



Subcontractor Prequalification

Company Details

Legal Name of Company: (per your W-9 form) _____

Trade (s) (description & CSI): _____

Federal Identification Number: _____

Contractor License Number and Expiration Date: _____

Website: _____

Year Company Started: _____

Date of Incorporation: _____ State of Incorporation: _____

Type of Company: (Circle) Corporation Partnership Proprietorship Sub. S. Corp. LLC Other/Not Listed

Phone Number: _____ Fax Number: _____

Company Business Address

Address: _____

City: _____ State: _____ Postal Code: _____

Company Mailing Address Same as Above YES NO (If No, Include Below)

Address: _____

City: _____ State: _____ Postal Code: _____

Key Personnel & Field Supervisors

List Key Office Personnel and Field Supervisors:

Name	Position	Years in Industry	Cell Number	Email Address
	Officer			
	Officer			
	Officer			
	Officer			
	General Mgr.			

Name	Position	Years in Industry	Cell Number	Email Address
	Operations Mgr.			
	General Supt			

Safety Details

EMR Rate

Please list your company's Workers' Compensation Experience Modification Rate for the last 3 years minimum. (Attach a copy of your insurance carrier or state fund (on their letterhead) verifying the EMR data.)

Year	Rate

Provide a copy of your Company's OSHA 300 and 300A logs for the past (3) three years. If you do not complete OSHA 300 logs, provide your Company's injury experience for the past (3) three years and an explanation of why you do not use OSHA logs.

Safety Questionnaire

Any employee deaths in the past 3 years? YES___ if yes, explain below. NO___

Do you have a Qualified Person (by CAL-OSHA definition) or a dedicated Safety Director responsible for safety within your company? YES___ NO___

Does this person do safety inspections on all of your projects? YES___ NO___ Frequency: _____

Do you have a current written Injury and Illness Prevention Program (IIPP)? YES___ NO___ (Attach a copy of your IIPP)

KCS West enforces a 6' Fall Protection Policy. Does your company do the same? YES___ NO___ if NO, explain your company's policy here and attach a copy.

Does your company provide safety training for all employees? YES___ if yes, explain what type below NO___

Does your company have a program recognizing your employees for safety performance excellence? YES___ NO___

Does your company have a disciplinary program in place for safety violations? YES ___ NO ___

Does your company review the safety management systems of your subcontractors? YES ___ NO ___

Does your company conduct accident / incident investigations? YES ___ NO ___

List all supervisory employees who have completed an OSHA 30 hours training program.

Employee Name	Date of Certification

Trades Details

Bids

Please list all trade(s) in which your company is interested in bidding.

Trade (CSI code and description)	Trade (CSI code and description)

Subcontracts

What trades do you normally subcontract?

Work Description	Work Description

Union Information

Indicate if your firm is Union or Non-Union: **Union** **Non-Union**

List the unions with which you have agreements:

Local Number	Union Name	Agreement Expiration

Trade Associations & Training

Please list the Trade Associations your company is a member of:

Please list local or national accredited training programs in which your company participates in (Please specify Craft or Management training.):

Subsidiaries & Affiliates

List any Subsidiaries and Affiliates of your company:

Company Name	Ownership	Type of Company

DETAIL COMPANY INFORMATION

Employment Numbers

How many people does your Company presently employ?

Home Office: _____ Field Supervisory: _____ Tradespeople: _____

General Project Size

What is the largest dollar contract your company has completed?

Amount: \$ _____ Year: _____

Project Name and Scope:

What is the largest dollar volume job you expect to do during this year?

Amount: \$ _____

Project Name and Scope:

What is your expected annual volume this year?

Amount: \$ _____ Number of Projects: _____

What percentage of the company's work is normally subcontracted? _____%

Average Volume

What was the average annual volume of work performed over the past 5 years?

Year	Average Volume
	\$
	\$
	\$
	\$
	\$

What is your Current Backlog? \$ _____

Building Types

Check all building types on which your company has worked:

- | | | |
|--|---|--|
| <input type="checkbox"/> High Rise Office Building | <input type="checkbox"/> Industrial / Manufacturing | <input type="checkbox"/> Education |
| <input type="checkbox"/> Mid Rise Office Building | <input type="checkbox"/> High Tech / Laboratory | <input type="checkbox"/> Aviation |
| <input type="checkbox"/> Hotel / Motel | <input type="checkbox"/> Correctional Facility | <input type="checkbox"/> Parking Structure |
| <input type="checkbox"/> Healthcare | <input type="checkbox"/> Design Build / Design Assist | <input type="checkbox"/> Retail Facilities |
| <input type="checkbox"/> Warehouse / Distribution | <input type="checkbox"/> City, County & State Work | <input type="checkbox"/> R&D Facilities |
| <input type="checkbox"/> Sports / Entertainment | <input type="checkbox"/> Federal Work | <input type="checkbox"/> Interiors |
| <input type="checkbox"/> Recreational Facilities | <input type="checkbox"/> Telecommunications | <input type="checkbox"/> Residential |

