

# Subcontractor Prequalification Statement



|   |  |       |     |
|---|--|-------|-----|
| COMPANY NAME                            |  |       |     |
| ADDRESS                                 | CITY   | STATE | ZIP |
| PHONE                                   | FAX  |       |     |
| WEBSITE                                 | IS THIS YOUR HEADQUARTERS? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, include below) |       |     |
| ADDRESS                                 | CITY   | STATE | ZIP |
| PHONE                                   | FAX  |       |     |
| NUMBER OF YEARS YOU'VE BEEN IN BUSINESS | NUMBER OF YEARS UNDER YOUR CURRENT NAME  |       |     |

## DESIGNATED CONTACT

|           |            |       |
|-----------|------------|-------|
| LAST NAME | FIRST NAME | TITLE |
| PHONE     | EMAIL      |       |

## TRADES PERFORMED

|  |    |    |
|--|----|----|
| List trade categories of work your company is legally qualified to engage in and customarily performs: |    |    |
| 1.   | 2. | 3. |
| 4.   | 5. | 6. |
| 7.   | 8. | 8. |

## GEOGRAPHIC WORK AREA

|   |
|---|
| <p>List the areas you are willing and able to perform work:</p> <p><input type="checkbox"/> Colorado Springs <input type="checkbox"/> Southwest Colorado <input type="checkbox"/> Denver <input type="checkbox"/> Northern Colorado <input type="checkbox"/> Southern Colorado</p> <p><input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____</p> |
|---|

## PROJECT VALUE

Indicate which project sizes you are interested in performing:

Under \$500K  \$500K–\$1M  \$1M–\$2M  \$2M–\$5M  Over \$5M

## CERTIFICATIONS

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

Minority Business Enterprise  Woman Business Enterprise  Disadvantaged Business Enterprise

Other: \_\_\_\_\_

## UNION AFFILIATIONS

Union  Open Shop  Both  Collective Bargaining Agreements: \_\_\_\_\_

## ORGANIZATION

What is your business form?  Individual  Partnership  Corporation  Other: \_\_\_\_\_

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

|                             |                        |                       |
|-----------------------------|------------------------|-----------------------|
| DATE OF LEGAL INCORPORATION | PLACE                  | FEDERAL TAX ID NUMBER |
| NAME OF PRESIDENT           | NAME OF VICE PRESIDENT |                       |
| NAME OF SECRETARY           | NAME OF TREASURER      |                       |

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

|                           |       |                       |
|---------------------------|-------|-----------------------|
| DATE OF LEGAL ORIGIN      | PLACE | FEDERAL TAX ID NUMBER |
| NAME OF CORPORATE OFFICER | TITLE |                       |
| NAME OF CORPORATE OFFICER | TITLE |                       |
| NAME OF CORPORATE OFFICER | TITLE |                       |
| NAME OF CORPORATE OFFICER | TITLE |                       |

|   |      |       |
|---|------|-------|
| Locations and license numbers where your company is licensed to conduct business and do work (attach list if necessary) |      |       |
| LICENSE   | CITY | STATE |
| TYPES:  |      |       |
| LICENSE   | CITY | STATE |
| TYPES:  |      |       |

## FINANCIAL

|   |                |         |
|---|----------------|---------|
| Please list your firm's approximate annual revenue amounts for the last three fiscal years: |                |         |
| YEAR  | ANNUAL REVENUE |         |
| YEAR  | ANNUAL REVENUE |         |
| YEAR  | ANNUAL REVENUE |         |
| Please list five vendors/suppliers currently extending credit to your company:              |                |         |
| NAME OF FIRM  | ACCOUNT        | CONTACT |
| PHONE   | ADDRESS        |         |
| NAME OF FIRM  | ACCOUNT        | CONTACT |
| PHONE   | ADDRESS        |         |
| NAME OF FIRM  | ACCOUNT        | CONTACT |
| PHONE   | ADDRESS        |         |
| NAME OF FIRM  | ACCOUNT        | CONTACT |
| PHONE   | ADDRESS        |         |
| NAME OF FIRM  | ACCOUNT        | CONTACT |
| PHONE   | ADDRESS        |         |

