

PREQUALIFICATION FORM

Company Information			
Company Name:			
Previous Company Name (If Any):			
Type of Company:		Years in Business:	
Address:			
City:		State:	ZIP Code:
Type of Work:			DIV #:
License #:	Class:	License Expiration Date:	
Principal Contact:		Title:	
Phone:	Fax:	Mobile:	
Email:	Union		Non-Union
# of Employees:	Office Personnel: _____	Office Managers: _____	
	Field Personnel: _____	Field Supervisor: _____	
DBE Classification:		DBE Expiration Date:	
Company Officers			
Name & Title	Years with Company	% Ownership	

Safety			
Your Company's # of Injuries/Illnesses from OSHA Logs as follows:	2022	2021	2020
Experience Modification Rate (EMR):			
DART Incident Rate (Days away, restricted, or transferred):			
Incident Rate - OSHA Recordables:			
History of any regulatory agency Citation / Notice of Violation: Provide citation documentation with explanation as well as the corrective action(s) taken to prevent future re-occurrences.	2022	2021	2020
OSHA:			
EPA:			
Others:			
Total # of Fatalities:			
Total # of OSHA Recordable Incidents:			
Total # of Lost Work Day Incidents:			
Total # of other Recordable Cases:			
Total # of Annual Man-Hours Worked:			
Please check if your Company implements the following safety controls:		Yes	No
Has a Written Safety Program (Injury & Illness Prevention Program - IIPP)		<input type="checkbox"/>	<input type="checkbox"/>
Has an Implemented Drug Screening Policy for all Employees.		<input type="checkbox"/>	<input type="checkbox"/>
Performs Safety Orientation & Training for all Employees.		<input type="checkbox"/>	<input type="checkbox"/>
Performs Continuing Safety Education for all Employees		<input type="checkbox"/>	<input type="checkbox"/>

Performance References

Current Jobs in Progress

Job Name:	
Project Owner Name:	
Location:	Contract Value:
General Contractor:	
Contact Name:	Title:
Phone:	Email:

Job Name:	
Project Owner Name:	
Location:	Contract Value:
General Contractor:	
Contact Name:	Title:
Phone:	Email:

Job Name:	
Project Owner Name:	
Location:	Contract Value:
General Contractor:	
Contact Name:	Title:
Phone:	Email:

Jobs Recently Completed (Last 2 Years)

Job Name:	
Project Owner Name:	
Location:	Contract Value:
General Contractor:	
Contact Name:	Title:
Phone:	Email:

Job Name:	
Project Owner Name:	
Location:	Contract Value:
General Contractor:	
Contact Name:	Title:
Phone:	Email:

Job Name:	
Project Owner Name:	
Location:	Contract Value:
General Contractor:	
Contact Name:	Title:
Phone:	Email:

Financial Summary

	2022	2021	2020
Annual Revenue			

Financial Statement:

Please provide your latest copy of reviewed or audited financial statement with accompanying notes and supplemental information.

D&B (Dun & Bradstreet) #:

Bonding Reference

Bonding Company:	Agent Name:		
Length of Business Relationship:	Phone:	Fax:	
Bond Rate:	Capacity:	Available:	

At any time during the past five years, has any surety company made any payments on your firm's behalf as a result of a default, to satisfy any claims made against a performance or payment bond issued on your firm's behalf, in connection with a construction project, either public or private?

Yes (explain on a separate signed page.) No

Banking Reference

Bank Name:	Contact Name:
Phone:	Fax:

Credit References

Vendor:	Contact Name:		
Phone:	Fax:	Email:	
High Credit:	Current Credit:		
Pay Schedule:	Length of Business Relationship:		

Vendor:	Contact Name:		
Phone:	Fax:	Email:	
High Credit:	Current Credit:		
Pay Schedule:	Length of Business Relationship:		

Vendor:	Contact Name:		
Phone:	Fax:	Email:	
High Credit:	Current Credit:		
Pay Schedule:	Length of Business Relationship:		

Insurance

1. Does your organization meet RJK Construction's insurance requirements?

(Refer to RJK insurance requirements PDF)

Yes No (If not, provide a sample copy of your current insurance certificate)

2. In the last five years, has any insurance carrier, for any form of insurance, refused to renew the insurance policy for your firm?

Yes (If "yes," explain on a separate signed page.) No

