

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:

<u>. === </u>	<u>L.</u> This form must	be filled out completel	iy. Missing intol	mation may res	suit in disqualificat	ion of considerati	on.			
Application Date:	Date of Prequal				xpiration: April 30 th Next Year					
Background										
Company Name					Type of Work Perf	ormed				
Company Name						Type of Work Fortimed				
Street Address					Phone Number					
City/State/Zip		Principal Contact			Email Address					
ear Business was Established	Sta	ites We Do Work In	☐ Union	☐ Non-Union	Current Number of Employees					
Qualified Minority Business?	MBE WBE	DBE								
Safety										
, o . ,										
_ist your Company's # of Inj	uries/Illnesses fr	om your OSHA 300	Logs as follow	vs:	Last Year	1st Prior Yea	r 2 nd Prior Ye			
Experience Modification Rate	e 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 cas										
Total # of Annual Man-Hours \	Norked.									
		Please attach OSH	A 300 logs for t	he last three y	ears.					
Schedule										
Provide summary of three la	raest projects pr	esently under cons	truction	Locat	ion Start	/Completion	Contract Amou			
rovide summary of three largest projects presently under construction.				Locat	ion Start	Completion	Contract Amot			
Financial Information										
inancial information										
	Last Ye	Last Year 1st Prior Year			2 nd Prior Year					
Gross Revenue (\$)										
	(-11b	Work in Progress):	\$		1					



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Please provide answers to the fo	llowing question	ns and attach explana	ations where nec	essary:		Yes	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 requested arbitration or mediation with regard to construction contracts within the last three (3) years?								
Has your firm or any other organization, with which of the officers or partners were involved during the past three (3) years, ever failed to complete any work awarded? If yes, please provide further details.								
Insurance & Bonding								
Please read Exhibit A in its entired Does your company currently maint		at moote Pilou Constru	ation!a			1		
requirements?	iain insurance ina	it meets kliey Constitu	Clions	☐ Yes		□ No		
Please provide the following bon							D 10 1/0/ 0/4000	
Can you provide a Performance Bond?	Bond Rating	Bonding Capacity	Single Project Aggregate		te		Bond Cost (% or \$/1000)	
Name of Bonding Company			Contact	<u> </u>	Phone N	lumber		
Last Type of Bond Issued			Date		Amount	(\$)		
			l .					
References (The below referen	nces may be cor	ntacted by Riley Cons	struction for verif	ication purposes)			
Provide three references. (Bank,	Supplier, Custo	mer, etc.)						
Company Name				Pho	Phone Number			
Company Name		Contact			Phone Number			
Company Name Contact							Phone Number	
If company has a line of credit, p	rovide borrowin	g capacity and amou	nt currently outs	tanding (provide	etter froi	n your l	oank).	
			-				•	
I hereby certify that the inf complete so as not to be n		omitted herein, ir	ncluding all re	quired attachı	ments i	s true	and sufficiently	
Completed by:								
	(Print or Ty	pe)			(Signatu	re)	_	
Title:	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:			
Override Approval			
(Any subcontract greater than the approva	al limit must be approved by the Chairman or President.)		
☐ Committee Approval:			
CF0	Risk Manager		
D://	Dete		
Date	Date		
Please note any special requirements:			
☐ <u>Disapproved</u> :			
Reason for Disapproval:			
☐ <u>Disapproval Overruled</u> :			
Chairman or President			