

#### 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/Job Hazard Analysis 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 | 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 |  |  2021 |  | 2020 |  | 2019 |  | 2018 |  | 2017 |
| EMR |  |      |  |      |  |       |  |       |  |       |

|  |
| --- |
| **Provide your companies injury experience rates, for the past 4 years - *Information from your OSHA 300 and 300A logs*** |
| Year |  | 2021 - YTD | 2020 | 2019 | 2018 |
| 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 COVERAGE TYPE** | **ADDITIONAL INSURED/ PRIMARY NONCONTRIBUTORY STATUS REQUIRED** | **SUBROGATION WAIVER STATUS REQUIRED** | **$1M LIMITS** | **$2M LIMITS** | **$4M LIMITS** |
| **COMMERCIAL GENERAL LIABILITY** |  |  |  |  |  |
| Each Occurrence | **X** | **X** | **X** |  |  |
| Personal & Advertising Injury | **X** | **X** | **X** |  |  |
| General Aggregate | **X** | **X** |  | **X** |  |
| Products Completed/ OP Aggregate | **X** | **X** |  | **X** |  |
| **AUTOMOBILE LIABILITY** |  |  |  |  |  |
| Combined Single Limit (each accident) | **X** | **X** | **X** |  |  |
| **UMBRELLA / EXCESS LIABILITY** |  |  |  |  |  |
| Each Occurrence | **X** | **X** |  |  |  |
| Aggregate | **X** | **X** |  |  |  |
| **WORKERS COMPENSATION/ EMPLOYER LIABILITY** |  |  |  |  |  |
| Each Accident |  |  | **X** |  |  |
| Disease – Each Employee |  |  | **X** |  |  |
| Disease – Policy Limit |  |  | **X** |  |  |
| **\*PROFESSIONAL LIABILITY**  |  |  |  |  |  |
| Professional Design |  | **X** | **X** |  |  |
| Pollution | **X** | **X** | **X** |  |  |
| Other |  |  |  |  |  |

**\*When required by contract.**

**REQUIRED DESCRIPTION OF OPERATIONS**

*Job Number and Name*

Schuchart Corporation, Owner, and any other party as required by contract are an additional insured and coverage is primary and non-contributory on the general liability, automobile, and excess/umbrella per the attached endorsements. Waiver of Subrogation applies on the general liability, automobile, professional liability and umbrella/excess liability policies per attached endorsements.

If available, please supply an ‘**All Operations’** COI which will provide coverage for all general Schuchart projects, versus supplying an individual certificate per project. If the ‘All Ops’ COI is an option, please replace the project number, name, and address with, “All Operations”, in the description of operations section on the certificate page.

**ITEMS TO NOTE:**

* Coverage must be designated as Primary and Non-Contributory.
* Acceptable GL endorsements are, GC2010 and CG2037 10/2001 editions (or carrier equivalent).
* Copies of endorsements must be provided, including Umbrella/Excess forms.
* Please refer to the Subcontract for a comprehensive description of specific insurance requirements and limits.
* Additional Insured and Subrogation Waiver boxes must be checked on the certificate page as indicated on the chart above as well as the sample certificate page attached.

Please submit certificates to **contracts@schuchart.com**