



Subcontractor Pre-qualification Questionnaire

All subcontractors are required to complete the following questionnaire. The contents of this questionnaire are considered confidential & used solely to determine your firm's qualifications, and will not be disclosed to the project staff. Please direct any questions and return this form completed to:

Rizzo Corporation
64 Triangle Street
Danbury CT 06810
Attention: Estimating Department
Email: abarszcz@rizzocorporation.com

1) GENERAL INFORMATION

- a) Name of Business: _____
- b) Contact Info:
 - Owner: _____
 - Estimator: _____
- c) Street Address: _____
City,State,Zip: _____
- d) Phone Number: _____ Fax No: _____
- e) E-mail Address:
 - Owner: _____
 - Estimator: _____

2) ORGANIZATION. Please indicate your firm's legal structure:

- a) This firm is a (please check which applies):
 - C Corporation S Corporation Partnership
 - Sole Proprietor Limited Liability Company
- b) Date firm was established: _____
- c) Federal Employer Identification Number: _____

d) Names, Titles and Length of Position of Officers, Estimators, Managers and/or Principals:

Name	Title/Position	Length of Position

e) Have any of the Owners, Officers, or Major Stockholders of your firm ever been convicted of any felony or other criminal conduct? Yes ___ No___

If YES, give details: _____

f) Union, Non-Union or Open Shop _____

g) Is your firm a qualified MBE? Yes___ No ___ Certification #: _____

Is your firm a qualified WBE? Yes___ No ___ Certification #: _____

Is your firm a qualified SBE? Yes ___ No ___ Certification #: _____

Please attach copies of current certificates.

h) Does your firm have a contractor's license? Yes ___ No ___

License No: _____ State: _____ Class: _____

Does your firm currently hold a major contractor license (MCO)?

Yes ___ No ___ License No: _____ State: _____

i) Does your firm currently have an approved Affirmative Action Plan (AAP) on file with the State of Connecticut? Please attach copy of approval letter from State of Connecticut.

j) Does your firm currently have an approved CON16 on file with the State of Connecticut?

k) Is your firm DAS certified? Please attach a copy of your current certificate.

l) Is your firm CT DOT BDE certified. Please attached a copy of your current certificate/

m) Has your firm ever performed work for the Dept of Transportation {DOT}? _____ For the Dept of Public Works {DPW} ? _____

3) WORK CLASSIFICATION

- a) Please list the field(s) of work you are interested in bidding: _____

- b) Please list the field(s) of work your firm normally performs with your own employees:

- c) Please list the geographic areas you prefer to work in:

4) WORK EXPERIENCE

- a) Please attach a list of the major projects your firm has completed in the last three years showing the project name, owner, contact person, architect/engineer, general contractor, scope of work, contract amount and completion date, and comments on project.
- b) Does your firm have experience performing work on a prevailing wage project and submitting certified payroll reports as required?
Yes _____ No _____

5) CONTRACTOR PROFILE

- a) Current number of employees
Office _____ Field _____
- b) How many OSHA violation(s) has your firm received in the last three years? _____ If any, give details: _____

Please provide documentation .

6) SAFETY

- a) Do you have a full time safety representative? Yes ___ No ___
If YES:
Contact name: _____
Contact No: _____

- b) Do you hold site safety meetings? Yes ___ No ___
If YES, how often? _____
- c) Does your firm have a current written Safety Program in place?
Yes ___ No ___
- d) Do any current employees carry any specialized certifications?
i.e. OSHA 10, HAZWAPR, CPR. Please list: _____

7) CURRENT INSURANCE – Please attach copy of Cert of Insurance

- a) Insurance Company: _____
- b) Agent's Name: _____
- c) Address: _____

- d) Phone No: _____
- e) Liability: \$ _____ General Aggregate \$ _____
- f) Does your firm have any pending value of claims? Yes ___ No ___
If YES, give details: _____

- g) Auto Liability: _____
- h) Worker's Compensation: _____
- i) What is the firm's current EMR Rating? _____%
- j) What is last year's EMR Rating? _____%
- k) Previous year's EMR Rating? _____%
- l) If no EMR rating, provide details of all Worker's Compensation claims to date:

8) BONDING INFORMATION

- a) Is your firm capable of providing a bond if required?
- b) What is your bonding capacity? Single: _____
Aggregate: _____

9) COMMUNICATION

- a) Is your firm capable of receiving blueprints electronically or by CD in PDF form (Adobe)? Yes ___ No ___
- b) What printing company, if any, do you utilize for printing your bid documents? _____

10) BANKING INFORMATION

- a) What is your firm's Dunn & Bradstreet number? _____
- b) What is your firm's Dunn & Bradstreet rating? _____

Bank Reference and Contact Name and Phone Number:

Bank Name: _____

Bank Contact Name: _____

Telephone Number: _____

Fax Number: _____

A financial statement may be requested at a later date.

I declare that the foregoing is true and correct to the best of my knowledge and belief:

Authorized Signing Officer

Date

Print Name & Title