



**TOM RECTENWALD CONSTRUCTION, INC.**

110 N. Jefferson St. - Zelienople, PA, 16063  
Phone: 724-452-8801 | Fax: 724-452-8802 | Website: www.trcgc.net

GENERAL CONTRACTORS SINCE 1980

**CONTRACTORS PRE-QUALIFICATION QUESTIONNAIRE**

\*Name of Business: \_\_\_\_\_ \*Phone: (reg) \_\_\_\_\_  
 \*Address: \_\_\_\_\_ \*Emergency: \_\_\_\_\_  
 \*City, State, Zip Code: \_\_\_\_\_ Fax: \_\_\_\_\_  
 \*Main Contact: \_\_\_\_\_ \*Federal I.D. #: \_\_\_\_\_

**I. Organization:** (circle) Corporation Partnership LLC Sole Proprietor Minority-Owned Woman-Owned

\*Name of Owner: \_\_\_\_\_

\*Names and Titles of Officers: \_\_\_\_\_

\*How many people do you regularly employ: \_\_\_\_\_ Office: \_\_\_\_\_ Field Supervision: \_\_\_\_\_  
 Craft/Laborers: \_\_\_\_\_ Total: \_\_\_\_\_

State Licenses (State/type of work): \_\_\_\_\_

Professional Affiliations: \_\_\_\_\_

Code Work Qualifications (API, ASME, NEMA, ANSI, etc.): \_\_\_\_\_

Labor Relations : \_\_\_\_\_

**II. Financial:** Furnish current copy of D&B Report **or** Furnish proof of financial strength below:

\*Dun and Bradstreet Number: \_\_\_\_\_

Assets (per Financial statements) \_\_\_\_\_

\*Bank References: \_\_\_\_\_

Bonding References: \_\_\_\_\_

Dollar volume of billings in last 3 yrs: 20\_\_ \$ \_\_\_\_\_  
 20\_\_ \$ \_\_\_\_\_  
 20\_\_ \$ \_\_\_\_\_

**III. Bidding Interest:**

\*Type of Work: \_\_\_\_\_

Cost Range: \_\_\_\_\_

**IV. References:** Please list two (2) references

\*Project/Company Name: \_\_\_\_\_ \*Contract Amount: \_\_\_\_\_  
 \*Contact: \_\_\_\_\_ \*Prime or Sub: Prime Sub

\*Phone Number: \_\_\_\_\_ \*Work performed: \_\_\_\_\_

\*Location: \_\_\_\_\_ \*Year Completed: \_\_\_\_\_

\_\_\_\_\_

\*Project/Company Name: \_\_\_\_\_ \*Contract Amount: \_\_\_\_\_  
 \*Contact: \_\_\_\_\_ \*Prime or Sub: Prime Sub

\*Phone Number: \_\_\_\_\_ \*Work performed: \_\_\_\_\_

\*Location: \_\_\_\_\_ \*Year Completed: \_\_\_\_\_

\_\_\_\_\_

Suppliers you have used: \_\_\_\_\_

**V. Insurance:** (Attach a copy of your Certificate of Insurance) **Upload required**

Limits: Comprehensive General Liability: \_\_\_\_\_  
Employer's Liability: \_\_\_\_\_  
Automotive Liability: \_\_\_\_\_  
Excess Liability: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

\*Are you willing to name TRC as an "additional insured" for work on our premise? \_\_\_\_\_

\*Is your insurance company willing to provide TRC a "Waiver of Subrogation"? \_\_\_\_\_

**VI. Safety Practices:**

\*Do you have a written safety program? (Year last updated) \_\_\_\_\_

Please upload last year's OSHA No. 300 log **Upload required** \_\_\_\_\_

\*Current Workers Compensation EMR Rating: \_\_\_\_\_

Please answer the following:

Do you conduct project safety inspections? \_\_\_\_\_ How often? \_\_\_\_\_

Do you hold site safety meetings for field supervisors? \_\_\_\_\_ How often? \_\_\_\_\_

Do you hold toolbox safety meetings? \_\_\_\_\_ How often? \_\_\_\_\_

Do you have an orientation program for new-hires? \_\_\_\_\_

Does each worker attend a safety orientation at job site before beginning work? \_\_\_\_\_

What methods do you utilize to communicate and enforce safety requirements to your personnel and subcontractors? \_\_\_\_\_

Do you comply with all applicable OSHA standards, including the Process Safety Management Standard for Highly Hazardous Chemicals - 29 CFR 1910.119? \_\_\_\_\_

**VII. Installation:**

What background checks have been or will be performed on your employees and subcontractors? \_\_\_\_\_

Are your employees and subcontractors periodically drug tested? \_\_\_\_\_

Are your employees and subcontractors bonded? \_\_\_\_\_

Are your employees and subcontractors licensed? \_\_\_\_\_

Are Your employees Tested/Certified in their Craft Discipline? \_\_\_\_\_

**VIII. Comments:**

\_\_\_\_\_  
\_\_\_\_\_

**Return to:**  
**ATTN.: Donald Booker**  
**TRC General Contractors, Inc.**  
**110 N Jefferson St.**  
**Zelienople, PA 16063**  
**Email: dbooker@trcgc.net**

Completed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_