



SUBCONTRACTOR PRE-QUALIFICATION FORM

RCC Associates will not accept your proposal without a completed form on file. If you have already submitted this form, please disregard the following pages.

| |
|---|
| COMPANY: _____ |
| CONTACT: _____ |
| TITLE: _____ |
| ADDRESS: _____ |
| ADDRESS: _____ |
| ADDRESS: _____ |
| EMAIL: _____ |
| MOBILE: _____ |
| PHONE: _____ |
| FAX: _____ |
| PLANS MAY BE SENT VIA EMAIL: <u>YES</u> _____ <u>NO</u> _____ |

| TYPE OF WORK | NO | YES | PERCENTAGE OF WORK IN EACH DIVISION |
|---------------------|-----------|------------|--|
| RESTAURANT | | | |
| RETAIL | | | |
| WHITE BOX | | | |
| OTHER | | | |



TRADES:

NUMBER OF YEARS IN BUSINESS:

AVG NBR OF EMPLOYEES:

ANNUAL VOLUME:

TYPICAL PROJECT SIZE:

SERVICE REGION:

TYPE OF WORK SUBCONTRACTED OUT:

EXPERIENCE MODIFICATION RATE (LIST LAST TWO YEARS):

CORPORATION _____ PARTNERSHIP _____ SOLE PROPRIETOR _____

STATE OF CORPORATION:

STATE LICENSE NBR:

FEDERAL ID NBR:

M/WBE? YES NO

BONDABLE? YES NO

BONDING CO:

BOND PREMIUM _____%



BACKLOG:

UNION OR OPEN SHOP?

UNION AFFILIATION (IF ANY):

PROJECT REFERENCES (Restaurant/Retail projects within the last 3 years preferred):

| CUSTOMER | PROJECT | | | |
|--------------------------|------------------------|-------------|-----------------|----------------|
| CO., CONTACT NAME, PHONE | PROJECT NAME, LOCATION | DESCRIPTION | CONTRACT AMOUNT | YEAR COMPLETED |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



VENDOR REFERENCES (Company, Contact Name, Phone):

1. _____
2. _____
3. _____
4. _____

Please read and acknowledge our insurance requirements. If you are awarded a project you may be asked to increase your insurance limits to the match the amounts listed below.

RCC Contract & Bid Requirements

1. Certificate of Insurance (**ORIGINAL**)
 - A. Workman's Compensation - \$1,000,000.00 minimum and applies to Subcontractor's Subs as well OR exemption from **each employee** (exemption option only applicable if job contracts for RCC is less than \$250,000.00, per new Florida statutes – **NO EXCEPTIONS.**
 - B. General Liability - \$1,000,000.00 (RCC must be named as additional insured.)
 - C. Bodily Injury/Property Damage - \$1,000,000.00
 - D. Personal Injury - \$1,000,000.00
 - E. Umbrella Excess - \$1,000,000.00
2. Occupational License – RCC will need copy for our office.
3. Completed W-9 or a substitute 1099 form.

Insurance Requirement Acknowledgment – Please Initial _____

PREPARED BY:

Print Name: _____ Title: _____

Signature: _____ Date: _____

PLEASE RETURN THIS FORM TO:

**RCC ASSOCIATES
255 JIM MORAN BLVD.
DEERFIELD BEACH, FL 33442
bids@rccassociates.com or 954-429-9210 fax**

PHONE: 954-429-3700, FAX: 954-429-9210; MAIN FAX:954-429-3786