



KBE Building Corporation shall treat this Contractor’s Prequalification Form as confidential
(Insert “N/A” if not applicable)

Date _____

1. ORGANIZATION INFORMATION

Contractor Name (Please include DBA if applicable) : _____

Address: _____

City: _____ State: _____ County: _____ Zip: _____

Phone Number: _____ Fax #: _____

Contact Name: _____ Contact Title: _____

Contact Email: _____ Contact Phone: _____

Tax ID: _____

Type of Company: Corporation Partnership Sole Proprietorship
 LLC Limited Partnership LLP

Years in Business: _____

Key Personnel: _____ Title: _____ Years with Company: _____

Key Personnel: _____ Title: _____ Years with Company: _____

Management Staff: _____ # Field Labor: _____ # Other Employees: _____

List the trades that your company self performs: _____

List the trades that your company subcontracts out: _____

Indicate criteria used in the selection of your Subcontractors: _____

Do you plan to require your Subcontractors to be bonded on all projects? Yes No

Please describe your policy regarding bonding policies of your Subcontractors:

2. BUSINESS CLASSIFICATIONS & LEGAL

If you work in a licensed trade, please provide your license number(s), Types and jurisdiction:

Does your company have an affiliation with a labor union? Yes No

If so, please list the union name: _____

Business Set-Aside Classification Status (S/M/WBE) and issuing agency: _____

Please attach your Set-Aside classification or S/M/WBE documents
Attached? Yes No

Does your company or any employee at your company have any judgements currently pending? Yes No

If you answered "Yes" please explain: _____

Within the past three years, has your company or any personnel been the subject of any criminal indictment or judgement of conviction for any business-related conduct constituting a crime under state or federal law? Yes No

If you answered "Yes" please explain: _____

In the past three years, has your company defaulted, been terminated for cause, or failed to complete a construction contract awarded to it? Yes No

If you answered "Yes" please explain: _____

Does your company have any litigation arising from your company's active projects or project worked on within the last three years? Yes No

If you answered "Yes" please explain and please list each instant:

Has your company filed for bankruptcy, or had any company reorganizations within the last ten years? Yes No

If you answered "Yes" please explain: _____

Does your company currently, or within the past three years, have an agreement with a factoring company to purchase your accounts receivables? Yes No

If you answered "Yes" please explain: _____

Within the past three years, has your company or any individual in your personnel and management been the subject of any federal or state suspension or disbarment? Yes No

If you answered "Yes" please explain: _____

Is there anything we should be aware of concerning your company? Yes No

If you answered "Yes" please explain: _____

3. PROJECT HISTORY

List four to five completed projects within the last three years, and three to five current projects.

Completed Projects

Project Name	Contracting Company	Contract Amount	Location	Completion Date	Bonded (Y/N)

Current Projects

Project Name	Contracting Company	Contract Amount	Location	Completion Date	Bonded (Y/N)

Number of projects currently in progress: _____

Provide information for the largest contract(s) Bidder has ever received.

Largest Project(s)

Project Name	Contracting Company	Contract Amount	Location	Completion Date	Bonded (Y/N)

If you wish to attach a separate document, please include all the information requested above.

Attached? Yes No

List five to six owner and/or general contractor/construction manager references. Make sure you include email and phone.

References

Contracting Company	Name	Title	Phone	Contact Email

If you wish to attach a separate document, please include all the information requested above.

Attached? Yes No

4. **SAFETY**

Does your company have a written Safety Program? Yes No

Does your company have a designated Safety Officer? Yes No

Safety Officer: _____ Phone Number: _____

Does your company have a drug and alcohol testing policy? Yes No

Does your company have a new employee orientation plan? Yes No

Please provide your company's OSHA No. 300 and 300A Summary of Occupational Injuries and Illnesses for your current, and past two years.

Attached? Yes No

List the number of OSHA Citations or state specific agency where appropriate, received within the last three years:

Last Year: _____ 2 Years Ago: _____ 3 Years Ago: _____

List the total number of man hours worked for the last three years:

Last Year: _____ 2 Years Ago: _____ 3 Years Ago: _____

List your total OSHA Recordable Injuries for the last three years:

Last Year: _____ 2 Years Ago: _____ 3 Years Ago: _____

List your company's Experience Modification Rate for your current, and past two years:

Last Year: _____ 2 Years Ago: _____ 3 Years Ago: _____

Attach your company's EMR Ratings Letter

Attached? Yes No

5. SURETY & INSURANCE

Can your company provide a payment and performance bond?

Yes No

Surety Company Name: _____

Address: _____

Contact: _____ Contact Phone/Email: _____

Single Project Limit: \$ _____ Aggregate Limit: \$ _____

Please attach your Bondability Letter.

Attached? Yes No

Insurance: Please attach a Certificate of Liability Insurance, ACORD 25(2016/03). This form must be current and include General Liability, Worker’s Compensation, and Umbrella Liability.

