



2411 Walters Lane
Perryville, Missouri 63775

Date Form Issued: _____

Date Form Returned: _____

Robinson Construction Company Subcontractor Prequalification Form

Company Information

Company Name: _____
 Address: _____
 Phone Number: _____ Fax Number: _____
 Contact Name: _____ Email Address: _____
 Federal Tax ID #: _____
 Type of Company: Corporation LLC Partnership Sole Proprietorship
 Date Formed: _____ No. of Employees: _____ Salaried: _____ Hourly: _____

	2013	2012	2011
Sales volume past three years: \$	\$	\$	\$
Work under contract: \$		Uncompleted backlog: \$	\$
Average project size in place last year: \$		Largest project completed: \$	\$
Size of projects preferred: \$		Project location preferred:	

Does the company have offices, plants, or warehouses at other locations? Yes No
 If yes, list addresses. _____

Trades of Work

List the type(s) of work normally self-performed by your company. _____

Labor

Does the company have any union labor agreements? Yes No
 If yes, please list. _____

License

License Number	State	Type of License or Work Licensed for

MBE/WBE/SBE/DBE/DVBE Certification

Is the company certified? MBE WBE SBE DBE DVBE

Certifying Agency(s): _____

Bonding Capacity

Are you able to bond projects? Yes No Bonding Rate: _____ %

Single project limit: \$ _____ Aggregate limit: \$ _____

Bonding Company Name & Address: _____

Agent Name & Phone Number: _____

Safety

Experience Modifier **2013** **2012** **2011**

Rating (EMR) past 3 years: _____

Provide a letter from your insurance carrier/agent that certifies the above EMR rates.

Recordable Incident **2013** **2012** **2011**

Rating (RIR) past 3 years: _____

A copy of each OSHA 300A log from the last 3 years must be attached to this questionnaire.

Does the company have a written safety program and /or policies? Yes No

Does the company have a written drug policy? Yes No

Are your employees MSHA certified? Yes No

Are you subject to any OSHA or MSHA restrictions or operating under any settlement agreements? Yes No

If yes, please explain and attach a copy of the agreement. _____

Insurance - please attach a current certificate of insurance

General Liability Limits: \$ _____ per occurrence \$ _____ aggregate

Insurance Company Name & Address: _____

Agent Name & Phone Number: _____

Bank Reference

Does the company have a line of credit from any lending institution? Yes No

Amt. of Credit	Outstanding Balance	Lender's Name/Address	Lending Officer's Name/Phone No.
\$ _____	\$ _____	_____	_____
\$ _____	\$ _____	_____	_____
\$ _____	\$ _____	_____	_____

Completed Projects

List four (4) representative projects completed in the past five (5) years.

Name of Project	Contracting Company	Contact Name/ Phone No.	Contract Amount	Completion Date
			\$	
			\$	
			\$	
			\$	

Current Projects

List four (4) representative projects currently under construction.

Name of Project	Contracting Company	Contact Name/ Phone No.	Contract Amount	% Complete
			\$	%
			\$	%
			\$	%
			\$	%

Trade References

List three (3) of your subcontractors or suppliers.

Company Name	Address	Phone Number	Contact Name

Client References

List three (3) clients.

Company Name	Address	Phone Number	Contact Name

Internet

What type of internet does the company have?

 T-1 Cable DSL Wireless

Does your email have file size limitations?

 Yes No

If yes, what are the limitations?

Can we send bid invitations and documentation via email?

 Yes No

If yes, please provide email address:

Does the company have a website?

 Yes No

If yes, please provide the address:

Other Information

In the past five (5) years, has the company

- 1.) operated under any other name? Yes No
- 2.) had any liens filed against it by any of its subcontractors or suppliers? Yes No
- 3.) ever failed to complete a contract, been defaulted, or had a contract terminated? Yes No
- 4.) had liquidated damages assessed against it upon completion of a project? Yes No
- 5.) or any of its key people been a party to a bankruptcy or reorganization proceedings? Yes No
- 6.) or any of its key people been involved in any lawsuit arising from a project? Yes No
- 7.) or any of its key people been investigated for or found to have committed a violation of any labor laws? Yes No
- 8.) or any of its key people been investigated for or found to have committed a serious OSHA violation (you can research this at <http://www.osha.gov/oshstats/>)? Yes No
- 9.) or any of its key people been investigated for or found to have committed a violation of state, federal, or local laws? Yes No

If you answered yes to any of the above questions, please provide details. (You may use a separate sheet if necessary).

Name of person completing prequalification: _____

Title: _____

Date Completed: _____

You may email the completed form to: mlorenz@robinsonconstruction.com or fax it to 573-547-8398 or

You may mail the completed form to: Robinson Construction Company
 Attn: Accounts Payable
 2411 Walters Lane
 Perryville, MO 63775

FOR ROBINSON CONSTRUCTION USE ONLY

Approved: Yes No

Signature: _____

Title: _____

Date: _____

Denied: Yes No

Signature: _____

Title: _____

Date: _____

The following deficiencies must be addressed prior to approval:



1821 Peartree Lane
Hopkinsville, Kentucky 42240

Attached please find a copy of our sample certificate. In addition, listed below please find a breakdown of our minimum requirements.

General Liability: The columns listed below must be marked:

Commercial General Liability
Occur
Project
Additional Insured
Subrogation Waiver

Limits:

Each Occurrence	1,000,000	Personal & ADV Injury	1,000,000
Damage to Rented Premises	50,000	General Aggregate	2,000,000
Med Expense	1,000	Products - COMP/OP AGG	2,000,000

Automobile Liability: The columns listed below must be marked:

Any Auto
Hired Autos
Non-Owned Autos
Additional Insured
Subrogation Waiver

Limits:

Combined Single Limit	1,000,000
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Umbrella Liability: The columns listed below must be marked:

Umbrella Liab.
Occur
Additional Insured
Subrogation Waiver

Limits:

Each Occurrence	2,000,000
Aggregate	2,000,000

o 270.707.0171

f 270.707.0174

www.robinsonconstruction.com

Workers Compensation: The columns listed below must be marked:

Any Proprietor/Partner/Executive Officer/Member Excluded: **N**

Subrogation Waiver (where permitted by law)

Under the W/C policy number list the state/states where work is being performed

Limits:

Each Accident	500.000
Disease - Ea. Employee	500,000
Disease - Policy Limit	500,000

Description of Operations: Must read as follows, unless your insurance company advises you they can't alter the certificate. In this case, they must provide us with endorsements to show proof you meet **ALL** our minimum requirements.

Robinson Mechanical Contractors, Inc. DBA Robinson Construction Company, The Owner & other parties as required by the Prime or Subcontract and their agents, officers, directors and employees are added as additional insured's under subcontractors General Liability, Auto Liability & Umbrella/Excess Liability policies on a primary & non-contributory basis, including completed operations coverage.

A Waiver of Subrogation applies on all lines of coverage, where permitted by law, in favor of Robinson Mechanical Contractors, Inc. DBA Robinson Construction Company, the owner & other parties as required by the Prime or Subcontract and their agents, officers, directors and employees.

If your insurance certificate does not meet our minimum requirements, please have your insurance agent send an e-mail along with your certificate advising what is excluded. At that time, your certificate will be reviewed by our insurance committee.

Your help is greatly appreciated in this matter.



DESCRIPTIONS (Continued from Page 1)

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