***PREFERRED SUBCONTRACTOR INFORMATION***

In order to become a Rycon preferred subcontractor, please take the time to fill out the following information in its entirety. We look forward to working with you.

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| Company Information | | | | | | |
| Legal Business Name: | | |  | | | |
| Address: | | |  | | | |
| Labor / Union Affiliation(s): | | | Union | Non-Union | Merit Shop | Other |
| Diversity Affiliation: | | | MBE | WBE | DBE | Small Business |
| Certifications: | | | AISC | AWI | Other: |  |
| Years in Business: | | |  | | | |
| In What States do you Conduct Business: | | |  | | | |
| Previously in Business Under a Different Name: | | |  | | | |
| Typical Project Size $: | | |  | | | |
| Yearly Volume: | | |  | | | |
| Bond Company: | | |  | | | |
| Bond Rate: | | |  | | | |
| Number of Office Employees: | | |  | | | |
| Number of Estimators: | | |  | | | |
| Number of Field Employees: | | |  | | | |
| Number of Shop Employees: | | |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Information | | | |
|  | Name | Phone Number | Email |
| Owner/President: |  |  |  |
| Project Manager: |  |  |  |
| Estimating: |  |  |  |
| Accounting: |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Insurance Information | | | |
| Do you currently carry, or can you obtain the following insurance coverage(s)? | | | |
| Worker’s Compensation | Yes  No | Automobile Liability | Yes  No |
| General Liability | Yes  No | Employer Liability | Yes  No |

|  |  |  |  |
| --- | --- | --- | --- |
| Safety Information | | | |
| Do you have a full-time safety officer(s)? Yes  No  If yes, attach resume | | | |
| EMR Last (3) Years | 2019 | 2020 | 2021 |
| Do you have any OSHA Violations in the last (3) years (if yes, give explanation) | Yes  No |  |  |
| Attached Safety Program |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| References | | | | | | |
| Please provide three professional references (3 suppliers and 1 General Contractor): | | | | | | |
|  | | Company Name | | Phone | | Contact Person |
| 1. | |  | |  | |  |
| 2. | |  | |  | |  |
| 3. | |  | |  | |  |
| 4. | |  | |  | |  |
| **Signature:** | |  | |