



Subcontractor Prequalification

Company Details

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

Legal Parent Company: _____

Trade (s) (description & CSI): _____

Federal Identification Number: **(REQUIRED)** _____

Website: _____

Year Company Started: **(REQUIRED)** _____

Date of Incorporation: _____ State of Incorporation: _____

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

Phone Number: **(REQUIRED)** _____ Fax Number: _____

Company Operating Names:

General Information:

Company Business Address

Address: **(REQUIRED)** _____

Additional Address: _____

City: **(REQUIRED)** _____ County: _____ State: **(REQUIRED)** _____

Country: **(REQUIRED)** _____ Postal Code: **(REQUIRED)** _____

Company Mailing Address

Address: **(REQUIRED)** _____

Additional Address: _____

City: **(REQUIRED)** _____ County: _____ State: **(REQUIRED)** _____

Country: **(REQUIRED)** _____ Postal Code: **(REQUIRED)** _____

Parent Company Address

Address: _____

Additional Address: _____

City: _____ County: _____ State: _____

Country: _____ Postal Code: _____

Management Contact

Name: (REQUIRED) _____ (First Last) _____ (Title)

(Telephone) (REQUIRED) _____ (Cell Phone) Email: _____

Estimating/Bid Contact

Name: (REQUIRED) _____ (First Last) _____ (Title)

(Telephone) (REQUIRED) _____ (Cell Phone) Email: _____

Operations Contact

Name: (REQUIRED) _____ (First Last) _____ (Title)

(Telephone) (REQUIRED) _____ (Cell Phone) Email: _____

MINORITY CERTIFICATIONS (MBE, WBE, DBE, DVBE, SBE, others)

List all special classifications where your firm is certified and the certifying agency name: (REQUIRED)

Business Classification:

Ownership Ethnicity:

Ownership Type:

Minority Enterprise Participation (REQUIRED)

MBE, WBE, DBE, DVBE, SBE, other Participation in work which you subcontract:
 (average participation for the last 3 years) MBE: _____% WBE: _____%

Insert company goals for Minority/Female workforce participation:
 (what is your average % utilization for the last 3 years) MINORITY: _____% FEMALE: _____%

Safety Details

EMR Rate (REQUIRED)

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
2017	
2016	
2015	
2014	
2013	

Provide a copy of your Company's OSHA 300 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.

Note: Subcontractors must have a current EMR less than or equal to 1.0 to qualify for KCS West's Bid List. Should your EMR exceed 1.0, the Contractor must demonstrate and document that it has or will initiate programs, policies, and attitudes which will result in a safety conscious performance in order to be included on KCS West's Approved Contractor List. In this case, it is the sole discretion of KCS West to approve or disapprove a subcontractor.

OSHA Information (REQUIRED)

Enter Year of Report:			
No. of Fatalities:			
No. of Lost & Restricted Workday Cases:			
No. of Other Recordable Cases (Medical Treatment Cases):			
No. of Lost Workday Cases:			
Employee Hours Worked:			
OSHA Recordable Incident Rate:			
OSHA Lost Workday Incident Rate:			
How many OSHA violation(s) has your company received in the last three years:			

Any willful OSHA violations? (CIRCLE) Yes No

Please give a brief description of the violation(s)

Any employee deaths in the past 3 years? Yes No

If Yes, please give a brief description of the circumstances:

Safety Questionnaire

Do you have a qualified person responsible for safety within your company? (REQUIRED) Yes No

Please describe his or her qualifications:

Does this person do safety inspections on all of your projects? (REQUIRED) Yes No Frequency: _____

Do you have a current written Injury and Illness Prevention Program (IIPP) and will you provide copies if requested?

(REQUIRED) Yes No

Does your company have a substance abuse policy? (REQUIRED) Yes No

If Yes, please indicate which are included in the policy.

