

To: NUNN CONSTRUCTION, INC.
P.O. BOX 49219
COLORADO SPRINGS, CO 80949
(719) 599-7710, FAX (719) 599-4744

From: Firm Name: _____

Subcontractor Prequalification Statement

GENERAL INFORMATION

Company Name _____

Address _____

Telephone Number () _____

Fax Number () _____

E-Mail/Web Site _____

Principal Office Address _____

Principal Office Telephone Number () _____

Business Form: Individual Partnership Corporation Other

List trade categories of work your company is legally qualified to engage in and customarily performs:

Number of years your company has been engaged in this work _____

Number of years your company has been engaged in business under its present name _____

1. If your company is a corporation, please respond to the following:

Date and Legal Place of Incorporation _____

Federal ID Number _____

Names of Corporate Officers _____

President _____

Vice President(s) _____

Secretary _____

Treasurer _____

Locations (cities and/or states) and license numbers where your company is licensed to conduct business and do work (Attach list if necessary) _____

Types of licenses held _____

2. If you operate your business as an individual, a partnership, or other form of enterprise, please respond to the following:

Date and Legal Place of Origin _____

Names of Principals or Partners:

- _____
- _____
- _____
- _____
- _____

Locations (cities and/or states) Where Your Company is licensed to Conduct Business and Do Work (Attach list if necessary) _____

Types of Licenses Held _____

FINANCIAL

1. **Please submit with this Prequalification Statement a copy of your firm's most recent audited financial statement.**

2. **Please list your firm's approximate annual revenue amounts for the last three fiscal years:**

a. Year: _____ Approx. Revenue: _____

b. Year: _____ Approx. Revenue: _____

c. Year: _____ Approx. Revenue: _____

3. **Please list five vendors/suppliers currently extending credit to your company:**

FIRM NAME	ADDRESS	PHONE	ACCOUNT	CONTACT

4. **Please list banking references:**

BANK NAME	ADDRESS	PHONE	BANK OFFICER CONTACT

5. If requested, will your firm promptly provide the following additional information or data? :

• An open letter of credit from your firm's bank indicating the dollar amount of credit available and your firm's borrowing experience over the last five years Yes No

• A list of your major equipment used in your business. Yes No

BONDING

1. Please complete the following with regard to bonding:

Name of Bonding Company _____

Name of Bonding Agent and Firm _____

Address and Phone Number of Agent _____

Total Bonding Capacity of Your Company \$ _____

Maximum Bonding Amount Available for a Single Contract \$ _____

Number of Years You Have Done Business with Bonding Company Listed Above _____

List Names of Other Bonding/Surety Companies You Have Used in Last Five Years _____

2. Please submit with this Prequalification Statement a letter from your Bonding Surety which:

- a. Is addressed to Nunn Construction.
- b. Is currently dated.
- c. References your firm.
- d. References the project by name (this applies only if your firm is being prequalified for a specific project).
- e. Provides information regarding the number of years the surety has provided bonding to your firm.
- f. Indicates your firm's current single and aggregate bond capacity.
- g. Indicates if the current and anticipated bond program would accommodate the referenced project (this applies only if your firm is being prequalified for a specific project).

In lieu of the above requested bonding surety letter, we will accept a letter from you bond Agent which:

- a. Includes the Agent's name and phone number.
- b. Is addressed to Nunn Construction.
- c. Is currently dated.
- d. References your firm.
- e. Includes the name of the bond surety.
- f. References the project by name (this applies only if your firm is being prequalified for a specific project).
- g. Provides information regarding the number of years the surety has provided bonding to your firm.
- h. Indicates your firm's current single and aggregate bond capacity.
- i. Indicates if the current and anticipated bond program would accommodate the referenced project (this applies only if your firm is being prequalified for a specific project).

