



Please complete this form and return to: Richter+Ratner Contracting Corp. 45 West 36th Street, 12th Floor New York, NY 10018 -or- Email to: info@richterratner.com

Please note: All sections are required to be completed. This form will be rejected and returned if any sections are found to be incomplete upon review by R+R.

main: 212.936.4500 / fax: 212.710.5858 / info@richterratner.com

R+R INTERNAL USE ONLY
Subcontractor Pre-Qualification Review Approved [ ] Not Approved [ ]
Date: \_\_\_\_\_ Initials (CFO): \_\_\_\_\_
Initials (VP): \_\_\_\_\_
Comments: \_\_\_\_\_

1. CONTRACTOR INFORMATION
Date: \_\_\_\_\_
Company Name: \_\_\_\_\_
Address: \_\_\_\_\_
Telephone #: \_\_\_\_\_ Fax: \_\_\_\_\_
Federal Tax ID#: \_\_\_\_\_
License#: \_\_\_\_\_
Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_
Telephone #: (Office) \_\_\_\_\_ (Cell) \_\_\_\_\_ Fax: \_\_\_\_\_
Email Address: \_\_\_\_\_
Estimating Contact: \_\_\_\_\_ Title: \_\_\_\_\_
Telephone #: (Office) \_\_\_\_\_ (Cell) \_\_\_\_\_ Fax: \_\_\_\_\_
Email Address: \_\_\_\_\_
Field Contact: \_\_\_\_\_ Title: \_\_\_\_\_
Telephone #: (Office) \_\_\_\_\_ (Cell) \_\_\_\_\_ Fax: \_\_\_\_\_
Email Address: \_\_\_\_\_
Accounting Contact: \_\_\_\_\_ Title: \_\_\_\_\_
Telephone #: (Office) \_\_\_\_\_ (Cell) \_\_\_\_\_ Fax: \_\_\_\_\_
Email Address: \_\_\_\_\_
Company Safety Contact: \_\_\_\_\_ Title: \_\_\_\_\_
Telephone #: (Office) \_\_\_\_\_ (Cell) \_\_\_\_\_ Fax: \_\_\_\_\_
Email Address: \_\_\_\_\_

2. BUSINESS INFORMATION
The company certifies that it is: (Please check all that apply)
[ ] Small Business (1 to 10 employees) [ ] Medium Business (10 to 50 employees) [ ] Large Business (50+ employees)
[ ] Minority or Woman-Owned Business (MBE/WBE)
How many personnel does your company employ? Please provide a staffing level breakdown below:
Executive \_\_\_\_\_ Estimating \_\_\_\_\_ Administrative \_\_\_\_\_ Field Personnel \_\_\_\_\_ Project Mgrs \_\_\_\_\_ Other \_\_\_\_\_
Yes No
Are you able to bond projects? [ ] [ ] Bonding Rate: \_\_\_\_\_ %
Do you operate a union shop? [ ] [ ] Bonding Capacity: \$ \_\_\_\_\_
Do your perform non-union work? [ ] [ ]
Union affiliation(s): \_\_\_\_\_
(Continued on the next page)

**2. BUSINESS INFORMATION** (Continued from the previous page)

Average work in place during the past 5 years: \$ \_\_\_\_\_  
 Average project size in place last year: \$ \_\_\_\_\_  
 Work under contract: \$ \_\_\_\_\_  
 Uncompleted backlog: \$ \_\_\_\_\_  
 Size of projects preferred: \$ \_\_\_\_\_ Sq. footage \_\_\_\_\_

**Yes**      **No**

Has your company completed any LEED certified projects?              
 If yes, please specify: \_\_\_\_\_

**Yes**      **No**

Has your company at any time failed to complete a project?              
 If yes, please specify: \_\_\_\_\_

**3. CLASSIFICATION OF WORK**

A. What type of work does your company perform? (Please list all) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

B. Check off all the building types in which your company has worked:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Class A Office Building       | <input type="checkbox"/> High Rise Office     | <input type="checkbox"/> Residential            | <input type="checkbox"/> Retail Shopping Outlets |
| <input type="checkbox"/> Class B Office Building       | <input type="checkbox"/> Hospitals            | <input type="checkbox"/> Hotels                 | <input type="checkbox"/> Retail (High-end)       |
| <input type="checkbox"/> Correctional Facilities       | <input type="checkbox"/> Labs                 | <input type="checkbox"/> Scholastic / Academic  |  |
| <input type="checkbox"/> Data Centers                  | <input type="checkbox"/> Industrial Buildings | <input type="checkbox"/> Sports / Entertainment |  |
| <input type="checkbox"/> Other (Please specify): _____ |   |   |  |

