



## Subcontractor Prequalification

Kline Rostocil Construction Corporation is a national leader in the construction and renovation of controlled environment facilities. We build from coast to coast and are always welcoming good subcontractors and suppliers.

We take great pride in delivering great projects and realize that we need great team members to accomplish our goals. To be great team members, we need subcontractors who are not only great craftsmen and good at their trade, but are responsible, safe, practice good business ethics and are financially capable of completing their scope of work. Kline Rostocil Construction understands that we are only as good as our subcontractors and suppliers. If you are a great subcontractor and want to be part of a great team, please complete this questionnaire and submit to our office.

Please complete the following questionnaire, provide your signed W-9 form, a sample of your insurance certificate, your OSHA 300A for the past three years, your NCCI Workers Compensation Experience Rating Worksheet for the past three years, a letter of reference from your bonding agent (if bondable) and your most recent financial statements. Please know that all of this information is used for prequalification purposes only and is kept in the strictest confidence.

You can email this information to [nater@krcontractors.com](mailto:nater@krcontractors.com) or mail a paper copy to our address at:

9385 Hamilton Drive  
Mentor, OH 44060  
Attn: Subcontractor Prequalification

We know this takes substantial work putting this information together and we thank you in advance for your time and effort. Great teams are made up of great companies and great people working together.



## Subcontractor Prequalification Questionnaire

All information provided in this questionnaire is kept strictly confidential

### Company Information

Legal Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

Website: \_\_\_\_\_

Parent Company: \_\_\_\_\_

Years in business: \_\_\_\_\_

States/Regions in which you work: \_\_\_\_\_

Legal Entity Type:

Sole Proprietor  Partnership  C Corp  S Corp  LLC  Joint Venture  Other  \_\_\_\_\_

DBE  MBE  FBE  SBE  CSB  Section 3  EDGE  Other  \_\_\_\_\_

### Trade Information

Trade(s) – Type of Work Performed (List All): \_\_\_\_\_

Union Affiliation: Yes  No

Average No. of Employees: Office: \_\_\_\_\_ Field Supervisory: \_\_\_\_\_ Tradespeople: \_\_\_\_\_

License Information:

Authority: \_\_\_\_\_

Class: \_\_\_\_\_

License Number: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_

Authority: \_\_\_\_\_

Class: \_\_\_\_\_

License Number: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_



## Subcontractor Prequalification Questionnaire

All information provided in this questionnaire is kept strictly confidential

### Financial Information

Fiscal Year Ending Date: \_\_\_\_\_ D & B Number? \_\_\_\_\_ Fed Tax ID #: \_\_\_\_\_

Line of Credit Amount: \_\_\_\_\_ Line of Credit Available: \_\_\_\_\_

Highest Dollar Project Ever performed: \_\_\_\_\_ Average Project Dollar Size: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Subcontractor is required to send third party financial statements to Kline Construction. This information will be held in the strictest of confidence and is for the purpose of Subcontractor Prequalification only.

### Insurance Information

Please provide a Certificate of Insurance example indicating coverages and limits.

Insurance Agent: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

General Liability Limits: (Minimum \$1M before umbrella) \_\_\_\_\_

Aggregate Limits (with umbrella) \_\_\_\_\_

Additional Insured Endorsement (Required) \_\_\_\_\_

Policy Expiration Date: \_\_\_\_\_

### Bonding Information

Is your company able to provide a 100% payment and performance bond? Yes [ ] No [ ]

If Yes:  
Bonding Agent: \_\_\_\_\_

Contact: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

Single Project Bonding Capacity: \_\_\_\_\_ Aggregate Project Bonding Capacity: \_\_\_\_\_

Current Amount Under Bond Today: \_\_\_\_\_



## Subcontractor Prequalification Questionnaire

All information provided in this questionnaire is kept strictly confidential

### Litigation Information

- Have you ever defaulted on a contract? Yes [ ] No [ ]
- Have you ever failed to complete a contract? Yes [ ] No [ ]
- Have you ever had your contract terminated? Yes [ ] No [ ]
- Is there current litigation with Owners/GC's? Yes [ ] No [ ]
- Any judgments against in the last 5 years? Yes [ ] No [ ]
- Are Principles of your company in litigation? Yes [ ] No [ ]
- Have you ever paid liquidated damages? Yes [ ] No [ ]
- Has your license(s) ever been revoked? Yes [ ] No [ ]

If you answered Yes to any question above, please explain below. Use additional pages if necessary.

---



---



---



---



---

Company Subsidiary Name(s):

Parent Organization:

Previous Company Names:

### Safety Information

OSHA Form 300A must be attached

- Does your company have a written safety policy? Yes [ ] No [ ]
- Does your company have a substance abuse policy: Yes [ ] No [ ]
- Do you hold regular site safety meetings? Yes [ ] No [ ] How often? \_\_\_\_\_
- Do you conduct project site safety inspections? Yes [ ] No [ ] How often? \_\_\_\_\_
- Who is responsible for safety within your company? \_\_\_\_\_
- Have you received any OSHA violations in the past 3 years? Yes [ ] No [ ]
- (If Yes, explain:) \_\_\_\_\_

---



---



## Subcontractor Prequalification Questionnaire

All information provided in this questionnaire is kept strictly confidential

### References

Company Name: \_\_\_\_\_

Type of work performed: \_\_\_\_\_

Contact: \_\_\_\_\_

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Company Name: \_\_\_\_\_

Type of work performed: \_\_\_\_\_

Contact: \_\_\_\_\_

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Company Name: \_\_\_\_\_

Type of work performed: \_\_\_\_\_

Contact: \_\_\_\_\_

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

### Acknowledgement:

I certify that the statements and information provided herein, including attached documents, are complete, true and correct to the best of my knowledge. I understand that falsification and or willful omission of information shall be sufficient cause for disqualification.

This prequalification questionnaire must be signed by an authorized representative of the company.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_