Attached? Yes No

Please Provide Insurance Contact Information; Name: _____

Email Address: _____ Phone Number: _____

Please see KBE’s Standard Insurance Requirements:

Insurance Requirements - All Regions	Group A	Group B	Group C	Group D
GL Each Occurrence Limit	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000
GL General Aggregate Limit	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000
GL Products/Completed Operations Limit	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000
GL Personal Advertising Injury Limit	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
Workers Compensation	Statutory	Statutory	Statutory	Statutory
Employers Liability	\$1M/\$1M/\$1M	\$1M/\$1M/\$1M	\$1M/\$1M/\$1M	\$1M/\$1M/\$1M
Auto Liability	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
Umbrella Liability – Northeast & Mid-Atlantic (Excl NY) (CT, DE, DC, ME, MD, MA NH, NJ, PA, RI, VT, VA)	\$1,000,000	\$3,000,000	\$5,000,000	\$10,000,000
Umbrella Liability - New York State (Excl 5 Boroughs) (All NY Locations excluding 5 Boroughs)	\$1,000,000	\$3,000,000	\$8,000,000	\$23,000,000
Umbrella Liability - New York City (5 Boroughs) (Bronx, Brooklyn, Manhattan, Queens, Long Island)	\$1,000,000	\$5,000,000	\$10,000,000	\$23,000,000
Umbrella Liability - Southwest (AZ, NM, TX)	\$1,000,000	\$2,000,000	\$3,000,000	\$5,000,000
Umbrella Liability - Northwest & West (CA, CO, ID, NV, UT, WA)	\$1,000,000	\$3,000,000	\$5,000,000	\$10,000,000
Group A:	All Interior Work Not Otherwise Scheduled, All Exterior Work Not Otherwise Scheduled that is 1-story or less			
Group B:	Non-Structural Concrete Work, Non-Structural Steel Work, Façade Work over 1-story, Carpentry, HVAC, Plumbing, Electrical, Exterior Painting, Roofing, Non-Structural Demolition Work, All Exterior Work Not Otherwise Classified that is Above 1-story			
Group C:	Structural Steel Work, Structural Concrete Work, Excavation Work, Building Demolition, Structural Demolition, Foundation Work, Scaffolding Contractors, Elevator Contractors, Shoring and Underpinning work			
Group D:	All Crane Companies, All Crane Operators, Riggers			

Pollution: All Regions	Low Hazard	Medium Hazard	High Hazard
Contractors Pollution Liability (CPL)	\$1,000,000	\$1,000,000	\$2,000,000
Low Hazard Trades:	Wood & Plastic (Carpentry, Millwork, & Vanity Tops); Structural Steel; Masonry; Flooring; Painting; Specialties (Markerboards, Toilets/Accessories, & Lockers); Furnishings; Equipment (Kitchen, Theater, Library, & Athletic); Conveying Systems		
Medium Hazard Trades:	Drywall; Concrete; MEP (Mechanical, Electrical, Plumbing)		
High Hazard Trades:	Ongoing Operations: Site/Dirt Work (Excavation, Paving, Landscaping, & Digging); Drilling or any Subsurface Work; Environmental Services Work/Abatement; Demolition		
	Completed Operations: Moisture Protection (Roofing, Sealants, & Siding); Building Envelope Work; Doors & Windows (Doors, Frames, Hardware, Glass, & Glazing); Curtain Wall		

Professional Requirements – All Regions	Design Assist / Delegated Design
Professional Liability (PL)	\$2,000,000
Design Assist Trades: (such as MEP, HVAC, Electrical, Building Envelope subs, etc.)	Before commencing work, all Subcontractors and Sub-subcontractors that provide any type of DESIGN SERVICE or DESIGN ADVICE, whether directly or indirectly, including but not limited to shop drawings or calculations, should confirm that Professional Liability (PL) coverage is in place until the project is completed - this can be a Professional Liability policy or part of a CPPI policy.

Regions	States
Northeast & Mid-Atlantic (Excl NY)	Connecticut (CT), Delaware (DE), District of Columbia (DC), Maine (ME), Maryland (MD), Massachusetts (MA), New Hampshire (NH), New Jersey (NJ), North Carolina (NC), Pennsylvania (PA), Rhode Island (RI), Vermont (VT), Virginia (VA)
New York State (Excl 5 Boroughs)	All locations in New York excluding the 5 Boroughs Cities
New York City (5 Boroughs)	Bronx, Brooklyn, Manhattan, Queens, Staten Island
Southwest	Arizona (AZ), New Mexico (NM), Texas (TX)
Northwest & West	California (CA), Colorado (CO), Idaho (ID), Nevada (NV), Utah (UT), Washington (WA)

6. FINANCIAL

Financial information is a requirement of our prequalification for all contracts over \$250,000.00. Please attach your current and previous year-end financial statements, audited or reviewed by a Certified Public Accountant. This information will be kept confidential and be used only for the purposes of evaluating your financial status towards prequalification. Your financial statement must be less than 12 months from the date published to maintain approval status. Financial statements must include a review report, notes, balance sheet, statement of income, statement of cash flows, cost of revenues earned, etc.

When does your company's fiscal year end? _____, _____
month day year

Current Financial Statement Date: _____
month day year

Attached? Yes No

Previous Financial Statement Date: _____
month day year

Attached? Yes No

List your annual volume of work for the last three years:

Last Year: _____ 2 Years Ago: _____ 3 Years Ago: _____

Does your company have access to extended credit? Yes No

Bank Name: _____ Total Line of Credit: \$ _____

Please attach a letter from your lending institution.

Attached? Yes No

7. SIGNATURE

The individual completing this application confirms that they are authorized to provide, and that the information provided has not been falsified or intentionally withheld with an intent to mislead the prequalification review.

Signature: _____

Name (print): _____

Title: _____

Date: _____

Email completed application to:

Prequalification Manager
prequal@kbebuilding.com