



SUBCONTRACTOR PREQUALIFICATION FORM

All subcontractors are required to complete this questionnaire. The contents of this questionnaire will be considered and used solely to determine your firm's qualification to perform work for Riley Construction. Electronic submission is preferred.

If mailed, please return completed form to:

Riley Construction, Attn: Mark Toepfer - Subcontractor Prequalification, 5301 99th Avenue, Kenosha WI 53144-7870

PLEASE NOTE: This form must be filled out completely. Missing information or documentation may result in disqualification of consideration

Application Date:		Date of Prequal Expiration:	April 30, 2027
--------------------------	--	------------------------------------	----------------

Company Information

Company Name			
<input type="text"/>			
Street Address			
<input type="text"/>			
City		State	Zip
<input type="text"/>		<input type="text"/>	<input type="text"/>
Principal Contact		Principal Contact Email Address	
<input type="text"/>		<input type="text"/>	
Year Business was Established	<input type="text"/>	Union Status	Union <input type="checkbox"/> Non-Union <input type="checkbox"/>
States We Do Work In			
<input type="text"/>			
Current Number of Employees	<input type="text"/>	Qualified Minority Business?	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> DBE

Type of Work Performed (Select All That Apply)		
<input type="checkbox"/> Demolition (Div. 2)	<input type="checkbox"/> Openings & Glazing (Div. 8)	<input type="checkbox"/> Electrical (Div. 26)
<input type="checkbox"/> Concrete (Div. 3)	<input type="checkbox"/> Finishes (Div. 9)	<input type="checkbox"/> Earthwork (Div. 31)
<input type="checkbox"/> Masonry (Div. 4)	<input type="checkbox"/> Fire Suppression (Div. 21)	<input type="checkbox"/> Exterior Improvements (Div. 32)
<input type="checkbox"/> Metals (Div. 5)	<input type="checkbox"/> Plumbing (Div. 22)	<input type="checkbox"/> Site Utilities (Div. 33)
<input type="checkbox"/> Roofing & Therm./Moisture Protection (Div. 7)	<input type="checkbox"/> HVAC (Div. 23)	<input type="checkbox"/> Other:

Safety

List your Company's # of Injuries/Illnesses from your OSHA 300 Logs as follows:	2025	2024	2023
Experience Modification Rate (EMR) for past three years			
Total # of Fatalities. (From Column G on the OSHA 300 Log)			
Total # of OSHA Recordable Incidents. (Total of Columns H, I, and J on the OSHA 300 Log)			
Total # of Lost Work Day Incidents. (Column H on the OSHA 300 Log)			
Total # of other recordable cases. (Column J on the OSHA 300 Log)			
Total # of Annual Man-Hours Worked.			

Required Documentation:	
Please attach your EMR Letter from your Insurance Agency	
Please attach OSHA 300 logs for the last three years.	

Please continue to the following page

Current Work in Progress

Provide a summary of the three largest projects presently under construction for your firm					
Project Name	City	State	Start Date	End Date	Contract Amount

Financial Information

	2025	2024	2023
Gross Revenue (\$)			

Required Documentation:	
Please attach your Current Backlog (as of today) of Work in Progress:	
Please attach your firm's current balance sheet prepared by a 3rd-party if the proposed contract value is greater than \$250,000. <i>If typical contracts are less than \$250,000, in lieu of a balance sheet, a current Surety Letter is acceptable.</i>	

Please provide answers to the following questions and explain where necessary			
	Yes	No	Explanation
Are there any judgments, claims, arbitrations, proceedings or suite pending/outstanding against your firm or its officers or principals?	<input type="checkbox"/>	<input type="checkbox"/>	
Has your firm ever filed bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>	
Has your firm filed any lawsuits or requested arbitration or mediation with regard to construction contracts within the last three (3) years?	<input type="checkbox"/>	<input type="checkbox"/>	
Has your firm or any other organization, with which of the officers or partners were involved during the past three (3) years, ever failed to complete any work awarded? If yes, please provide further details.	<input type="checkbox"/>	<input type="checkbox"/>	

Insurance & Bonding

Please read the attached Exhibit A in its entirety prior to responding to this question		Yes	No
Does your company currently maintain insurance that meets Riley Construction's requirements?			

Please provide the following bonding information							
Can you provide a Performance Bond?		Bond Rating	Bonding Capacity	Single Project	Aggregate	Bond Cost (Provide Either/Or)	
						Cost %	Cost \$/1000
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			0.00%	
Name of Bonding Company				Bonding Company Contact		Bonding Company Phone #	
Last Type of Bond Issued				Date Issued		Amount (\$)	

Required Documentation:	Please attach a current letter from your Surety:	
--------------------------------	--	--

Please continue to the following page

References *(The below references may be contacted by Riley Construction for verification purposes.)*

<i>Provide three references. (Bank, Supplier, Customer, etc.)</i>		
Company Name	Contact Name	Phone Number

<i>If the company has a line of credit, please provide the additional documentation below:</i>	
Required Documentation:	
Letter from your bank establishing borrowing capacity and outstanding amount	

The undersigned, on behalf of the Subcontractor, certifies under oath that the information provided herein, including any schedule or attachment, is true and sufficiently complete so as not to be misleading.

Completed By: _____
(Print or Type) *(Signature)*

Title: _____ Date Completed: _____

Riley Construction will use this documentation to pre-qualify contractors. Therefore, if you intend to continue to service our facilities, it is essential that you return the documentation as requested. This document should not be construed to constitute a commitment, or a request to perform any work.