

Subcontractor Prequalification Checklist

The following information is required by Gilmore Construction in order to qualify your bid and / or enter into a Contract Agreement:

- Completed Subcontractor's Pre-qualification Form
- W-9 (Dated October 2007 or newer)
- Copy of your Business / Contractor's Licenses
- Copy of your MBE/WBE/SBE Certifications
- Experience Modification Rate (EMR)
- Bonding and or Capacity Letter
- Completed Non-Exclusion Confirmation Form
- Copy of your Safety Manual
- Certificates of Insurance evidencing your coverage for:
 - General Liability (Gilmore as the Certificate Holder)
 - Workers Compensation
 - Auto Liability

The timely return of this information will enable us to move forward in developing our business relationship. Please contact Gilmore Construction if you have any questions, do not qualify or choose not to complete the prequalification form.

Return only if this packet with all required information via email to Prequal@gilmorecc.com.

Thank you,

Gilmore Construction

Please complete this form with as much detail as possible to assist us in evaluating your company's qualifications.

General Information

Full Company Name: _____

Street Address: _____

Mailing Address: _____

Business Phone: _____

Fax Number: _____

Website Address: _____

Contact Person: _____

Contact Person Email: _____

Authorized Signer(s): _____

EIN: _____

Federal Tax ID# _____

Duns Number: _____

Contractor's License _____

(Number, State and Expiration Date)

Classifications: _____

What, if any, are your contractual limitations?

Is your Company incorporated? Yes No In What State? _____

Incorporated in what year? _____

If not incorporated, is your company a Sole Proprietorship? Yes No

Please list the construction titles of the principle individuals of your organization as follows *(Please feel free to attach individual resume data if you so desire.)*:

NAME	TITLE	YEARS	RESPONSIBILITIES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



Number 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:

Type of Work Performed:

(Note: Please attach a copy of your State Contractor's License and company brochure to this form)

Scope of Work Performed:

Have you performed Federal Work? _____

Do you subcontract portions of your work? _____ Yes _____ No

Are you a signatory to a Union? _____ Yes _____ No

If yes, which local(s)?

References

Please list three (3) **vendors/suppliers** currently extending credit to your company as follows:

1. Name: _____
 Address: _____
 City, State Zip: _____
 Contact: _____
 Phone: _____

2. Name: _____
 Address: _____
 City, State Zip: _____
 Contact: _____
 Phone: _____
3. Name: _____
 Address: _____
 City, State Zip: _____
 Contact: _____
 Phone: _____

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

CSI Code	Description
_____	_____
_____	_____
_____	_____

Primary geographical areas in which your company holds an active **Business License**:

_____	_____
City	(County or Municipality)
	License Number: _____
	Expiration Date: _____
_____	_____
City	(County or Municipality)
	License Number: _____
	Expiration Date: _____
_____	_____
City	(County or Municipality)
	License Number: _____
	Expiration Date: _____

List significant projects completed in the last three (3) years (Attached additional sheets if necessary):

1. Client _____
 Project Name/Location _____
 Project Size \$\$/your portion \$\$ _____
 Contact Person/Phone _____
 Complete Date _____

2. Client _____
 Project Name/Location _____
 Project Size \$\$/your portion \$\$ _____
 Contact Person/Phone _____
 Complete Date _____
3. Client _____
 Project Name/Location _____
 Project Size \$\$/your portion \$\$ _____
 Contact Person/Phone _____
 Complete Date _____

Check Current Certifications and attach copy of certificate:

- Minority Business Enterprise/MBE
 (Agency / Certificate No. / Expiration Date) _____
- Women Business Enterprise/ WBE
 (Agency / Certificate No. / Expiration Date) _____
- Disadvantage Business Enterprise/ DBE
 (Agency / Certificate No. / Expiration Date) _____
- Small Business Enterprise /SBE
 (Agency / Certificate No. / Expiration Date) _____
- SBA 8 (a)
 Date of Issuance / Expiration Date: _____

Financial Information

Prevailing Wage: Are you willing to do prevailing wage projects? ____ Yes ____ No.
 If yes are you familiar with or have any problem submitting certified payroll reports "required" on
 a weekly basis? ____ Yes ____ No

Do you require training on certified payroll reporting? ____ Yes ____ No.

Name of Financial Institution: _____

Name of Contact: _____

Address: _____

Contact Phone Number: _____

List your volume of business for the past three years:

\$ _____ 20 (_ _) \$ _____ 20 (_ _) \$ _____ 20 (_ _)

Do you currently have a Line of Credit? If so, what is the amount _____.

Have you ever defaulted on a loan? Yes No

Bonding

Name of Bonding Company: _____

Bonding firm address: _____

Name of Bonding Agent Contact: _____

Phone: _____

Name of Surety: _____

Maximum total bonding capacity of your company:

\$ _____

Maximum amount of bonding presently available for any single contract:

\$ _____

Rating: **(Bonding Company must have an A.M. Best Rating of A IX or Better)**

Please provide a letter from your surety company certifying your bonding capacity and status.

Have you ever been unable to complete a contract? Yes No. If Yes, please explain the circumstances:

Are there any judgments, claims, arbitration proceedings, or suits pending or outstanding against your organization or its officers in the last 5 years?

Yes No

Has your organization filed any lawsuits or requested any arbitration regarding construction contracts within the past 5 years?

Yes No

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

Have those issues been resolved or are they still pending?

Insurance

What is your Experience Modification Rate (EMR)? _____
(Please attach a letter from your insurance company with your EMR rating)

Can you provide the following minimal requirements/certificates?

- General Liability Insurance Carrier _____ Yes _____ No
- Auto Insurance _____ Yes _____ No
- Workman's Comp Insurance _____ Yes _____ No

Note: Attach certificate of insurance meeting all required limits. See example certificate at end of document. All insurance companies must have an A.M. Best rating of; A IX or Better

Safety

Emergency Safety Contact Name & Phone: _____

Do you have a safety program? _____ Yes _____ No

Have you ever had any OSHA violations on your jobs? _____ Yes _____ No

If so, please explain the circumstances:

Note: Attach your safety manual as part of this submission



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

To the best of my knowledge, the information provided on this form, including attachments, are accurate.

Signed: _____

Print Name: _____

Title: _____

Please email this completed form and additional documentation to:

Prequal@gilmorecc.com

Or mail to:

Gilmore Construction Corporation
4949 Ironton Street
Denver, CO 80239