



# Gilmore Construction Pre-Qualification Statement Subcontractor/Suppliers

4949 Ironton Street  
Denver, CO 80239  
Tel: (303) 371-5700  
Fax: (303) 371-5027  
www.gilmorecc.com

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email Address: \_\_\_\_\_

Company website: \_\_\_\_\_

Trade categories that your company is legally qualified to engage in and customarily performs:

CSI Code	Description
_____	_____
_____	_____
_____	_____

No. of years your company has been engaged in the type(s) of work: \_\_\_\_\_

No. of years your company has been engaged in business under its present name: \_\_\_\_\_

Have you performed this type of work under another business name:  YES  NO

If yes, what name: \_\_\_\_\_

Is your company a Corporation, Partnership, LLC, or Sole Proprietor? \_\_\_\_\_

Date and legal place of incorporation (if applicable): \_\_\_\_\_

Is this business affiliated or a subsidiary of any other business?  YES  NO

Are you a signatory to any Union agreements?  YES  NO

If yes, which local(s)? \_\_\_\_\_

Names of officers and /or partners:

Name	Position
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Locations (cities and /or states) where your company is authorized to conduct business

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

**Agencies Certified With**

*Is your company certified as a (place "X" next to selection*

- Minority Business Enterprise \_\_\_\_\_
- Women Business Enterprise \_\_\_\_\_
- Disadvantage Business Enterprise \_\_\_\_\_
- SBA 8 (a) \_\_\_\_\_

Please list the construction experience of the principle individuals of your organization as follows:

Name	Title	Years	Responsibilities
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*(please feel free to attach individual resume data if you so desire.)*

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

Are you a signatory to a Union?  YES  NO

# Financial

Name	Phone	Account	Contact
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-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----

Please list banking reference as follows:

Bank Name	Address	Phone	Bank Contact
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-----	-----	-----	-----

Do you have a current Line of Credit? -----

Annual sales for the past three years: \$----- \$----- \$-----

Please complete the following with the regard to bonding:

Name of bonding company: -----

Name of bonding agent, firm and address: -----

Maximum total bonding capacity of your company: \$-----

Maximum amount of bonding presently available for any single contract: \$-----

If requested would you provide a letter from your surety company certifying to your local bonding capacity and status.  YES  NO

Please list names of your insurance company, agent, addresses and phone numbers:

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Please provide a copy of your current insurance certificate.

Do you have a safety program?  YES  NO

What is your Experience Modification Rate (EMR)?-----

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 past 5 years?  YES  NO



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

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The undersigned certifies that all statements and answers shown herein above are complete, true, and correct. Undersign also authorizes that Gilmore Construction can contact sources for verification.

----- Legal Name of Organization	----- By	----- Title
----- Date	----- Print Name	