

#### 919 FIFTH AVENUE 206 682 3030 . PHONE SCHUCHART.COM

SEATTLE, WA 98164 206 682 6627 . FAX



Subcontractor Pre-Qualification Questionnaire

**Required Attachments: NOTE: INCOMPLETE APPLICATIONS WILL BE REJECTED**

Financial Statements: [ ]

Accident Prevention Plan: [ ]

Site Specific Safety Plan example: [ ]

Form W9: [ ]

 Were you referred to Schuchart Corporation? [ ]  Yes [ ]  No By Whom?       Date this form completed

# GENERAL COMPANY INFORMATION

|  |  |
| --- | --- |
| Legal Name of Firm |       |
| DBA |       |
| Address |       |
| City |       | State |       | Zip |       |
| Telephone/Fax |       | Website |       |
| Date Company Formed |       |
| Type of Company | Sole Proprietorship [ ]  Corporation [ ]  Partnership [ ]  LLC [ ]  Other [ ]  |
| States in which you are licensed to perform work |       |
| Categories of work you self-perform |       |
| Categories of work you normally subcontract |       |
| **Please list the principals/officers of your company (list all officers and all owners with greater than 10% ownership):** |
| Name | Title | Mobile Phone | Home Phone | Email |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
| **Licenses** |
| Contractor’s License # |       | State |       | Classification |       |
| Federal Tax ID or SS# |       | State Tax ID if applicable |       |
| UBI # |       | Other Licenses |       |
| **Company Contact Information** |
| Primary Points of Contact Within Your Organization |
| Department | Name | Email | Phone | Fax |
| Estimating |       |       |       |       |
| Accounting |       |       |       |       |
| Warranty |       |       |       |       |
| Safety |       |       |       |       |
| **Union Affiliations & Local Chapter No.** |
| Name |       | Chapter |       | Phone |       |

|  |
| --- |
| **Minority Certifications (please check all that apply) – If other, please list certification name.** |
| MBE [ ]  | WBE [ ]  | Other [ ]  |
| Small Business [ ]  | Small Disadvantaged Business [ ]  | Other [ ]  |
| Disabled Veteran Owned Business [ ]  | Hub-Zone Business [ ]  | Other [ ]  |

# FINANCIAL INFORMATION

|  |
| --- |
| **Current Financial Statements: Please attach your externally compiled/reviewed/audited Income Statement and Balance Sheet for your most recently completed fiscal year (full 12 months) with financial statement footnotes.**  |
| Dun & Bradstreet # |       | Rating |       | Date of Rating |       |
| Name of Primary Bank |       |
| Bank Officer’s Name |       | Telephone/Email |       |
| Address |       |
| Auditor/Outside Accountant’s Name (firm name) |       |
| Auditor’s Telephone/Email |       |

|  |  |  |
| --- | --- | --- |
| Bank Line of Credit | Yes [ ]  No [ ]  | Amount? $      |
| Describe all lawsuits and judgements against your company in the last 3 years: |
|       |       |       |
|       |       |       |
|       |       |       |
| Have your company, owners, and/or principals been involved in any form of bankruptcy proceeding? If yes, please explain on a separate page. | Yes [ ]  No [ ]  |

SURETY AND BONDING INFORMATION

|  |  |
| --- | --- |
| Are you able to provide bid, payment and performance bonds? | Yes [ ]  No [ ]  |
| **Bonding Capacity** | Single Project Limit |       | Aggregate Limit |       |
| Surety Company (indicate if none) |  |
| Surety Broker/Agent Name |       |
| Phone |       | Email |       |
| Bond Rate (per thousand) |       |
| Current Surety Rating by AM Best |       |

**\*Please provide a letter from your surety confirming your capacity and good standing.**

# INSURANCE INFORMATION

|  |  |
| --- | --- |
| Insurance Company Name and Address |       |
| Insurance Agent |       | Telephone/Email |       |
| Last Renewal Date |       |
| **General Liability Limits** |
| Per Occurrence | $      | Aggregate | $      |
| **Excess / Umbrella Liability Limits** |
| Per Occurrence | $      | Aggregate | $      |
| **NOTE**: | Included with this prequal please find attached Schuchart’s standard subcontract Attachment outlining minimum insurance requirements. Please confirm you meet these requirements by reviewing with your Carrier or Internal Insurance Department – confirm by checking YES or NO | Yes [ ] No [ ]  |

# PERFORMANCE HISTORY

|  |
| --- |
| **List the three largest projects you have worked on in the last three years.** |
| Project Name | Contract Value | Date Complete | General Contractor | Contact | Phone |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
| **List any projects you have worked on with Schuchart.** |
| Project Name | Contract Value | Date Complete | Schuchart Project Manager |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| **List three of your largest suppliers.** |
| Company Name | Address | Phone | Contact Name | Email |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
| Have you ever failed to complete a contract? (if yes, please explain on a separate page) | Yes [ ]  | No [ ]  |
| Have you ever defaulted on, or been declared in default of a contract? (if yes, please explain on a separate page) | Yes [ ]  | No [ ]  |
| Have you ever been terminated from a project? (if yes, please explain on a separate page) | Yes [ ]  | No [ ]  |

