

#### 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 | | |
|  | | |  | |  | | | | | |  | | | |  | | |
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| **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