



# PREQUALIFICATION APPLICATION

## COMPANY INFORMATION

### BUSINESS INFORMATION

Company Name: \_\_\_\_\_  
 Parent Company: \_\_\_\_\_  
 Previous Company Name(s): \_\_\_\_\_  
 Type of Company:  Corporation  Partnership  Sole Proprietor  Joint Venture  Other  
 If Other, please specify: \_\_\_\_\_  
 State of Incorporation: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_

Location	Address	City	State	Zip Code
Physical Address:				
Mailing Address:				

Estimating Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Title	Name(s)
CEO:	
President:	
CFO / Treasurer:	
Vice President(s):	
Secretary:	

### GEOGRAPHIC LOCATIONS & MARKETS SERVED

Work Performed In:  PA  MD  NJ  DE  WV  VA  OH  NY  Other: \_\_\_\_\_  
 Market Sectors:  Commercial  Healthcare  Warehouse  Hospitality  Industrial  Education  
 Multi-Family Residential  Government  Prevailing Wage  Other: \_\_\_\_\_

### LICENSING & CERTIFICATIONS

Is Your Company?  Union  Non-Union  
 If Union: Local #: \_\_\_\_\_ Union Name: \_\_\_\_\_ Agreement Expiration Date: \_\_\_\_\_  
 Federal Tax ID #: \_\_\_\_\_  
 Contractor's Licenses: **Attach a copy of all state or AHJ Contractors licenses for your company.**  
 Minority Certification:  WBE  MBE  SBE  N/A  Other: \_\_\_\_\_  
 Certifying Agency: \_\_\_\_\_  
 Other Certifications: \_\_\_\_\_  
 Certifying Agency: \_\_\_\_\_  
 ❖ Provide a copy of all certifications indicated above.

## WORK EXPERIENCE

### TRADES PERFORMED

Self-Performed / Subcontracted (circle one)	Specification Division/Section	Description
Self-Performed / Subcontracted		
Self-Performed / Subcontracted		
Self-Performed / Subcontracted		
Self-Performed / Subcontracted		

Percentage of Work normally subcontracted: \_\_\_\_\_%



# PREQUALIFICATION APPLICATION

Annual volume of work performed over each of the past 5 years:

Year	Annual Volume	Number of Projects
	\$	
	\$	
	\$	
	\$	
	\$	

Last project completed with Kinsley Construction:

Year Completed: \_\_\_\_\_ Amount of Subcontract: \$ \_\_\_\_\_  
 Project Name/Location: \_\_\_\_\_  
 Scope of Work: \_\_\_\_\_

What is your desired project size (range) based upon subcontract amount? \$ \_\_\_\_\_

Completed Projects- Your (5) largest projects, based upon subcontract value, completed within the last 3 years.

Project Name:	
General Contractor / Construction Manager:	
GC / CM Contact Name:	
GC / CM Contact Number:	
Subcontractor Amount:	
Completion Date:	

Project Name:	
General Contractor / Construction Manager:	
GC / CM Contact Name:	
GC / CM Contact Number:	
Subcontractor Amount:	
Completion Date:	

Project Name:	
General Contractor / Construction Manager:	
GC / CM Contact Name:	
GC / CM Contact Number:	
Subcontractor Amount:	
Completion Date:	

Project Name:	
General Contractor / Construction Manager:	
GC / CM Contact Name:	
GC / CM Contact Number:	
Subcontractor Amount:	
Completion Date:	

Project Name:	
General Contractor / Construction Manager:	
GC / CM Contact Name:	
GC / CM Contact Number:	
Subcontractor Amount:	
Completion Date:	

Major Supplier References- Contact Information



# PREQUALIFICATION APPLICATION

Company Name	Contact Name	Email	Phone Number

### Construction Manager / General Contractor References- Contact Information

Company Name	Contact Name	Email	Phone Number

### Design-Build / Building Information Modeling (BIM) Experience

Expertise in Design-Build Projects:  Yes  No If "Yes" attach a list of Design-Build projects you have completed.

Design:  In-house  Outsourced  N/A

Expertise Utilizing BIM on Projects:  Yes  No If "Yes" attach a list of BIM projects you have completed.