# SAFETY

|  |
| --- |
| **List your companies EMR for the past 5 years including this year** |
| Year |  |  2018 |  | 2017 |  | 2016 |  | 2015 |  | 2014 |
| EMR |  |      |  |      |  |       |  |       |  |       |

|  |
| --- |
| **Provide your companies injury experience rates, for the past 4 years - *Information from your OSHA 300 and 300A logs*** |
| Year | 2018 | YTD | 2017 | 2016 | 2015 |
| Total hours worked  | (300A) |       |       |       |       |
| Number of OSHA recordable cases  | Total of (M)  |    |    |    |    |
| Number of fatalities  | (G)  |    |    |    |    |
| Number of lost work day cases  | (H) |    |    |    |    |
| Number of restricted work day cases  | (I) |    |    |    |    |
| Number of other recordable cases  | (J) |    |    |    |    |
| Total Days Away from Work | (K) |    |    |    |    |
| TRIR Total of (H, I and J) X 200,000) divided by Hours Worked |       |       |       |       |
| DART Total of ( H and I) X 200,000 divided by Hours Worked |       |       |       |       |
| *Note: TRIR = Total recordable incident rate. DART = Days Away, Restricted or Transferred* |
|  |
| **Regulatory Violations** |
| Has your organization been cited by LNI or any other regulatory agency in the past 5 years?  | [ ]  Yes [ ]  No  |
| If yes, explain?  |       |
|  |
| **Company Safety Structure** |
| How many employees does your company employ? |       |
| Does your company have a safety committee that meets at least once per month? | [ ]  Yes [ ]  No |
| Does your company employ a fulltime safety person? | [ ]  Yes [ ]  No |
| Please provide the contact information of the person in charge of safety at your company? |
| Name: |       | Title: |       |
| Phone: |       | Email: |       |
| How often does a home office representative do a safety walk on your projects? |       |
| Does your company hire piece workers? (Self or 3rd party) | [ ]  Yes [ ]  No |
| Does your company hire 3rd tier subs? | [ ]  Yes [ ] No | If so how do you manage their safety? |
|       |
| Does your company’s Accident prevention program comply with *current* WAC codes? | [ ]  Yes [ ]  No |
| ***Please provide an electronic copy of your APP*** | ***Please provide a copy of a recent Site-Specific Safety Plan*** |
| *Please Note: Schuchart Corporation requires the use of our own Site-Specific Safety Plan document.* |
| Please provide references from other General Contractor’s safety personnel? |
| Company | Contact Name | Cell | Email |
|       |       |       |       |
|       |       |       |       |

# ACKNOWLEDGEMENT & SIGNATURE

|  |
| --- |
| **ACKNOWLEDGEMENT – MUST BE SIGNED BY AUTHORIZED COMPANY REPRESENTATIVE (PRINCIPAL, OFFICER, ETC.)** |
| I certify that the above information is true and correct and authorize you to contact the above references regarding our credit standing or past performance. |
| Signature:       | Title:       | Date:       |
| Print Name:       |

**SAMPLE**

**Subcontract Insurance Attachment**

**Insurance Certificate and Endorsement Checklist**

*Please provide this Checklist, along with a copy of the insurance requirements, listed in the Subcontract/Agreement, to your insurance agent for issuance of the certificate for this project.*

***NOTE:*** *These requirements are minimum levels. If additional requirements need to be met due to language in the Prime Contract with the owner, these will be listed on your subcontract/agreement.*

• Named Insured shown on Certificate of Insurance must match exactly the “Subcontractor”, “Consultant” or “Vendor” name shown on the Subcontract/Agreement.

• Commercial General Liability coverage must be provided on an “occurrence form” with limits of at least:

* $1,000,000 each occurrence
* $1,000,000 personal injury and advertising liability
* $2,000,000 general aggregate (per project)
* $2,000,000 products completed operations aggregate
* (Can look to Umbrella/Excess Liability policy for total limits)
* The box in the Additional Insured column must be “X” for each policy that provides coverage
* The box in the Waiver of Subrogation column must be “X” for each policy that provides coverage
* **Copies of endorsements must be attached to the certificate**

• Automobile Liability coverage must be provided with limits of at least:

* $1,000,000 combined single limit for bodily injury and property damage, and apply to all vehicles owned, non- owned, or hired by Subcontractor
* Endorsements must be listed in the description box
* The box in the Additional Insured column must be “X” for each policy that provides the coverage
* The box in the Waiver of Subrogation column must be “X” for each policy that provides coverage
* (Can look to Umbrella/Excess Liability policy for total limits)
* **Copies of endorsements must be attached to the certificate**

• Employers Liability coverage (WA Stop Gap) must be provided with limits of at least:

* $1,000,000

• Professional Liability coverage (if applicable to scope of work) with limits of at least:

* $1,000,000

• Schuchart Corporation, the Owner and any other party required by the contract must be included as Additional Insured and include a Waiver of Subrogation on the Commercial General Liability, Automobile Liability, and Umbrella/Excess policies including the following:

* Coverage must be designated as Primary and Non-Contributory.
* Acceptable GL endorsements are CG2010 and CG2037 10/2001 editions (or equivalent)
* Endorsements must be listed in the description box
* The box in the Additional Insured column must be “X” for each policy that provides the coverage
* The box in the Waiver of Subrogation column must be “X” for each policy that provides coverage
* (Umbrella/Excess Liability if used to provide additional limits)
* **Copies of endorsements must be attached to the certificate**

Please email the completed certificate to and ALL required endorsements requested to the following email:

Schuchart Corporation at: Contracts@Schuchart.com