INSURANCE

- 1. Reference the attached Subcontract Agreement Exhibit "B" - Nunn Construction Inc.'s Minimum Insurance Requirements.**
- 2. Please submit with this Prequalification Statement a sample insurance certificate indicating that your firm can provide the required insurance coverage and limits.**
- 3. Provide the names of your insurance companies and insurance agents' names, addresses and phone numbers:**

4. **If your firm performs earthwork/grading, please indicate if you have Subsidence Insurance** Yes No

LEGAL

- Are there any judgments, claims, arbitration proceedings, or suits pending or outstanding against your organization or its officers? Yes No
- Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the last five years? Yes No

If yes on either of the above, please provide details: _____

ORGANIZATION

1. Is your company certified as any of the following? (check boxes as applicable):

AGENCIES CERTIFIED WITH

- Minority Business Enterprise _____
- Woman Business Enterprise _____
- Disadvantaged Business Enterprise _____
- Other? _____

Please list the construction experience of the principal individuals of your organization:

NAME	TITLE	YEARS OF RESPONSIBILITY

2. **Provide resumes of the management team you would provide for the project for the preconstruction services and construction services.**

OPERATIONS

1. Please indicate the percent of work that you customarily perform with your own employees: _____%
2. Please list trade or craft work that your firm customarily subcontracts in the performance of your work:

COMPANY LABOR FORCE

Union Open Shop Both

Collective Bargaining Agreements _____

PERFORMANCE

1. Have you ever failed to complete any work awarded to you? Yes No

If yes, explain details _____

2. **PROJECTS IN PROGRESS** - Please attach a list of major projects which are currently **in progress** that includes the following information: Project Name, Project Architect/Engineer, Name of General Contractor, Your Contract Amount, Percent Complete and Scheduled Completion Date.

3. **COMPLETED PROJECT REFERENCES** – Please provide the below requested information for commercial, education and institutional projects that your firm **has completed in the last five years**. Include up-to-date and accurate phone numbers for references. Note – if your firm is being prequalified for a specific project, please list your past projects which are similar in size and complexity to the specific project:

Project Name:
Project Description:
Owner:
Architect:
General Contractor:
General Contractor Reference (Project Manager or Superintendent) - Name:
General Contractor Reference - Title:
General Contractor Reference (Current Phone #):
Your Contract Value:
Date Completed:

Project Name:
Project Description:
Owner:
Architect:
General Contractor:
General Contractor Reference (Project Manager or Superintendent) – Name:
General Contractor Reference - Title:
General Contractor Reference (Current Phone #):
Your Contract Value:
Date Completed:

Project Name:
Project Description:
Owner:
Architect:
General Contractor:
General Contractor Reference (Project Manager or Superintendent) - Name:
General Contractor Reference - Title:
General Contractor Reference (Current Phone #):
Your Contract Value:
Date Completed:

Project Name:
Project Description:
Owner:
Architect:
General Contractor:
General Contractor Reference (Project Manager or Superintendent) – Name:
General Contractor Reference - Title:
General Contractor Reference (Current Phone #):
Your Contract Value:
Date Completed:

Project Name:
Project Description:
Owner:
Architect:
General Contractor:
General Contractor Reference (Project Manager or Superintendent) – Name:
General Contractor Reference - Title:
General Contractor Reference (Current Phone #):
Your Contract Value:
Date Completed:

SAFETY

The following PREQUALIFICATION SAFETY QUESTIONS are required to be filled out.

1. Does your company have a designated Safety Officer? Yes No
2. Name of Safety Officer _____
3. Does your company have a written safety program? Yes No
4. Can you provide a copy if requested? Yes No
5. Does your company hold toolbox meetings at jobsites? Yes No
6. How Often _____
7. Does your company have an orientation program for new hires? Yes No
8. Does your company hold site safety meeting for field supervisors? Yes No
9. How Often? _____
10. Does your company have a training program for newly hired or promoted foremen? Yes No
11. Does your company have a total Hazardous Communication Program? Yes No
12. Is it available for distribution to the Construction Project Field Office? Yes No
13. Does your company have a documentation process to comply with the requirements of the OSHA Trenching and Excavating Standard? Yes No
14. Does your company conduct project safety inspections? Yes No
15. Who conducts the inspection (Title)? _____
16. How Often? _____
17. List your firm's Interstate Experience Modification Rate for the last three years.
 - Year: 20_____ EMR _____
 - Year: 20_____ EMR _____
 - Year: 20_____ EMR _____

The undersigned certifies that all statements and answers included herein above are complete, true, and correct.