BIM Design:  In-house  Outsourced  N/A

## FINANCIAL INFORMATION

### FINANCIAL STATEMENTS (REQUIRED)

Attach your most recent year-end financial statements & current interim statements to this Prequalification Application.

Your financial statements have been (check one):  Audited  Reviewed  Compiled  Other

❖ NOTE: ALL FINANCIAL STATEMENTS WILL BE KEPT CONFIDENTIAL.

Who is the main point of contact for your company regarding financial issues on a project?

Financial Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### BANK INFORMATION

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Line of Credit: Attach a letter from your bank indicating your current line of credit available.

### DUNN & BRADSTREET INFORMATION

Dunn & Bradstreet No.: \_\_\_\_\_

Dunn & Bradstreet Rating: \_\_\_\_\_

### PAYMENT & PERFORMANCE BOND INFORMATION

Surety Company Name: \_\_\_\_\_ Surety's Policy Holder Rating: \_\_\_\_\_

Surety Broker Name: \_\_\_\_\_

Broker Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Bonding capacity per job: \$ \_\_\_\_\_ Aggregate Bonding Capacity: \_\_\_\_\_

Current bonds in place: \$ \_\_\_\_\_ Bond Rate: \_\_\_\_\_

Date of last bond: \_\_\_\_\_



# PREQUALIFICATION APPLICATION

Has your Bonding Company ever been notified of non-performance or non-payment for a project that was bonded?  Yes  No

If "Yes" explain: \_\_\_\_\_

Have any payment bond claims been made against your company due to your company's failure to pay sub-subs and/or suppliers?  Yes  No

If "Yes" explain: \_\_\_\_\_

Has your company been required to enter into any joint check agreements?  Yes  No

**Provide a letter from your Surety broker verifying your company's per project & aggregate limits.**

### CERTIFICATE OF INSURANCE

Attach a sample of your Certificate of Insurance (COI).

### CURRENT PROJECTS & BACKLOG

Number of Current Projects under Subcontract: \_\_\_\_\_

Aggregate Dollar Value of Work Currently under Subcontract: \$ \_\_\_\_\_

Aggregate Dollar Value of Uncompleted Backlog: \$ \_\_\_\_\_

## SAFETY INFORMATION

### SAFETY PROGRAM

Does your company have a written Safety Policy?  Yes  No. If "Yes" attach a copy of your Safety Policy to this application.

Does your company have a dedicated Safety Department?  Yes  No

If "Yes", who are your Safety officers? \_\_\_\_\_

Who is the main point of contact for your company regarding Safety issues on a project?

Safety Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Does your company provide orientation for field employees?  Yes  No

Does your company provide supervisor safety training?  Yes  No

Does your company require 'toolbox talk' safety meetings?  Yes  No

If "Yes", how often? \_\_\_\_\_

What additional safety training do you require for your field employees? Please list.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# PREQUALIFICATION APPLICATION

What type of substance abuse screening does your company have? Check all that apply.

- Pre-employment  
  Post Incident  
  DOT  
  Suspicion  
  Random Non-DOT  
  We don't do screening for substances

### EMPLOYMENT INFORMATION

	Home Office	Field Supervisory	Trades Persons	Total
Current # of Employees:				

Does your company use E-Verify?  Yes  No

### EXPERIENCE MODIFICATION RATE (EMR) & OSHA / MSHA INFORMATION

Provide your company's EMR & requested OSHA / MSHA information for the past three years, beginning with the most recent year. What is your company's NAICS Code? \_\_\_\_\_

Description / Year	20____	20____	20____
A. Experience Modification Rate			
B. Number of Recordable Cases			
C. Number of Lost Time Cases			
D. Number of Restricted Cases			
E. Total Number of Hours Worked			
F. Recordable Incident Rate (B x 200,000 / E)			
G. Lost Time Rate (C x 200,000 / E)			
H. Restricted Rate (D x 200,000 / E)			

Has your company experienced any fatalities in the past three years?  Yes  No

If "Yes" description of location, cause, and corrective actions (attach additional pages if necessary).

