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 Longmont, CO 80501

## Subcontractor Pre-Qualification Form

Thank you for your interest in submitting bids to KCI. Please tell us about your firm by completing the following form and returning it us at the above address/fax or email to [bids@kciconst.com](mailto:bids@kciconst.com). If you have any questions please do not hesitate to call the office.

### Company Information

<b>Company Name</b>	
<b>Address</b>	
<b>City, State &amp; Zip</b>	
<b>Estimating Contact</b>	
<b>Phone</b>	
<b>Fax</b>	
<b>Mobile</b>	
<b>Email Address</b>	
<b>Web Address</b>	
<b>Type of Company (Check all that apply)</b>	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> MBE <input type="checkbox"/> SBE <input type="checkbox"/> WBE <input type="checkbox"/> DBE <input type="checkbox"/> Other
<b>Company Officers (Names &amp; Titles)</b>	
How long has your company been in business?	
What cities are you licensed to work?	

### Project Information

Size of Your Scope for Projects You're Interested in Bidding (Check all that apply)

Type of Project	Size of Project (Subcontractor Portion)
<input type="checkbox"/> All <input type="checkbox"/> Educational (K-12 or Higher Ed) <input type="checkbox"/> Industrial or Manufacturing <input type="checkbox"/> Civil <input type="checkbox"/> Mass Transit <input type="checkbox"/> Commercial <input type="checkbox"/> Recreation <input type="checkbox"/> Medical/Healthcare <input type="checkbox"/> Site Development <input type="checkbox"/> Municipal <input type="checkbox"/> Multi-Family <input type="checkbox"/> Other _____	<input type="checkbox"/> Less than \$100,000 <input type="checkbox"/> \$100,000 to \$300,000 <input type="checkbox"/> \$300,000 to \$1,000,000 <input type="checkbox"/> Over \$1,000,000

CONSTRUCTING QUALITY. BUILDING TRUST.

TEAMWORK | COMMUNITY | INTEGRITY | PURPOSE | INNOVATIVE | SUSTAINABLE

**Location of Projects You are Interested in Bidding (Check all that Apply)**

<input type="checkbox"/> Denver Metro Area	<input type="checkbox"/> Mountain Areas
<input type="checkbox"/> Northern Colorado	<input type="checkbox"/> Boulder County
<input type="checkbox"/> Colorado Springs/Pueblo	
Please describe the types of products and services you provide.	
Has your company ever defaulted on or failed to complete a project? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please Explain)	

**Legal Information**

In the last five years, has your current company or any predecessor organization been involved in any litigation or legal dispute with an owner, architect, or general contractor? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please Explain)
In the last five years, has your current company or any predecessor organization had any judgments against them? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please Explain)

**Safety**

Does your firm have a written company-wide safety program? <input type="checkbox"/> No <input type="checkbox"/> Yes
Would you submit it for review upon request? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
What is your current Experience Modification Rate for Worker's Compensation Insurance?
Does your firm have a pre-hire drug testing program? <input type="checkbox"/> No <input type="checkbox"/> Yes

**Financial Ability, Bonding and Insurance**

Please provide your annual average dollar volume for the past three years.	\$
Please <i>attach a list</i> of current projects including the contract amount.	
Please provide the following references.	
<b>Banking</b>	
Bank Name	
Contact Person	
Phone / Fax	
Please <i>attach a list</i> of supplier credit references.	
Is a recent financial statement available upon request? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Bonding</b>	
Bonding Rates	
Bonding Limits	Single: _____ Aggregate: _____
<b>Insurance</b>	
Insurance Agent	
Please <i>attach a Certificate of Insurance</i> .	

Please review KCI's standard sub-contract agreement requirements for insurance below:

Worker's Compensation .....	Statutory Limits
General Liability	
Each Occurrence .....	\$1,000,000
General Aggregate.....	\$2,000,000
Personal/Adv Injury .....	\$1,000,000
Products/Comps Ops Aggregate.....	\$1,000,000
Automotive	
Combined Single Limit Each Accident .....	\$1,000,000
Umbrella Policy .....	\$1,000,000
Pollution Liability, If Required by Contract	
Per Claim .....	\$1,000,000
Aggregate.....	\$1,000,000

**Please provide three client references:**

Company Name		Phone	
Contact Person		Fax	
Project Name & Address			

Company Name		Phone	
Contact Person		Fax	
Project Name & Address			

Company Name		Phone	
Contact Person		Fax	
Project Name & Address			

**Signature**

\_\_\_\_\_

**Authorized Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Print Name**

\_\_\_\_\_

**Title**