***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: |  |

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

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| 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 [ ]  |

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| 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 |  |  |  |

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