

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 <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	
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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	
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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 (ISO form CG 00 01 occurrence form or equivalent):

- 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. Contractual Coverage for an "insured contract" shall include the indemnification obligation contained in Subcontract Agreement and Owner/Contractor Agreement.
 2. General Aggregate Limit (applies to each project)
 3. 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. Additional Insured endorsement(s) shall provide that any person or organization that Subcontractor is required to add as an Additional Insured under the contract or agreement shall be included as an Additional Insured. Endorsements limiting coverage to parties with whom Subcontractor has a direct contract will not be accepted. Vicarious or imputed forms of Additional Insured endorsements will not be accepted. Evidence by endorsement or policy language of additional insured and primary and non-contributory coverage must be provided on forms acceptable to the Contractor, a copy of which must be included with the certificate...
 4. The policy shall be endorsed to be primary and non-contributory with any insurance available to Nunn Construction, Inc..
 - 5.. Waiver of any right of subrogation of insurers in favor of Additional Insured parties.
 - 6.. 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.
The following exclusions are absolutely prohibited and shall not be included in Subcontractor's policy if applicable to the work:
 1. No damage to Work performed by Subcontractor exclusion (CG 22 94 or similar).
 2. No exclusion for subsidence, which is specifically prohibited for any work involving excavation, soil stabilization, earth retention, concrete, structural steel, landscaping, waterproofing, fire protection, and plumbing.
 3. No "residential" exclusion that would void or restrict coverage due to the nature of the Work.
 4. No EFIS exclusion

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
 2. \$5,000,000 each occurrence and \$5,000,000 in the aggregate if the Subcontractor is providing work including but not limited to any of the following: work that is part of the building envelope, crane operation, caissons, piling, soil stabilization, underpinning, tunneling, dewatering, earth retention systems, excavation, and structural elements of the building

- 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 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 a waiver of subrogation in favor of Nunn Construction, Inc. and Owner and equipment leased/borrowed/rented by Subcontractor.

H. Insurance Certification

- i. The Subcontractor shall furnish an ACORD Form 25 Certificate of Insurance, evidencing insurance with conditions and with coverage as specified in this Exhibit B
- ii. Furnishing certificates of insurance does not, in any way, obligate Nunn Construction or their agents to approve, evaluate, or notify Subcontractor of Subcontractor's compliance or non-compliance with terms and conditions as set forth in this Exhibit B. In no way shall receipt of certificate of insurance negate, reduce, limit or waive Nunn Construction's right to enforce the terms and conditions of this Exhibit B. Nunn Construction shall have the right to examine any policy for compliance under this agreement. Have Certificate of Insurance completed with Certificate Holder listed as:

Nunn Construction, Inc.
c/o IMA Certificate Compliance
1705 17th Street, Suite 200
Denver, CO 80202

- iii. You will need to register with Nunn Construction's certificate compliance system. You will be receiving a registration e-mail from certificatecompliance@imacorp.com. Please follow the instructions in the e-mail to complete your registration with IMA Certificate Compliance. Your broker will then be required to upload a certificate on your behalf. Certificates not emailed directly from insurance brokers/agents will not be accepted. Certificates received through the U.S. Postal Service will not be acceptable.
- iv. If your agent has questions or needs clarification, he or she may contact our broker directly at 303-615-7994 or via e-mail at certificatecompliance@imacorp.com.