



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 you 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 _____ \$ _____

- | | <u>Yes</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| 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 CG2033 & CG2037? | <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*)	_____	_____
*($\text{lost workday cases} \times (200,000 \text{ hrs}) / (\text{total hrs worked})$)	_____	_____
	_____	_____

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

7. VIOLATIONS AND CITATIONS

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

8. HEALTH AND SAFETY PROGRAM

- | | <u>Yes</u> | <u>No</u> | <u>N/A</u> |
|--|--------------------------|--------------------------|--------------------------|
| 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.