

All subcontractors are required to complete this questionnaire. The contents of this questionnaire will be considered and used solely to determine your firm's qualification to perform work for Riley Construction. Return completed form to:

·	on 5301 99 th Avenue, Kenosh				•		
PLEASE NOTE: This form m Application Date:		_	-	-		on of considerat April 30 th N	
Background							
Company Name				Type of V	Vork Perfo	rmed	
Street Address				Phone Nu	umber		
City/State/Zip	Principal Contact			Email Address			
Year Business was Established	States We Do Work In Union Non-Union			Current Number of Employees			
Qualified Minority Business?							
Safety							
List your Company's # of Injuries/Illnesses from your OSHA 300 Logs as follows: Experience Modification Rate (EMR).					'ear	1st Prior Yea	ar 2 nd Prior Year
Total # of Fatalities. (From Column G on the							
Total # of OSHA Recordable Incidents. (Total of Columns H, I, and J on the OSHA 300 Log)							
Total # of Lost Work Day Incidents. (Column							
Total # of other recordable cases. (Column J on the OSHA 300 Log)							
Total # of Annual Man-Hours Worked.							
	Please attach OSHA	300 logs for th	e last three y	ears.			•
Schedule							
Provide summary of three largest projects	s presently under constr	ruction.	Locat	ion	Start/	Completion	Contract Amount
, , ,	•					•	
Provide three largest projects currently un	nder consideration for a	ward.	Locat	ion	Start/	Completion	Contract Amount



Financial History

T IIIaiioiai Tiioto	- 7									
Please provide the	following info	ermation for the r	nast three f	iscal voars						
r lease provide the	following information for the past three fiscal years: Gross Revenue (\$) Gross Margin (%)					Largest Single Project (\$)				
2 nd Prior Year										
1 st Prior Year										
Last Year										
What is your backlo	g as of today:	\$		_			•			
Please attach your f \$500,000). In lieu o agent) on its letterhe	f providing bala	ance sheet, Riley (Construction	n will accept	a current Letter	of Bondab				ue is greater than pany (NOT your surety
Please provide ans	wers to the fo	llowing guestion	ns and attac	ch explanat	ions where nec	essarv.		Y	'es	No
Please provide answers to the following questions and attach explanations where necessary: Are there any judgments, claims, arbitrations, proceedings or suite pending/outstanding against your firm or its officers or principals?						m or its		<u> </u>	140	
Has your firm ever filed bankruptcy?										
Has your firm filed any lawsuits or requested arbitration or mediation with regard to construction contracts within the last three (3) years?						cts				
Has your firm or any other organization, with which of the officers or partners were involved during the past three (3) years, ever failed to complete any work awarded? If yes, please provide further details.										
Submit a listing of all litigation or formal arbitration to which your organization has been a party involving amounts in excess of \$10,000 for the past five years including any unsettled litigation or arbitration.										
Insurance & Bo	onding									
Please read Exhibi	t A in its entire	ety.								
Does your company currently maintain insurance that meets Riley Construrequirements?			ey Construct	ion's	☐ Yes				□No	
Please provide the	following bor					ROM YOU				Daniel Carl (0) and (1000)
Can you provide a Perfo		Bond Rating	Bonding Ca	араспу	Single Project		Aggregate			Bond Cost (% or \$/1000)
Name of Bonding Company				Contact			Phone Number			
Last Type of Bond Issued				Date		Amount (\$)				
•							•			
References (The	e below refere	nces may be con	ntacted by F	Riley Const	ruction for verif	ication pu	ırposes.)			
		· · ·								
Provide three refer	ences. (Bank	, Supplier, Custo	mer, etc.)							
Company Name	Contact						Phon	Phone Number		
Company Name	Contact						Phon	Phone Number		
Company Name	Contact			ntact				Phon	Phone Number	



I hereby certify that the information submitted herein, including any attachments is true and sufficiently complete so as not to be misleading.

(21)	-		
(Print or Type)	(Signature)		
	Data Campleta di		
	Date Completed:		
	(Print or Type)	(Print or Type) (Signature) Date Completed:	

Riley Construction will use this documentation to pre-qualify contractors. Therefore, if you intend to continue to service our facilities, it is essential that you return the documentation as requested. This document should not be construed to constitute a commitment, or a request to perform any work.



For Office Use Only

Risk Evaluation				
Additional information that should be taken into consideration:				
Override Approval				
(Any subcontract greater than the approval li	mit must be approved by the Chairman or President.)			
☐ Committee Approval:				
CFO	Risk Manager			
Date				
Please note any special requirements:				
☐ <u>Disapproved</u> :				
Reason for Disapproval:				
☐ Disapproval Overruled:				
Chairman or President	 Date			