

# SUBCONTRACTOR PREQUALIFICATION STATEMENT



<b>Company Name:</b>	
<b>Project:</b> (if applicable)	<b>Date:</b>
<b>Location:</b>	
Have you had previous experience with the Owner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", Date:	Project/Location:
Description of Project:	

Thank you for your interest in **A M King Construction Company, LLC**. In order to become a subcontractor on our projects and any future opportunities, you must complete this form and return it via one of the below methods. In addition to this completed form, a sample certificate of insurance showing your standard coverages and your company's most recent financial statement are required in order to complete the prequalification process. If you would like to include more information than this form allows, please attach additional sheets. The information provided through this Prequalification Statement will be valid for 18 months.

- ▶ email: info@amkinggroup.com
- ▶ fax: 704.365.3101
- ▶ mail: 1610 East Morehead, Suite 200  
Charlotte, NC 28207

CONTRACTOR'S INFORMATION	
Mailing Address	Street Address
Telephone	Mobile
Facsimile	Email
Contact Name/Title	

CONTRACTOR'S PROFILE		
Contractor's Licenses:	License #:	State:
	License #:	State:
	License #:	State:
	License #:	State:
Area of Business or Specific Work Scopes Your Company Performs:		
Description of work performed with own forces:		
Description of work subcontracted to others:		

Trades that your company would like to bid:		Revenue
CSI No.:	Description:	Revenue Previous 12 months
CSI No.:	Description:	Revenue Prior Year 1
CSI No.:	Description:	Revenue Prior Year 2
CSI No.:	Description:	Revenue Prior Year 3
Dollar value of largest contract completed in past two years:		\$
Total amount of work and/or orders in progress:		\$
Open Shop?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Union Affiliation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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<b>BUSINESS AND FINANCIAL INFORMATION</b> <i>Please attach latest financial statement.</i>			
Parent/Affiliated Company:			
Address:			
Officers, Partners, or Owners:			
	<u>Name</u>	<u>Title</u>	<u>Years of Experience</u>
Total permanent employees:		Peak manpower level in past 3 years:	
Permanent employees for construction:		Lowest manpower level in past 3 years:	
Type of Firm:	<input type="checkbox"/> Corporation	Number of Years in Business:	
	<input type="checkbox"/> Individual / Sole Proprietor		
	<input type="checkbox"/> Partnership		
	<input type="checkbox"/> Other		
Under what other names has your company operated?			
Principal Banking Reference:			
Contact Name / Title / Phone:			
Have you at any time failed to complete a project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If "Yes", please provide details:			
Are there any material judgments, claims or lawsuits pending or outstanding against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If "Yes", please provide details:			

<b>REFERENCES</b> <i>Please list typical contracts completed in past two years – attach more if needed:</i>				
<u>Year</u>	<u>Name &amp; Location of Project</u>	<u>Owner/Client Reference Contact info.</u>		<u>Value</u>

<b>LEED REFERENCES</b> <i>Please list any LEED certified projects completed in past 3 years:</i>				
<u>Year</u>	<u>Name &amp; Location of Project</u>	<u>Owner/Client Reference Contact info.</u>		<u>Value</u>
<b>State the Number of LEED ACCREDITED PROFESSIONALS ON STAFF</b>				

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BONDING AND INSURANCE			
Bonding Company/Surety:		Bond Rate:	%
Contact Person:		Phone:	
Total Aggregate Limit:		Single Project Limit:	
Total Active Bonds:			
Insurance Carrier:			
Agent:		Phone:	
Contact Person:			
Insurance Carrier:			
Agent:		Phone:	
Contact Person:			
<b><i>Please attach a copy of your typical completed Insurance Certificate to show normal coverage (ACORD form)</i></b>			

SAFETY AND HEALTH			
	Year	Rate	
List your Experience Modification Rate (EMR)	20		
for Worker's Compensation insurance for the	20		
three (3) most recent years:	20		
Using your last year's OSHA 300 log, fill in the following: Year: 20			
Number of injuries and illnesses		Number of restricted workday cases	
Number of lost workdays		Number of cases with medical attention only	
Employee hours worked last year		Number of fatalities	
Please describe all OSHA recordable citations your firm has received in the past two years:			
Do you have a drug-screening program?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Do you have a Safety Officer/Department in your company?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
If "Yes", name and title:			
Do you have a written Safety Program?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Do you conduct site safety inspections?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
If "Yes", who conducts the inspection?			
Frequency:			
Do you hold "gang box" safety meetings?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
If "Yes", how often? Frequency:			
Are rosters signed by attendees and kept on file?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
What on-going safety training other than the above do you have?			
Would your firm object to drug screening for all personnel working on a project?			
Yes <input type="checkbox"/> No <input type="checkbox"/>			

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<b>CERTIFICATION AND AUTHORIZATION</b>		
Have you reviewed both A M King Construction Company, LLC long and short form subcontract agreements? (Samples of subcontracts along with other subcontractor forms and requirements are attached.)	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
Are you satisfied that if awarded the work, you will execute either of the agreements without modifications?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
I certify that the above information and attachments supplied to A M King Construction Company, LLC, are correct to the best of my knowledge and that I am authorized to sign this on behalf of the Organization.		
Name of Organization		
Signature		
Printed Name		
Title		