| Please list banking references: |       |              |     |
|---------------------------------|-------|--------------|-----|
| BANK NAME                       | PHONE | BANK OFFICER |     |
| ADDRESS                         | CITY  | STATE        | ZIP |
| BANK NAME                       | PHONE | BANK OFFICER |     |
| ADDRESS                         | CITY  | STATE        | ZIP |
| BANK NAME                       | PHONE | BANK OFFICER |     |
| ADDRESS                         | CITY  | STATE        | ZIP |

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

1. A copy of your firm's most recent financial statement  Yes  No
2. 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
3. A list of your major equipment used in your business  Yes  No

## BONDING

| Please complete the following with regard to bonding:   |  |   |  |
|---|--|---|--|
| BONDING COMPANY   |  | BONDING AGENT                                   |  |
| FIRM  | NUMBER OF YEARS YOU HAVE DONE BUSINESS |   |  |
| ADDRESS   |  | PHONE   |  |
| TOTAL BONDING CAPACITY OF YOUR COMPANY  |  | MAXIMUM BONDING AVAILABLE FOR A SINGLE CONTRACT |  |
| Please list the names of other bonding/surety companies you have used in the last five years: |  |   |  |
| COMPANY   | FROM                                   | TO  |  |
| COMPANY   | FROM                                   | TO  |  |
| COMPANY   | FROM                                   | TO  |  |

**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 letter, we will accept a letter from your bond Agent which includes the above and:**

- A. Includes the Agent’s name and phone number
- B. Includes the name of the bond surety

**INSURANCE**

|   |       |       |     |
|---|-------|-------|-----|
| Please complete these steps in regards to insurance:  |       |       |     |
| <input type="checkbox"/> Reference the attached [Subcontract Agreement Exhibit “B”] - Nunn Construction Inc.’s Minimum Insurance Requirements<br><input type="checkbox"/> Submit with this Prequalification Statement a sample insurance certificate indicating that your firm can provide the required insurance coverage and limits |       |       |     |
| Please provide the following information about your insurance companies:  |       |       |     |
| COMPANY   | AGENT | PHONE |     |
| ADDRESS   | CITY  | STATE | ZIP |
| COMPANY   | AGENT | PHONE |     |
| ADDRESS   | CITY  | STATE | ZIP |
| COMPANY   | AGENT | PHONE |     |
| ADDRESS   | CITY  | STATE | ZIP |
| If your firm performs earthwork or grading, please indicate if you have Subsidence Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> 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 explain:

## KEY PERSONNEL

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

| NAME | TITLE | YRS. WITH ORG. | YRS. IN INDUSTRY. |
|------|-------|----------------|-------------------|
| NAME | TITLE | YRS. WITH ORG. | YRS. IN INDUSTRY. |
| NAME | TITLE | YRS. WITH ORG. | YRS. IN INDUSTRY. |
| NAME | TITLE | YRS. WITH ORG. | YRS. IN INDUSTRY. |
| NAME | TITLE | YRS. WITH ORG. | YRS. IN INDUSTRY. |
| NAME | TITLE | YRS. WITH ORG. | YRS. IN INDUSTRY. |

**Please attach brief resumes of the management team listed above, as well as any other key personnel**

## OPERATIONS

Please indicate the percent of work that you customarily perform with your own employees: \_\_\_\_\_ %

Please list trade or craft work that your firm customarily subcontracts in the performance of your work:

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

## PERFORMANCE

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

If yes, please explain details:

