

SUBCONTRACTOR PRE-QUALIFICATION WORKSHEET

Subcontractor prequalification information is a prerequisite for working with Rice Building Systems, Inc. Please complete the form and provide the information requested in order for us to better understand your capabilities and safety records. All information provided will be considered confidential.

I. Company Information

- a. Name of Company _____
- b. Address _____

- City _____ State _____ Zip _____
- c. Phone _____ Fax _____
- d. Website _____
- e. Years in Business under Current Name _____
- f. Has your company ever filed for bankruptcy or reorganized? Yes (Year _____) No
- g. Federal Tax ID _____ State Tax ID _____
- h. Contractors License # (if applicable) _____
- i. Non-Union Union Name of Union _____

II. Contact Information

- a. Corporation Partnership Sole Proprietorship Other _____
- b. Principal(s) _____

- c. Number of Employees _____ Office _____ Field _____
- d. Contact Names in Company
- | Name | Title | Phone | Email |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
- e. Minority Owned Business: Yes No MBE WBE Other _____

III. Safety Information

- a. Workers Compensation experience modification factor _____
- b. Have you been cited by OSHA in the last 3 years Yes No
- If yes, please explain _____

- Do you have a written safety program? Yes No

IV. Financial Information

- a. Primary Bank _____
- b. Bank Contact Name _____ Phone _____
- c. Can your company provide a bond? Yes No
- d. Bonding Co _____ Contact Name _____ Phone _____
- e. Bonding Capacity _____
- f. Insurance Co _____ Contact Name _____ Phone _____
- g. Size of Company (approx gross sales) _____

V. Performance Information – Provide three (3) references (suppliers, etc)

- a. Name _____ Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Type of Relationship _____
- b. Name _____ Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Type of Relationship _____
- c. Name _____ Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Type of Relationship _____

VI. Describe the scope of work you provide _____

Printed Name _____
Signature _____
Title _____
Date _____