



SUBCONTRACTOR/VENDOR PREQUALIFICATION STATEMENT

Date: _____

I. GENERAL INFORMATION:

Name of Firm: _____

Shipping Address: _____

P.O. Box: _____

City: _____ State: _____ Zip: _____

Phone: () - _____ Fax: () - _____

Website and/or Email Address: _____

Contact Name: _____

Corporate Officers Name & Title: _____

List key office personnel and field supervisors (attach resumes):

	<u>Name Position</u>	<u>Years Experience</u>	<u>Previous Employer</u>
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____
D.	_____	_____	_____
E.	_____	_____	_____

List any subsidiaries and affiliates of your Company:

	<u>Company Name</u>	<u>Ownership</u>	<u>Type of Company</u>
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____

General Remarks: _____



H. Predominant Markets:

- 1. Public _____
- 2. Private _____
- 3. Design/Build _____

I. Check all building types on which your Company has worked:

- | | |
|------------------------------------|-------------------------------------|
| A. High rise Office Building _____ | F. Sports/Entertainment _____ |
| B. Mid rise Office Building _____ | G. Industrial Bldg. _____ |
| C. Hotels/Motels _____ | H. High Tech/Laboratories _____ |
| D. Hospital _____ | I. Correctional Facilities _____ |
| E. Residential _____ | J. Design Build/Design Assist _____ |

J. Have you ever worked with R2D Construction? _____
 If yes please list projects: _____

V. LABOR RELATIONS:

Union _____

If Union, list Collective Bargaining Agreements you are Signatory to:

(i.e. Local # _____

Open Shop _____

List benefits paid to employees: _____

Number of Employees: Office Personnel _____ Field Personnel _____

VI. GEOGRAPHICAL WORK AREA AND MINORITY CERTIFICATION:

A. List the geographical areas in which you work: _____

B. List the states in which you are licensed to perform work: _____

C. Minority Certification:	MBE	Yes	_____	No	_____
	WBE	Yes	_____	No	_____
	DBE	Yes	_____	No	_____
	SBE	Yes	_____	No	_____



.I. SAFETY:

- What is your most current Worker’s Compensation Experience Modification Rating?

- Number of recordable accidents (OSHA) in 2009? _____
- Number of recordable accidents (OSHA) in 2008? _____
- Do you have a written Safety Program? Yes _____ No _____
- Has OSHA cited you within the last 3 years?
 Yes (attach explanation) _____ No _____
- Do you have a Safety Orientation Program in place for new hires? _____
- Do you hold employee “toolbox” safety meetings? Yes _____ No _____

VIII. WORK REFERENCES:

- A. Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: () _____ - _____ Contact Person _____
 Dollar value of contracts (approx.): \$ _____
- B. Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: () _____ - _____ Contact Person _____
 Dollar value of contracts (approx.): \$ _____
- C. Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: () _____ - _____ Contact Person _____
 Dollar value of contracts (approx.): \$ _____



WORK EXPERIENCE:

Please attach a resume of work completed in the last five (5) years or in progress, including names and locations of the project, owner and general contractors, the type of project and the type of work you performed, the dollar value of your contract and the completion date. Please attach your brochure, if one is available.

A. Claims and Suits. (If the answer to any of the questions below is yes, please attach details.)

1. Has your organization ever failed to complete any work awarded to it? _____
2. Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers? _____
3. Has your organization filed any law suits or requested arbitration with regard to construction contracts within the last five years? _____

B. Within the last five years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract? (if the answer is yes please attach details.) _____

INSURANCE:

Please attach a copy of standard insurance coverages.

Completed by: _____

Signature: _____

Title: _____

Date: _____

SEND TO: R2D Corp., 29 Berlin Road, Cromwell, CT 06416

Phone: (860) 613-7300 Contact Person: Leonard Schiraldi

Fax: (860) 632-8022 Contact Person: Carmela Moore