## PROJECTS IN PROGRESS

|                 |                  |                           |    |
|-----------------|------------------|---------------------------|----|
| PROJECT NAME    |                  | ARCHITECT                 | GC |
| CONTRACT AMOUNT | PERCENT COMPLETE | SCHEDULED COMPLETION DATE |    |
| PROJECT NAME    |                  | ARCHITECT                 | GC |
| CONTRACT AMOUNT | PERCENT COMPLETE | SCHEDULED COMPLETION DATE |    |
| PROJECT NAME    |                  | ARCHITECT                 | GC |
| CONTRACT AMOUNT | PERCENT COMPLETE | SCHEDULED COMPLETION DATE |    |
| PROJECT NAME    |                  | ARCHITECT                 | GC |
| CONTRACT AMOUNT | PERCENT COMPLETE | SCHEDULED COMPLETION DATE |    |
| PROJECT NAME    |                  | ARCHITECT                 | GC |
| CONTRACT AMOUNT | PERCENT COMPLETE | SCHEDULED COMPLETION DATE |    |
| PROJECT NAME    |                  | ARCHITECT                 | GC |
| CONTRACT AMOUNT | PERCENT COMPLETE | SCHEDULED COMPLETION DATE |    |
| PROJECT NAME    |                  | ARCHITECT                 | GC |
| CONTRACT AMOUNT | PERCENT COMPLETE | SCHEDULED COMPLETION DATE |    |
| PROJECT NAME    |                  | ARCHITECT                 | GC |
| CONTRACT AMOUNT | PERCENT COMPLETE | SCHEDULED COMPLETION DATE |    |

## COMPLETED PROJECT REFERENCES

|   |           |                    |  |
|---|-----------|--------------------|--|
| PROJECT NAME  |           | DESCRIPTION        |  |
| OWNER   | ARCHITECT | GC                 |  |
| GC REFERENCE (PROJECT MANAGER OR SUPERINTENDANT) NAME |           |                    |  |
| GC REFERENCE TITLE                                    |           | GC REFERENCE PHONE |  |
| YOUR CONTRACT VALUE                                   |           | DATE COMPLETED     |  |
| PROJECT NAME  |           | DESCRIPTION        |  |
| OWNER   | ARCHITECT | GC                 |  |
| GC REFERENCE (PROJECT MANAGER OR SUPERINTENDANT) NAME |           |                    |  |
| GC REFERENCE TITLE                                    |           | GC REFERENCE PHONE |  |
| YOUR CONTRACT VALUE                                   |           | DATE COMPLETED     |  |
| PROJECT NAME  |           | DESCRIPTION        |  |
| OWNER   | ARCHITECT | GC                 |  |
| GC REFERENCE (PROJECT MANAGER OR SUPERINTENDANT) NAME |           |                    |  |
| GC REFERENCE TITLE                                    |           | GC REFERENCE PHONE |  |
| YOUR CONTRACT VALUE                                   |           | DATE COMPLETED     |  |
| PROJECT NAME  |           | DESCRIPTION        |  |
| OWNER   | ARCHITECT | GC                 |  |
| GC REFERENCE (PROJECT MANAGER OR SUPERINTENDANT) NAME |           |                    |  |
| GC REFERENCE TITLE                                    |           | GC REFERENCE PHONE |  |
| YOUR CONTRACT VALUE                                   |           | DATE COMPLETED     |  |
| PROJECT NAME  |           | DESCRIPTION        |  |
| OWNER   | ARCHITECT | GC                 |  |
| GC REFERENCE (PROJECT MANAGER OR SUPERINTENDANT) NAME |           |                    |  |
| GC REFERENCE TITLE                                    |           | GC REFERENCE PHONE |  |
| YOUR CONTRACT VALUE                                   |           | DATE COMPLETED     |  |



## COMPLETED PROJECT REFERENCES (CONTINUED)

|   |           |                     |  |
|---|-----------|---------------------|--|
| PROJECT NAME  |           | PROJECT DESCRIPTION |  |
| OWNER   | ARCHITECT | GC                  |  |
| GC REFERENCE (PROJECT MANAGER OR SUPERINTENDANT) NAME |           |                     |  |
| GC REFERENCE TITLE                                    |           | GC REFERENCE PHONE  |  |
| YOUR CONTRACT VALUE                                   |           | DATE COMPLETED      |  |

