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SCHUCHART.COM

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 <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other <input type="checkbox"/>				
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				
Safety				
Union Affiliations & Local Chapter No.				
Name		Chapter	Phone	

Minority Certifications (please check all that apply) – If other, please list certification name.					
Minority Business Enterprise (MBE)	<input type="checkbox"/>	Women's Business (WBE)	<input type="checkbox"/>	Hispanic Business (HBE)	<input type="checkbox"/>
Small Business (SBE)	<input type="checkbox"/>	Disadvantaged Business (DBE)	<input type="checkbox"/>	Asian American Business (ABE)	<input type="checkbox"/>
Disabled Veteran Owned Business (SDVOSB)	<input type="checkbox"/>	Historically Underutilized Business (HUB)	<input type="checkbox"/>	African American Business (AABE)	<input type="checkbox"/>

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.

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 <input type="checkbox"/> No <input type="checkbox"/>	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 <input type="checkbox"/> No <input type="checkbox"/>

SURETY AND BONDING INFORMATION

Are you able to provide bid, payment and performance bonds?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
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

General Liability Limits – Please note highest limits available:			
Per Occurrence	\$	Aggregate	\$
Excess / Umbrella Liability Limits – Please note highest limits available:			
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 <input type="checkbox"/> No <input type="checkbox"/>

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	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you ever defaulted on, or been declared in default of a contract? (if yes,	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you ever been terminated from a project? (if yes, please explain on a separate page)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

SAFETY

List your companies EMR for the past 5 years including this year					
Year	2022	2021	2020	2019	2018
EMR					

Provide your companies injury experience rates, for the past 4 years - Information from your OSHA 300 and 300A logs					
Year		2023 - YTD	2022	2021	2020
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					
<i>Note: TRIR = Total recordable incident rate. DART = Days Away, Restricted or Transferred</i>					

Regulatory Violations			
Has your organization been cited by LNI or any other regulatory agency in the past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your company employ a fulltime safety person?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 3 rd party)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your company hire 3 rd tier subs?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If so how do you manage their safety?		
Does your company's Accident Prevention Program comply with jurisdictional requirements?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Please provide an electronic copy of your APP	Please provide a copy of a recent Site-Specific Safety Plan		
<i>Please Note: Schuchart Corporation requires the use of our own Site-Specific Safety Plan document.</i>			
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 *if required, Umbrella limits will be included in subcontract					
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