Legal Name of Organization: _____

By (please print): _____

By (signature) : _____

Title: _____

Date _____

Enclosure: Nunn Construction Inc.'s Subcontractors Minimum Insurance Requirements

Subcontract Agreement Exhibit B

Nunn Construction, Inc.
Subcontractor's Minimum Insurance Requirements

Subcontractor shall purchase and maintain insurance of the following types of coverage and limits of liability. These are the minimum requirements and limits. Additional insurance requirements and higher limits of liability are required from the Subcontractor if the Prime Contract requires the Contractor to provide additional insurance and higher limits of liability than those shown below. Insurance shall be obtained from carriers whose AM Best Rating is A- VII or greater.

- A. Commercial General Liability (Occurrence Form):**
- i. Combined Bodily Injury and Property Damage
 - \$1,000,000 Each Occurrence
 - \$1,000,000 Personal and Advertising Injury
 - \$2,000,000 General Aggregate applies per each project
 - \$2,000,000 Products/Completed Operations Aggregate
 - \$ 50,000 Fire Damage Legal Liability
 - \$ 5,000 Medical Expense
 - ii. The following coverages must be included:
 1. Premises Operations
 2. Independent Contractor's Protective
 3. Explosion, Collapse, and Underground
 4. No exclusions for the following:
 - a. Subsidence or other earth movement exclusions
 - b. Damage to work performed by subcontractors on your behalf (CG 22 94, CG 22 95)
 5. Contractual Coverage for an "insured contract" shall include the indemnification obligation contained in Subcontract Agreement and Owner/Contractor Agreement.
 6. General Aggregate Limit (applies to each project)
 7. Nunn Construction, Inc. and the Owner along with any other party as required by the Prime Contract shall be included as Additional Insured for ongoing and completed operations under Subcontractor's policy and the policy shall be endorsed to be primary and non-contributory with any insurance maintained by Nunn Construction, Inc. (endorsement shall be attached to subcontractor's insurance certificate).
 8. Subcontractor shall maintain Products and Completed Operations Insurance for a minimum period of two years from the completion of the project including additional insured status.
- B. Business Auto Policy:**
- i. Combined Bodily Injury and Property Damage
 1. \$1,000,000 Each Accident
 2. Nunn Construction, Inc. and the Owner shall be included as an additional insured
 - ii. The following coverages must be included:
 1. Owned Automobiles
 2. Non-Owned and Hired Automobiles
- C. Umbrella Policy:**
- i. \$1,000,000 Each Occurrence/\$1,000,000 Aggregate
 - ii. Nunn Construction, Inc. and the Owner along with any other party as required by the Prime Contract shall be included as an additional insured.
 - iii. Subcontractor shall maintain Excess Liability Coverage (umbrella form) for a minimum period of two years from the completion of the project including additional insured status.
- D. Workers' Compensation and Employers' Liability:**
- i. State: Statutory. Non-election of workers compensation by proprietors/partners/executive officers is not acceptable.
 - ii. Employers Liability: \$500,000 Each Accident, \$500,000 Disease, Policy Limit, \$500,000 Disease, Each Employee
- E. Professional Liability**
- i. If Subcontractor's work includes a design component, Subcontractor shall provide Professional Liability Insurance with limits not less than \$1,000,000 and a deductible not greater than \$25,000. Subcontractor agrees to maintain coverage for a period not less than 6 years.