## SAFETY

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

- Does your company have a designated Safety Officer?  Yes  No If yes, please list their name: \_\_\_\_\_
- Does your company have a written safety program?  Yes  No Can you provide a copy if requested?  Yes  No
- Does your company hold toolbox meetings at jobsites?  Yes  No If yes, how often? \_\_\_\_\_
- Does your company have an orientation program for new hires?  Yes  No
- Does your company hold site safety meeting for field supervisors?  Yes  No If yes, how often? \_\_\_\_\_
- Does your company have a training program for newly hired or promoted foremen?  Yes  No
- Does your company have a total Hazardous Communication Program?  Yes  No
- If yes, is it available for distribution to the Construction Project Field Office?  Yes  No
- Does your company have a documentation process to comply with the requirements of the OSHA Trenching and Excavating Standard?  Yes  No
- Does your company conduct project safety inspections?  Yes  No
- If yes, who conducts the inspection? Title: \_\_\_\_\_ How often? \_\_\_\_\_
- List your firm's Interstate Experience Modification Rate for the last three years:
- Year: \_\_\_\_\_ EMR: \_\_\_\_\_ Year: \_\_\_\_\_ EMR: \_\_\_\_\_ Year: \_\_\_\_\_ EMR: \_\_\_\_\_

## AUTHORIZATION

|                            |                |
|----------------------------|----------------|
| LEGAL NAME OF ORGANIZATION |                |
| BY (PLEASE PRINT)          | BY (SIGNATURE) |
| TITLE                      | DATE           |

Enclosures: Nunn Construction Inc.'s Subcontractors Minimum Insurance Requirements, Sample Insurance Certificate

## Subcontract Agreement Exhibit B

### Nunn Construction, Inc. Subcontractor's Minimum Insurance Requirements

Prior to commencement of any Work Subcontractor shall purchase and maintain, without interruption from the date of commencement of the Work until the ending date of any coverage requirement to be maintained after completion of the Work, 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. Independent Contractor's Protective
  2. Explosion, Collapse, and Underground
  3. 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)
  4. Contractual Coverage for an "insured contract" shall include the indemnification obligation contained in Subcontract Agreement and Owner/Contractor Agreement.
  5. General Aggregate Limit (applies to each project)
  6. 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 ( ISO Forms CG 20 10 07/04 and CG 20 37 07/04 or their equivalent as permitted by law) under Subcontractor's policy. Other forms of additional insured endorsements will not comply with this requirement. The policy shall be endorsed to be primary and non-contributory with any insurance available to Nunn Construction, Inc..
  7. Waiver of any right of subrogation of insurers in favor of Additional Insured parties.
  8. Subcontractor shall maintain Products and Completed Operations, including Additional Insured coverage, for a minimum period of eight (8) years, or the applicable statute of repose time period, whichever is longer, 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
  3. Waiver of any right of subrogation of insurers in favor of Additional Insured parties.
- iii. If hauling hazardous waste is incorporated in the scope of the Work
  1. Automobile Liability Insurance shall include MCS 90 endorsement and the ISO Form CA 9948 (Pollution Liability Broadened Coverage for Business Automobile)

#### C. Umbrella Policy:

- i. All coverages and terms required under the Commercial General Liability, Automobile Liability and Employer's Liability must be included on the Excess/Umbrella Liability policy
  1. \$1,000,000 Each Occurrence/\$1,000,000 Aggregate
- ii. Subcontractor shall maintain Excess Liability Coverage (umbrella form) for a minimum period of eight (8) years, or the applicable statute of repose time period, whichever is longer, 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
- iii. Waiver of any right of subrogation of insurers in favor of Nunn Construction, Inc. and the Owner and other required additional insureds.
- iv. If Work is located in the State of Washington, Wyoming, Ohio, or North Dakota "stop gap" liability must be included