C. What percentage of your company's work is normally subcontracted? \_\_\_\_\_

**4. INSURANCE / WORKERS' COMPENSATION**

Insurance Agent / Carrier: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Workers Compensation Agent / Carrier: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Workers Compensation Modifier \_\_\_\_\_

**5. INSURANCE COVERAGE** (or attach Certificate of Insurance)

- 1. Workers Compensation \$ \_\_\_\_\_
- 2. General Liability
  - A. Bodily Injury (each occurrence) \$ \_\_\_\_\_
  - B. Aggregate \$ \_\_\_\_\_
  - C. Property Damage (each occurrence) \$ \_\_\_\_\_
  - D. Aggregate \$ \_\_\_\_\_
- 3. Automobile Liability
  - A. Bodily Injury (each occurrence) \$ \_\_\_\_\_
  - B. Aggregate \$ \_\_\_\_\_
- 4. Excess Liability (Umbrella Form) \$ \_\_\_\_\_
- 5. Environmental Pollution Coverage \$ \_\_\_\_\_
- 6. Professional Liability (E&O) \$ \_\_\_\_\_
- 7. Other \_\_\_\_\_ \$ \_\_\_\_\_

- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | <b>Yes</b>               | <b>No</b>                |
| 8. Can you provide R+R a waiver of subrogation on your policies?                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Can you provide additional insured on your policies?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Can you provide additional insured on primary & non-contributory basis?                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Can you provide additional insured under the GL policy per ISO form CG2010 10 01 & CG2037 10 01? | <input type="checkbox"/> | <input type="checkbox"/> |

**6. ACCIDENTS AND INJURIES**

NAICS Code: \_\_\_\_\_

Previous SIC Code: \_\_\_\_\_

	Year	I & I Rate
A. Past three (3) years Injury & Illness Rate (I & I Rate*)	_____	_____
*( $\text{injury} + \text{Illness cases} \times (200,000 \text{ hrs}) / (\text{total hrs worked})$ )	_____	_____
	_____	_____

	Year	LWC Rate
B. Past three (3) years Lost Workday Case Rate (LWC Rate*)	_____	_____
*( $\text{lost workday cases} \times (200,000 \text{ hrs}) / (\text{total hrs worked})$ )	_____	_____
	_____	_____

- |   |                          |                          |
|---|--------------------------|--------------------------|
|   | <b>Yes</b>               | <b>No</b>                |
| C. Has the company had any work-related deaths or multiple hospitalizations within the past five (5) years? | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>If yes, attach explanation and corrective action description</i>   |                          |                          |

**7. VIOLATIONS AND CITATIONS**

- |   |                          |                          |
|---|--------------------------|--------------------------|
|   | <b>Yes</b>               | <b>No</b>                |
| Has the company received any violations or citations from any regulatory agencies within the past five (5) years? | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>If yes, explain. Attach additional documentation if necessary.</i>   |                          |                          |

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**8. HEALTH AND SAFETY PROGRAM**

- |  | <b>Yes</b>               | <b>No</b>                | <b>N/A</b>               |
|--|--------------------------|--------------------------|--------------------------|
| A. Does the company have a written Health and Safety Program?                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Are designated roles and responsibilities assigned for health and safety? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Does your firm have any pending judgments, claims, or suits?              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Has your firm been cited by OSHA within the last three (3) years?         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**9. SIGNIFICANT PROJECTS**

PLEASE LIST TWO SIGNIFICANT PROJECT COMPLETED WITHIN THE PAST TWO YEARS

#1 - Project Name: _____	Project Address: _____
Reference Name: _____	Reference Telephone #: _____
Project Manager: _____	GC or CM: _____
Owner (GC/CM) Name: _____	Owner (GC/CM) Telephone #: _____
Scope of Work: _____	Project Size: _____
Original Contract Value: _____	Final Contract Value: _____
Date Started: _____	Date Completed: _____

#2 - Project Name: _____	Project Address: _____
Reference Name: _____	Reference Telephone #: _____
Project Manager: _____	GC or CM: _____
Owner (GC/CM) Name: _____	Owner (GC/CM) Telephone #: _____
Scope of Work: _____	Project Size: _____
Original Contract Value: _____	Final Contract Value: _____
Date Started: _____	Date Completed: _____

**10. COMPANY AGREEMENT AND AUTHORIZATION**

The above is true and accurate to the best of my knowledge.

Authorized Contractor Agent (Name): \_\_\_\_\_ Title: \_\_\_\_\_

Authorized Contractor Agent (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

This form must be updated annually for as long as you are performing work for R+R Contracting Corp.