



MASONRY – R – US, INC.
East Islip, NY 11730
P: (631)882-5075

SUBCONTRACTOR/SUPPLIER PREQUALIFICATION QUESTIONNAIRE

Please submit form by Fax or E- Mail to:

Fax:

E-Mail: Nick@masonryrus.com

GENERAL INFORMATION

DATE:

COMPANY NAME:

CONTACT NAME:

CONTACTS DIRECT #:

ADDRESS:

STREET:

CITY:

STATE:

ZIP:

PHONE:

FAX:

E-MAIL:

WEBSITE:

AREA OF OPERATION: NYC Long Island North New Jersey Other (please Indicate)

Trades: MATERIAL LABOR (Check both if applies)

Please list the trades below that you are interested in bidding:

UNION NON-UNION

If Union, please list all Locales currently signed with



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BONDING & INSURANCE

BONDING

What percentage of work is currently bonded?

% Largest job bonded? \$

Bonding Capacity: Aggregate limit: \$

Single project limit: \$

Bonding Agency and Agent:

Agency Name:

Contact:

Phone:

Current Surety and Underwriter:

Company Name:

Contact:

Phone:

INSURANCE

Insurance Agent:

Agency Name:

Agency Address:

City:

State:

Zip:

Contact:

Phone:

Email:

Please Provide name of carrier for each policy below:

Workers Comp Policy(s)	
CGL Policy (if different)	
Excess/Umbrella Liability Policy (if different)	
Auto Policy (if different)	
Pollution Policy (if different)	

Please provide us the Certificate of Insurance.

An Equal Opportunity Employer



SAFETY

Experience Modification Rate (EMR) from Insurance Company			OSHA frequency rate= $\frac{\# \text{ of Injuries} \times 200,000}{\text{Actual Hours Worked}}$			
Year	EMR	Name of Insurance Provider	Year	Frequency Rate	# of injuries in given year	Actual hours worked in given year
Current Year			Current Year			
1 Year ago			1 Year ago			
2 Years ago			2 Years ago			
3 Years ago			3 Years ago			

Do you have a written Health & Safety Plan? YES NO

Do you have full time safety personnel on the job site? YES NO

What is your policy for placing safety personnel on a job site?

What safety training do you provide to your employees?

Who is your safety contact? Phone #:

Has your Company received an OSHA citation within the past three (3) years? Yes No

If yes: How many?

Describe:

NAME

TITLE

SIGNATURE

An Equal Opportunity Employer