**E. Professional Liability**

- i. If Subcontractor's work or the work of any Sub-Subcontractor includes professional services, Subcontractor and all applicable Sub-Subcontractor shall provide Professional Liability Insurance with limits not less than \$1,000,000 each occurrence and aggregate and a deductible not greater than \$25,000 to be paid by Subcontractor. Coverage shall include contractual liability and a waiver of subrogation in favor of Nunn Construction, Inc. and Owner. Subcontractor agrees to maintain coverage for a period not less than eight (8) years or the applicable statute of repose time period, whichever is longer.

**F. Pollution Liability**

- i. If Subcontractor's work or the work of any Sub-Subcontractor includes an exposure to bodily injury or property damage due to hazardous materials, Subcontractor and all applicable Sub-Subcontractors shall provide a separate Pollution Liability Insurance policy with limits not less than \$1,000,000 each occurrence and aggregate with a maximum deductible of \$25,000 to be paid by Subcontractor. Coverage shall include contractual liability coverage and name Nunn Construction, Inc. and Owner as Additional Insureds. The Subcontractor and Sub-Subcontractor shall maintain pollution liability coverage for eight (8) years or the statute of repose time period, whichever is longer, following completion of the project. Should mold coverage be required and be provided by a claims made form, the coverage shall be maintained annually, following completion, for the statute of repose.

**G. Equipment Floater**

- i. Subcontractor shall maintain at its sole cost and expense insurance to protect its own equipment, tools and materials against risk of loss with sufficient limits to cover the value of all of the equipment, tools and materials Subcontractor may use in performance of the Work. Subcontractor is solely responsible for any deductibles, self-insured retentions or uninsured losses for any reason arising out of Subcontractor's obligations of this Section. Coverage shall include equipment leased/borrowed/rented by Subcontractor.

**H. Insurance Certification**

- i. Upon execution of the Subcontract or prior to commencement of work, whichever is first, Subcontractor shall have insurance agent(s), broker(s) or Insurer(s) enter policy information on-line into [www.Ins-Cert.com](http://www.Ins-Cert.com), and link Subcontractor's policy data to Nunn Construction, Inc.. Subcontractor shall cause their insurance policy information to be kept current on [Ins-Cert.com](http://Ins-Cert.com) for the period of time that Subcontractor is liable for Subcontractor's product or work, but not less than through the warranty period of the Subcontract. Subcontractor further agrees to cause Subcontractor's insurance agent(s), broker(s) or Insurer(s) to properly register, use and pay the fees for using [Ins-Cert.com](http://Ins-Cert.com).

**PAPER, FAXED OR EMAILED CERTIFICATES ARE NOT ACCEPTABLE**

- ii. Subcontractor shall cause Subcontractor's agent, broker or insurer to enter any restrictive or exclusionary provisions or endorsements that may affect Subcontractor, Nunn Construction, Inc., and any party required to be named as Additional Insured, into the appropriate "Comments" field(s) in [Ins-Cert.com](http://Ins-Cert.com). Subcontractor further agrees, upon Nunn Construction Inc. request, to furnish copies of policies, certified by an authorized representative of the insurer(s), within ten (10) days of request.
- iii. If Subcontractor is notified that an insurer intends to non-renew or cancel a policy or reduce coverage below Subcontract requirements, Subcontractor shall immediately notify Nunn Construction, Inc., arrange acceptable alternate coverage to comply with our requirements, and cause policy data, including cancellation date(s), to be updated in [Ins-Cert.com](http://Ins-Cert.com).
- iv. If the Subcontract includes Subcontractor subcontracting work to or purchasing materials from others, Subcontractor shall cause those Sub-subcontractors, suppliers or service providers to maintain the same insurance coverages and limits and have their insurance policy data posted to [Ins-Cert.com](http://Ins-Cert.com).