---



---



---

How many OSHA/MSHA inspections have you had in the past three years? \_\_\_\_\_

Has your company received any serious, repeat, and willful citations from OSHA or significant and substantial citations from MSHA in the past three years?  Yes  No

If "Yes" explain these citations. \_\_\_\_\_

---



---



---

### FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (SAFER SCORE)

DOT Number: \_\_\_\_\_  Not Applicable

Description	%
Unsafe Driving Score:	_____%
Hours of Service Compliance:	_____%
Driver Fitness	_____%
Controlled Substance / Alcohol:	_____%
Vehicle Maintenance:	_____%



# PREQUALIFICATION APPLICATION

## LEGAL INFORMATION

### KINSLEY TERMS & CONDITIONS, POLICIES

Subcontract Terms & Conditions: Your company has reviewed our Standard Subcontract Terms & Conditions and will agree to these Terms & Conditions as written?  Yes  No

Safety Policy: Your company has reviewed our Safety Management Policy and will agree to abide by this policy as written?  Yes  No

Tobacco & E-Cigarette Use Policy: Your company has reviewed our Tobacco & E-Cigarette Use Policy and will agree to abide by this policy as written?  Yes  No

### QUESTIONS

Has your company or any of its principals ever petitioned for bankruptcy, failed in business, defaulted or been terminated on a subcontract awarded to you?  Yes  No

If "Yes" explain: \_\_\_\_\_

\_\_\_\_\_

Have any of your owners, officers, or major shareholders ever been indicted or convicted of any felony or other criminal conduct?  Yes  No

If "Yes" explain: \_\_\_\_\_

\_\_\_\_\_

Has your company ever been debarred or otherwise precluded from pursuing public work?  Yes  No

If "Yes" explain: \_\_\_\_\_

\_\_\_\_\_

Has your company ever had a claim made against it for improper, delayed, defective or non-compliant work, failed to meet warranty obligations, failed to complete a subcontract or been terminated for cause from a project?  Yes  No

If "Yes" explain: \_\_\_\_\_

\_\_\_\_\_

Has your company been involved in any arbitration or litigation relating to a construction project within the last 5 years? (This includes disputes with General Contractors, Construction Managers, Owners, Architects, Engineers, subcontractors, suppliers and/or the government or municipalities)  Yes  No

If "Yes" explain: \_\_\_\_\_

\_\_\_\_\_

Is your company or any of its owners, officers, or major shareholders currently involved in any arbitration or litigation?  Yes  No

If "Yes" explain: \_\_\_\_\_

\_\_\_\_\_

Does your company have any outstanding judgments or claims against it?  Yes  No

If "Yes" explain: \_\_\_\_\_

\_\_\_\_\_

Has your company ever been assessed liquidated damages on a project?  Yes  No

## PREQUALIFICATION APPLICATION

If "Yes" explain: \_\_\_\_\_  
\_\_\_\_\_

Has your company ever been issued a citation from any environmental agency for non-compliance?  Yes  No

If "Yes" explain: \_\_\_\_\_  
\_\_\_\_\_

### ATTACHED DOCUMENTS LIST

The following documents are required attachments. **Confirm you have attached** the information accordingly:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Copies of all state and AHJ Contractors licenses as applicable to the states of AHJs you work in. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Copies of all applicable Certifications for your company, if applicable.                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. List of Design-Build projects, if applicable.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. List of BIM projects, if applicable.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Copy of most recent year-end financial statement <b>(required)</b>                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Copy of current interim financial statement.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Letter from bank indicating current available line of credit.                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Letter from your Surety indicating your company's per project and aggregate bonding limits.       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Sample of your company's Certificate of Insurance.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Copy of your company's written Safety Policy.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Last 3 years of OSHA 300 A's   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Last 3 years of EMR from your insurance company.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### ACKNOWLEDGEMENT OF INFORMATION

We have attempted to answer all questions in a complete manner to assure that our answers are not in any respect misleading, either by ourselves in a misleading or ambiguous manner or omitting information. We recognize that Kinsley Construction, Inc. will be relying on the accuracy of the information and our responses in this application in deciding whether to permit us to bid or award work to our company.

Date: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Completed By: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Title: \_\_\_\_\_

**SIGN HERE**

Email completed application and attachments to [prequalification@rkinsley.com](mailto:prequalification@rkinsley.com)

**Prequalification is required to work on Kinsley Construction, Inc. building division projects.**

**Prequalification is required to be renewed annually.**