



**RZJAMES**  
CONSTRUCTION

## Subcontractor Pre-Qualification Worksheet

Subcontractor prequalification is an integral part of our risk management program and a prerequisite for working with RZJAMES Construction. Please complete the enclosed subcontractor prequalification questionnaire to help us better understand your operational capabilities, safety record, and liquidity. With the information provided, we establish an aggregate contractual threshold limit and update our estimating database for consideration on future projects.

### I. COMPANY INFORMATION

a. Company Legal Name \_\_\_\_\_

b. Subsidiaries and divisions: \_\_\_\_\_  
\_\_\_\_\_

c. Address  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

d. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

e. Website: \_\_\_\_\_

f. Description of trade/product provided:  
\_\_\_\_\_  
\_\_\_\_\_

g. Federal Employer ID #: \_\_\_\_\_

h. Contractor's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Classification: \_\_\_\_\_

i. States and/or Service Region where your firm is willing to do business:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

j. Company type:  Corporation  Partnership  LLC  
 Wholly-Owned Subsidiary  Sole Proprietor  Joint Venture

k. Parent Company Name (if applicable): \_\_\_\_\_

l. Year founded: \_\_\_\_\_ Fiscal year ending: \_\_\_\_\_

m.  Non-Union  Union Name of union: \_\_\_\_\_

n. Average number of employees: Office: \_\_\_\_\_ Field: \_\_\_\_\_

o. Officers and Owners (list all officers and all owners with greater than 10% ownership):

**Name Title Ownership %**


p. Has your firm gone through an ownership change in the last 12 months?

No  Yes If yes, please explain:

q. Primary points of contact within your organization:

Department	E-mail	Name	Phone # Fax #
Estimating	_____	_____	_____
Accounting	_____	_____	_____
Warranty	_____	_____	_____
Safety	_____	_____	_____

**II. SAFETY INFORMATION**

a. Provide your worker's compensation experience modification factors for the last 3 years

\_\_\_\_\_

b. In the last 5 years, has your company been cited by OSHA for a “serious” or “willful” violation?

No  Yes If yes, please explain:

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**III. INSURANCE INFORMATION**

RZJames requires the following insurance from its subcontractors:

a. Please provide a sample of your insurance certificate.

**IV. PERFORMANCE INFORMATION**

a. Has an owner or general contractor terminated your contract for cause in the last 5 years?

No  Yes If yes, please explain:

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b. Has your company failed to complete any construction contracts in the last 5 years?

No  Yes If yes, please explain:

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c. Provide as an attachment to this form, a list of 5 supplier or financial trade references including name, contact name, and phone number.

d. Provide as an attachment to this form, a list of major construction projects your organization has completed or are currently in progress, giving the name of the project, owner, architect, general contractor, contract amount, city/state, and completion date over the past several years.