



605 Weaver Park Road Longmont, CO 80501
 P. 303-776-7643 F. 303-776-9598
info@krischeconstruction.com / www.krischeconstruction.com

SUBCONTRACTOR PRE-QUALIFICATION FORM

Thank you for your interest in submitting bids to Krische Construction, Inc.
 Please tell us about your firm by completing the following form and returning it us at the above address/fax/email. If you have any questions please do not hesitate to call Krista.

COMPANY INFORMATION

Company Name	
Address	
City, State & Zip	
Estimating Contact	
Phone	
Fax	
Mobile	
Email Address	
Web Address	
Type of Company (Check all that apply)	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> MBE <input type="checkbox"/> SBE <input type="checkbox"/> WBE <input type="checkbox"/> DBE <input type="checkbox"/> Other
Company Officers (Names & Titles)	

PROJECT INFORMATION

SIZE OF YOUR SCOPE FOR PROJECTS YOU'RE INTERESTED IN BIDDING. (Check all the apply)	
Type of Project <input type="checkbox"/> All <input type="checkbox"/> Office or Banking <input type="checkbox"/> Educational (K-12 or Higher Ed) <input type="checkbox"/> Industrial or Manufacturing <input type="checkbox"/> Medical or Healthcare <input type="checkbox"/> Municipal <input type="checkbox"/> Recreation <input type="checkbox"/> Retail or Grocery <input type="checkbox"/> Site Development <input type="checkbox"/> Multi-Family <input type="checkbox"/> Other	Size of Project (Subcontractor Portion) <input type="checkbox"/> Less than \$100,000.00 <input type="checkbox"/> \$100,000.00 to \$300,000.00 <input type="checkbox"/> \$300,000.00 to \$ 1,000,000.00 <input type="checkbox"/> \$1,000,000.00 to \$5,000,000.00 <input type="checkbox"/> Over \$5,000,000.00

LOCATION OF PROJECTS YOU ARE INTERESTED IN BIDDING. (Check all the apply)	
<input type="checkbox"/> Denver Metro Area <input type="checkbox"/> Northern Colorado <input type="checkbox"/> Colorado Springs/Pueblo	<input type="checkbox"/> Mountain Areas <input type="checkbox"/> Boulder County
Please describe the types of products and services you provide.	
Has your company ever defaulted on or failed to complete a project? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please Explain)	

LEGAL INFORMATION

In the last five years, has your current company or any predecessor organization been involved in any litigation or legal dispute with an owner, architect, or general contractor? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please Explain)
In the last five years, has your current company or any predecessor organization had any judgments against them? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please Explain)

SAFETY

Does your firm have a written company-wide safety program? <input type="checkbox"/> No <input type="checkbox"/> Yes
Would you submit it for review upon request? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
What is your current Experience Modification Rate for Worker's Compensation Insurance?
Does your firm have a pre-hire drug testing program? <input type="checkbox"/> No <input type="checkbox"/> Yes

FINANCIAL ABILITY, BONDING AND INSURANCE

Please provide your annual average dollar volume for the past three years. \$	
Please <i>attach a list</i> of current projects including the contract amount.	
Please provide the following references:	
Banking	
Bank Name	
Contact Person	
Phone / Fax	
Please <i>attach a list</i> of supplier credit references.	
Is a recent financial statement available upon request? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Bonding

Bonding Rates	
Bonding Limits	Single: _____ Aggregate: _____

Please provide the following insurance information

Insurance Agent	
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Please attach a Certificate of Insurance

Please review Krische Construction's standard sub-contract agreement requirements for insurance below:

Worker's Compensation.....	Statutory Limits
General Liability	
Each Occurrence	\$1,000,000
General Aggregate.....	\$2,000,000
Personal/Adv Injury.....	\$1,000,000
Products/Comps Ops Aggregate.....	\$1,000,000
Automotive	
Combined single limit each accident	\$1,000,000
Pollution Liability	
Per Claim	\$1,000,000
Aggregate	\$2,000,000

Please provide three client references:

Company Name	Phone
Contact Person	Fax
Project Name & Address	

Company Name	Phone
Contact Person	Fax
Project Name & Address	

Company Name	Phone
Contact Person	Fax
Project Name & Address	

SIGNATURE

Authorized Signature

Date

Print Name

Title