Bank Information

Bank Name: _____

Branch Location: _____

Contact Person Name : _____

Contact Phone Number : _____

Amount of Line of Credit : \$ _____ Amount Available : \$ _____

Expiration Date: _____

Ownership

Are any of your employees or Ownership relatives of a KCS West Employee? YES ___ NO ___

If Yes, please explain: _____

Contractor References

List three contractors with which you do business:

Contractor Name: _____

Contractor Contact Person Name: _____

Cell #: _____ Email: _____

Contractor Name: _____

Contractor Contact Person Name: _____

Cell #: _____ Email: _____

Contractor Name: _____

Contractor Contact Person Name: _____

Cell #: _____ Email: _____

Legal Details

Legal Questionnaire

Has your company or any of its principals ever petitioned for bankruptcy, failed in business, defaulted or been terminated on a contract awarded to you? YES ___ NO ___

If Yes, please explain

Have any of the owners, officers or major shareholders of your company ever been indicted or convicted of any felony or other criminal conduct? YES ___ NO ___

If Yes, please explain

Has your company or any owners, officers or major shareholders ever been suspended, disbarred or otherwise precluded from pursuing public work or every been found to be non-responsive by a public agency? YES ___ NO ___

If Yes, please explain

Has your company ever had a claim made against it for improper, delayed, defective or non-complaint work or failure to meet warranty obligations? YES ___ NO ___

If Yes, please explain

Is your company or any of its owners, officers or major shareholders currently involved in any arbitration or litigation? YES ___ NO ___

If Yes, please explain

Does your company have any outstanding judgments or claims against it? YES ___ NO ___

If Yes, please explain

Has your company or any of its owners, officers or major shareholders been investigated for or charge with alleged labor law violations of the Immigration Control and Reform Act, state or local laws regarding employment of immigrants, prevailing wage laws, wage and hour laws or other federal, state or local labor laws? YES ___ NO ___

If Yes, please explain

Please list any litigation brought against your company in the past 5 years asserting that you failed to make payments to anyone.

Bonding Details

Bonding Company Information

Name of Surety: _____

Contact Person: _____ Contact Phone: _____

Bonding Capacity:

Per Job: \$ _____ Aggregate: \$ _____ Date of Last Bond: _____

Amount: \$ _____ Surety Rate: _____ %

Insurance Details

Insurance Brokers

Below are KCS West's required minimum Insurance Limits: Provide a copy of Certificates of Insurance or Letter from your Insurance Broker.

Workers Compensation/Employers' Liability (req'd regardless of CCIP, OCIP or traditional coverage)	California Statutory Limits Employers' Liability \$1,000,000 each accident
Commercial General Liability (traditional) Offsite Commercial General Liability (CCIP or OCIP)	\$1,000,000 per occurrence \$2,000,000 in aggregate \$1,000,000 personal/advertising injury \$2,000,000 products/completed operations coverage
Automobile (req'd regardless of CCIP, OCIP or traditional coverage)	\$1,000,000 each accident
Excess Liability Insurance (req'd regardless of CCIP, OCIP or traditional coverage)	\$ _____ (insert \$2M, \$3M, or \$5M) certain trades will required higher limits.
Tools and Equipment (req'd regardless of CCIP, OCIP or traditional coverage)	Fair Market Value
Contractors Pollution Liability	\$1,000,000 per claim \$2,000,000 in aggregate
Professional Liability (req'd for design build)	\$1,000,000 per claim \$2,000,000 in aggregate
Additional Insureds	KCS West, Inc. Any entity designated for additional insured status in the prime contract

Attach Files

I certify that I will deliver or send in:

- Provide the last three (3) years of audited, reviewed or compiled financials. If these types of financials are not available, provide what financial information you have in addition to your last three (3) years of company tax returns.
- OSHA 300 and 300A logs for the last 3 years
- EMR verification letter
- Most current W-9

Certification

We hereby certify that we have answered all of the above questions in a truthful, accurate and complete manner to assure that our answers are not in any respect false or misleading either by expressing ourselves in a misleading or ambiguous manner or omitting information and we also certify that all attachments submitted by us in connection with this prequalification are true, accurate and full copies of the original documents that are in our possession. We recognize that KCS West will be relying on the truthfulness and accuracy of our responses to this questionnaire and of the contents of the attachments hereto in deciding whether to permit us to bid as well as in any awards of work that may be made to our Company.

This prequalification has been reviewed by the following officer of our company prior to submittal.

Officer: _____ Date: _____

Title: _____