- Pre-hire / Initial employment
- Cause
- Post-accident / incident
- Random
- Periodic

Do you have a return to work / light duty program? (REQUIRED) Yes No

If Yes, please describe:

Have you ever implemented 100% fall protection? (REQUIRED) Yes No

If requested can you provide a site-specific program addressing the fall hazards in your work? (REQUIRED) Yes No

Do you require documented safety meetings for your employees? Indicate which employees and frequency

Employees			Frequency
Field Supervisors (REQUIRED)	Yes	No	_____
New Hires (REQUIRED)	Yes	No	_____
Employees (REQUIRED)	Yes	No	_____
Subcontractors / Vendors (REQUIRED)	Yes	No	_____

Does your company provide safety training for all employees? (REQUIRED) Yes No

If Yes, please list training provided:

Do you have home office representatives (not directly involved in the project) who will visit and audit the project for safety? (REQUIRED) Yes No Frequency _____

Does your company set annual training goals? (REQUIRED) Yes No

If Yes, please list training goals:

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

(REQUIRED) Yes No

Does your company have a disciplinary program in place for safety violations? (REQUIRED) Yes No

Does your company review the safety management systems of your subcontractors? (REQUIRED) Yes No

Does your company conduct accident / incident investigations? (REQUIRED) 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. (REQUIRED)

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

Subcontracts

What trades do you normally subcontract? (REQUIRED)

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

Union Information

Indicate if your firm is Union or Non-Union: (REQUIRED) 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: (REQUIRED)

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

Key Personnel & Field Supervisors

List Key Office Personnel and Field Supervisors: (REQUIRED)

Name	Position	Years Experience	Previous Employer

Subsidiaries & Affiliates

List any Subsidiaries and Affiliates of your company: (REQUIRED)

Company Name	Ownership	Type of Company

DETAIL COMPANY INFORMATION

License Numbers

Contractor's License Numbers: (REQUIRED)

State	License Number	Expiration Date	St. Sales Tax Reg. No.	St. Unemp. Ins. No.

Employment Numbers

How many people does your Company presently employ: (REQUIRED)

Home Office: _____ Field Supervisory: _____ Tradespeople: _____

How many people does your Company employ on average for the last 3 years? (REQUIRED)

Home Office: _____ Field Supervisory: _____ Tradespeople: _____

General Project Size

What is the largest dollar contract your company has completed?

Amount: (REQUIRED) \$ _____ Year: (REQUIRED) _____

Project Name and Scope:

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

Amount: (REQUIRED) \$ _____

Project Name and Scope: (REQUIRED)

What is your expected annual volume this year?

Amount: (REQUIRED) \$ _____ Number of Projects: (REQUIRED) \$ _____

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? (REQUIRED)

Year	Average Volume
2017	\$
2016	\$
2015	\$
2014	\$
2013	\$

What is your Current Backlog? \$ _____

Building Types

Check all building types on which your company has worked: (REQUIRED)

- | | | |
|--|---|--|
| <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: (REQUIRED) _____

Address : _____

Additional Address : _____

City : _____ County : _____

State: _____ Country : _____

Postal Code : _____

Contact Person Name : _____

Contact Phone Number : _____

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

Expiration Date: _____

UCC filing? Yes No

If no, how is credit secured?

Dunn & Bradstreet Number: _____ Dunn & Bradstreet Rating: _____

Pay Dex: _____ Pay Dex Deate of Rating: _____

Pay Dex Remarks: _____

Ownership

List the corporate officers, partners, proprietors, members and owners of more than 5% of your company: (REQUIRED)

Name	Position	Percent Owned

Supplier References

List your three major suppliers:

Supplier Name: (REQUIRED) _____

Address: (REQUIRED) _____

Additional Address: _____

City: (REQUIRED) _____ County: (REQUIRED) _____

State: (REQUIRED) _____ Country: (REQUIRED) _____

Postal Code: (REQUIRED) _____

Supplier Contact Person Name: (REQUIRED) _____

Telephone Number: (REQUIRED) _____

Supplier Name: _____

Address: _____

Additional Address: _____

City: _____ County: _____

State: _____ Country: _____

Postal Code: _____

Supplier Contact Person Name: _____

Telephone Number: _____

Supplier Name: _____

Address: _____

Additional Address: _____

City: _____ County: _____

State: _____ Country: _____

Postal Code: _____

Supplier Contact Person Name: _____

Telephone Number: _____

Contractor References

List three contractors with which you do business:

Contractor Name: (REQUIRED) _____
Address: (REQUIRED) _____
Additional Address: _____
City: (REQUIRED) _____ County: (REQUIRED) _____
State: (REQUIRED) _____ Country: (REQUIRED) _____
Postal Code: (REQUIRED) _____
Contractor Contact Person Name: (REQUIRED) _____
Telephone Number: (REQUIRED) _____

