date:	Date of Prequal			ate of Prequal Ex	xpiration: April 30 th Next Year				
Background									
Company Name					Type of Work Per	formed			
Company Name					,				
Street Address					Phone Number				
City/State/Zip	Princip	Principal Contact			Email Address				
Year Business was Established	States We	States We Do Work In Union Non-Union			Current Number of Employees				
Qualified Minority Business?	BE WBE DBE								
Safety									
List your Company's # of Inju					Last Year	1st Prior Yea	ar 2 nd Prior Ye		
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 W	orked.								
	Plea	se attach OSH	IA 300 logs for	the last three y	ears.				
Schedule									
Provide summary of three larg	nest projects present	ly under cons	struction	Locat	ion Star	t/Completion	Contract Amo		
rovide summary of three largest projects presently under construction.					.o.	y completion	COMMUNICATION OF THE PROPERTY		
Financial Information									
	Last Year 1st Prior Year			Prior Year	2 nd Prior Year				
O D (A)	Lust Tour		• '	11101 1041		2 1110	, roui		
Gross Revenue (\$)									
What is your backlog as of toda	(attach conv of Work	in Progress):	\$						



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Please provide answers to the following questions and attach explanations where necessary:					Y	'es	No	
Are there any judgments, claims, arbitrations, proceedings or suite pending/outstanding against your firm or its officers or principals?								
Has your firm ever filed bankruptcy	?							
Has your firm filed any lawsuits or r within the last three (3) years?	equested arbitration	or mediation with re	egard to construction	on contracts				
Has your firm or any other organizathree (3) years, ever failed to comp								
	ioto any montanara	2001 11 y 00, p.0000						
Insurance & Bonding								
Please read Exhibit A in its entire	ety.							
Does your company currently main requirements?	meets Riley Constru	ction's		□ No				
Please provide the following bon								
Can you provide a Performance Bond?	Bond Rating	Bonding Capacity	Single Project	Aggregat	Э		Bond Cost (% or \$/1000)	
Name of Bonding Company			Contact		Phone Nu	mber		
Last Type of Bond Issued			Date		Amount (\$	5)		
References (The below refere	nces may be conta	cted by Riley Cons	struction for verifi	ication purposes.))			
	•							
Provide three references. (Bank	Supplier, Custom	er. etc.)						
Company Name					Phone Number			
Company Name		Contact			Phone Number			
Company Name Contact			act			Phone Number		
If company has a line of credit, p	rovide borrowing	ranacity and amou	nt currently outst	anding (provide l	atter from	vour h	nank)	
ii company has a line of credit, p	TOVIGE DOLLOWING	capacity and amou	in currently outst	anding (provide it	ster nom	yourk	Janky.	
I hereby certify that the inf	ormation subn	nitted herein, in	cluding all red	quired attachn	nents is	true	and sufficiently	
complete so as not to be n		•	J	•			•	
Completed by:								
. ,	(Print or Type)			(Signature	e)		
Title:			Date Completed:					

Riley Construction will use this documentation to pre-qualify contractors. Therefore, if you intend to continue to service our facilities, it is essential that you return the documentation as requested. This document should not be construed to constitute a commitment, or a request to perform any work.



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For Office Use Only

Risk Evaluation				
Additional information that should be taken into consideration:				
Occumists Assured				
Override Approval	limit must be approved by the Chairman or President.)			
(Any Subcontract greater than the approvari	mint must be approved by the Ghanman of Tresident.)			
☐ Committee Approval:				
CFO	Risk Manager			
CFO	risk ivialiagei			
Date	Date			
Please note any special requirements:				
☐ <u>Disapproved</u> :				
Reason for Disapproval:				
Reason for Disapproval.				
☐ Disapproval Overruled:				
Chairman or President	Date			