All coverages shall be maintained without interruption from date of commencement of Subcontractor's work until the date of any coverage required to be maintained after final payment.

Certificates of insurance, including Additional Insured Endorsement(s) and Subcontractor Insurance Compliance Statement, acceptable to Nunn Construction, Inc. shall be filed with Nunn Construction, Inc. prior to commencement of the Subcontractor's work. These certificates and the insurance policies shall contain a provision that coverages afforded under the policies will not be canceled or allowed to expire until at least 30 days prior written notice has been given to Nunn Construction, Inc.

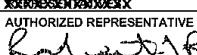
Client#: 21606

SAMPLE

ACORD <small>2.1M</small> CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YY) mm/dd/yy
PRODUCER IMA of Colorado, Inc. 1550 17th Street, Suite 600 Denver, CO 80202 303-534-4567		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED ABC Construction 123 Main St Anytown, CO 80202		INSURERS AFFORDING COVERAGE INSURER A: ABC Insurance Company INSURER B: DEF Insurance Company INSURER C: GHI Insurance Company INSURER D: INSURER E:

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	ABC123	01/01/02	01/02/03	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$50,000
	CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>				MED EXP (Any one person) \$5,000
					PERSONAL & ADV INJURY \$1,000,000
					GENERAL AGGREGATE \$2,000,000
					PRODUCTS - COM/POP AGG \$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>				
A	AUTOMOBILE LIABILITY	XYZ456	01/01/02	01/01/03	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	HIRED AUTOS				
NON-OWNED AUTOS					
GARAGE LIABILITY	ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
B	EXCESS LIABILITY	HIJ789	01/01/02	01/01/03	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$1,000,000
	DEDUCTIBLE				\$
	RETENTION \$				\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	EFG987	01/01/02	01/02/03	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
					E.L. EACH ACCIDENT \$500,000
					E.L. DISEASE - EA EMPLOYEE \$500,000
					E.L. DISEASE - POLICY LIMIT \$500,000
OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Re: Project Name
 Nunn Construction, Inc. and Owner are included as Additional Insureds under all policies except Worker's Compensation. Additional Insured Coverage under General Liability includes Completed Operations (Attach a copy of Additional Insured Endorsement). All Insurance is Primary and Non-Contributory.

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
Nunn Construction, Inc. P.O. Box 49219 Colorado Springs, CO 80949-9219		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL SEND <input checked="" type="checkbox"/> MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BY REGISTERED MAIL <input checked="" type="checkbox"/> REGISTERED MAIL.
		AUTHORIZED REPRESENTATIVE 

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

Nunn Construction, Inc. Subcontractor Insurance Compliance Statement

Subcontractor's insurance agent must complete this form.

Introduction

The purpose of this document is to confirm that the insurance requirements contained in our Subcontract Agreement with your company are provided for our mutual protection. Certificates of Insurance forms typically used by the insurance industry are inadequate, given the number of restrictive endorsements currently used by the insurance industry and not notated on the certificates. This document supplements the Certificate of Insurance and needs to be reviewed by your insurance agent for our mutual benefit, and returned along with your initial Certificate of Insurance.

Qualified or indirect answers will delay the processing of your subcontract and/or payment.

Does your Commercial General Liability Policy and your Umbrella Policy provide coverage for the following?

- Explosion, collapse and underground (XCU) Yes _____ No _____
- Subsidence or earth movement Yes _____ No _____
- Contractual coverage for an "insured contract" that includes the indemnification obligation contained in the Subcontract Agreement (Is there an exception to the contractual liability exclusion for an insured contract?) Yes _____ No _____
- Damage to your work performed by your subcontractors (CG 22 94, CG 22 95). If "No", subcontractors may not be used. Yes _____ No _____
- Additional insured status to include completed operations exposures Yes _____ No _____

Name of Subcontractor: _____

Reviewed by:
(Subcontractor's Insurance Agent)

Name

Date

Agency

Phone