Contractor Name: _____
Address: _____
Additional Address: _____
City: _____ County: _____
State: _____ Country: _____
Postal Code: _____
Contractor Contact Person Name: _____
Telephone Number: _____

Contractor Name: _____
Address: _____
Additional Address: _____
City: _____ County: _____
State: _____ Country: _____
Postal Code: _____
Contractor Contact Person Name: _____
Telephone Number: _____

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? (REQUIRED) Yes No

If Yes, please explain

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? (REQUIRED) 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? (REQUIRED) 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 not-responsive by a public agency?

(REQUIRED) 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? (REQUIRED) 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?

(REQUIRED) Yes No

If Yes, please explain

Does your company have any outstanding judgments or claims against it?

(REQUIRED) 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? (REQUIRED) 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 (REQUIRED)

Name of Surety: _____

Contact Person: _____ Contact Phone: _____

Bonding Capacity:

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

Amount: \$ _____ Surety Rate: _____ %

Please list the persons or entities who provide indemnification to your surety:

Insurance Details

Insurance Brokers

List of the insurance brokers: **(REQUIRED)**

Insurance Broker Name	Contact Person	Phone Number

Commercial General Liability Insurance

Insurance Agent / Broker: **(REQUIRED)** _____

Insurance Carrier: **(REQUIRED)** _____

Policy Form: _____ Period From: _____ Period To: _____

Policy Number: _____

Occurrence Based? Yes No Claims Made? Yes No

Any exclusions from Standard CGL Policy? Yes No

List all the exclusions:

Per Project Limits? Yes No

Limits	Current	Max Obtainable
General Aggregate	\$	\$
Products-Comp/Op Aggregate	\$	\$
Personal/Adv. Injury	\$	\$
Each Occurrence	\$	\$
Fire Damage (any one fire)	\$	\$
Medical Expense (any one person)	\$	\$
Deductible	\$	
Self Insured Retention		

Excess Liability Insurance

Insurance Agent / Broker: (REQUIRED) _____

Insurance Carrier: (REQUIRED) _____

Policy Form: _____ Period From: _____ Period To: _____

Policy Number: _____

Occurrence Based? Yes No Claims Made? Yes No

Umbrella? Yes No Excess? Yes No

Limits	Current	Max Obtainable
Each Occurrence	\$	\$
Aggregate	\$	\$

Worker's Compensation and Employer's Liability Insurance

Insurance Agent / Broker: (REQUIRED) _____

Insurance Carrier: (REQUIRED) _____

Policy Form: _____ Period From: _____ Period To: _____

Policy Number: _____

Limit: \$ _____

E.L. Each Accident: \$ _____

E.L. Disease-Each Employee: \$ _____

E.L. Disease-Policy Limit: \$ _____

Automobile Liability Insurance

Insurance Agent / Broker: (REQUIRED) _____

Insurance Carrier: (REQUIRED) _____

Policy Form: _____ Period From: _____ Period To: _____

Policy Number: _____

Limits	Current	Max Obtainable
Combined Single Limit (Each Accident)	\$	\$
Bodily Injury (Per Person)	\$	\$
Bodily Injury (Per Accident)	\$	\$
Property Damage (Per Accident)	\$	\$
Non-Owned	\$	\$
Underinsured motorized BI single	\$	\$

Professional Liability Insurance (REQUIRED)

Insurance Agent / Broker: _____

Insurance Carrier: _____

Policy Form: _____ Period From: _____ Period To: _____

Policy Number: _____

Office Policy Limit: \$ _____ Deductible: \$ _____

Retroactive Date: _____ Project Specific Limit Available: \$ _____

Prior Acts: Yes No

Extended Reporting Period (tail): _____(Years)

Pollution Liability Insurance (REQUIRED)

Insurance Agent / Broker: _____

Insurance Carrier: _____

Policy Form: _____ Period From: _____ Period To: _____

Policy Number: _____

Limit Per Occurrence: \$ _____ Aggregate: \$ _____

Occurrence Based? Yes No Claims Made? Yes No

Attach Files

I certify that I will deliver or send in: (REQUIRED)

- Financial Statement
- EMR Verification
- W-9
- MBE/WBE Certifications

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: _____