

#### **Subcontractor Pre-Qualification Checklist**

The following information is required by Gilmore Construction in order to qualify your bid and / or enter into a Contract Agreement:

	Completed Subcontractor's Pre-qualification Form	
□ W-9 (on the 2024 Form, signed)		
	Current Underrepresented Business Certifications (Minority Business Enterprise, Woman-owned Business Enterprise, Small Business Enterprise, Disadvantaged Business Enterprise, Veteran-owned Business Enterprise, etc) – <i>if applicable</i>	
	Current Experience Modification Rate (EMR) Sheet (with effective dates listed)	
	OSHA 300 and 300A forms for the last 3 years	
	Full year financials from last year (audited preferred, others accepted)	
	Line of Credit / Good Standing Letter from your bank	
□ Bonding / Capacity Letter from your surety		
	Copy of your Safety Manual	
	Sample Certificate of Insurance evidencing your coverage for:	
	General Liability	
	Workers Compensation	
	Auto Liability	
relationship. F	urn of this information will enable us to move forward in developing our business Please contact Gilmore Construction if you have any questions, do not qualify, or complete the prequalification form.	
Please return	this packet with all required information via email to <a href="mailto:prequal@gilmorecc.com">prequal@gilmorecc.com</a>	
Thank you,		
Gilmore Cons	truction	
**Please compl	ete this form with as much detail as possible to assist us in evaluating your	

company's qualifications.

P: 303.371.5700



## **General Information**

Company Name:
Federal Tax ID# / FEIN:
Other Company Names (include subsidiaries)
Company founded in what year?
Is your Company incorporated?YesNo In What State?
Incorporated in what year?
If not incorporated, is your company a Sole Proprietorship?YesNo
Street Address:
Mailing Address:
Business Phone:
Website Address:
Management Contact:
Email:
Bidding Contact:
Email:
Authorized Signer(s):
Is your company certified as an underrepresented business entity (MBE, WBE, SBE, DBE, VBE, SBA 8, etc)?Yes No
Note: If YES, please attach/submit your current certifications.
What percentage of your work do you subcontract?%



Please list the principle individuals of your organization, along with titles and experience. (Please feel free to attach individual resume data if you so desire.): NAME **YEARS** TITLE / RESPONSIBILITIES **Safety Information** Does your company qualify for an Experience Modification Rating (EMR)? Yes No Note: If YES, please attach/submit your EMR Rating Sheet (with effective dates listed) for the past 3 years. Does your company qualify for OSHA logs? \_\_\_\_ Yes \_\_\_\_ No Note: If YES, please attach/submit your OSHA 300 -and- 300A logs for the past 3 years. Emergency Safety Contact: Phone: Does your company have a safety program? \_\_\_\_Yes Note: If YES, please attach/submit your safety manual. Have you ever had any OSHA violations on your jobs?\_\_\_\_\_Yes \_\_\_\_No If so, please explain the circumstances:



### **Trade Classification Information**

Contractor's License _				
	(Number, S	State and Expiration Date)		
	*please attach/subn	nit a copy of your valid lice	nse*	
In what <b>trade categor</b>	ries is your comp	any legally qualified to	o engage and do	oes your company
customarily perform?				
CSI Code		Description		
What, if any, are your	contractual limita	ations?		
, <b>,</b> , ,				
Have you performed v	work with City & 0	County of Denver?	Yes	No
Are you open to perfo	orming work with	City & County of Denv	/er? Ye	esNo
Have you performed F	Federal work?	Yes I	No	
Are you open to pursu	uing Federal work	Υes       Υes	No	
Are you open to pursu				No
,	J	·		
What is (are) your pro	oforrad goographi	a location(a)?		
What is (are) your pre	Herred geographic			
References				
Please list three (3) <b>V</b> o	endors/Supplier	's with whom your cor	npany has previ	ously worked.
1. Name:				



2.	Name:	
	Address:	
	Contact Name:	
	Email:	
	Phone:	
3.	Name:	
	Address:	
	Contact Name:	
	Email:	
	Phone:	
Pleas	e list three (3) <b>General Contractors</b> with whom your company has previously wo	rked
1.	Name:	
	Address:	
	Contact Name:	
	Email:	
	Phone:	
2.	Name:	
	Address:	
	Contact Name:	
	Email:	
	Phone:	
3.	Name:	
	Address:	
	Contact Name:	
	Email:	
	Phone:	



## **General Volume Information**

What is your largest contract	to date? Contract Value:
Project:	Description of Scope:
Date:	
Client:	Contact (Name/Number):
What is your current backlog	?
Please list your annual busin	ess volume for the last 3 years.
\$(20)	\$(20 <u>)</u> \$(20 <u>)</u>
*Note: If you ha	ve been in business less than 3 years, please list what you can*
Financial Information	on
Are you willing to pursue preving the second	vailing wage projects? submitting certified payroll reports on a weekly basis, as required?
Do you have any issues with Yes No	-or- do you require training on certified payroll reporting?
Name of Financial Institution	(Bank):
Address:	
Contact Name:	
Contact Email:	
Does your company have a l	Line of Credit?Yes No
If YES, what is the amount?_	What is the expiration date?
What is the current outstand	ing balance?
*Note: If YES, please attach	/submit your Line of Credit/Good Standing letter from your bank.
Have you ever defaulted on a	a loan?YesNo



Does your company have bonding capacity? YesNo					
Name of Surety (Bonding Company):					
Surety Address:					
Contact Name: Email: Phone:					
					Bonding Capacity, Single Project Limit:
					Bonding Capacity, Aggregate Limit:
*If YES, please attach/submit your Bond Capacity letter from your surety.					
**Surety must have an A.M Best Rating of A IX or better.					
Legal Information					
Has your company ever been unable to complete a contract? Yes No					
If YES, please explain the circumstances:					
Have there been any judgements, claims, arbitration proceedings, or suits against your organization or it's officers in the last 5 years? Yes No					
Are there any judgements, claims, arbitration proceedings, or suits pending or outstanding against your organization or it's officers? Yes No					
If YES on either of the above, please explain the circumstances:					
Has your organization filed any lawsuits or requested any arbitration regarding construction					
contracts within the past 5 years? Yes No					



your company, that are pending or outstanding?Y	•
If YES on either of the above, please explain the circumsta	ances:
Insurance Information	
Do you carry General Liability Insurance? Yes	No
If YES, what are your policy limits?	
Occurrence \$	
Aggregate \$	
Do you carry Auto Liability Insurance? Yes	No
If YES, what are your policy limits?	
Occurrence \$	
Aggregate \$	
Do you carry Worker's Compensation Insurance?	YesNo
If YES, what are your policy limits?	
Occurrence \$	
Aggregate \$	
If NO, have you filed exemption with the state of Colorado´	? Yes No
Note: If YES, please attach/submit your sample COI.	
*All insurance companies must have an A.M. Best rating of;	A IX or Better



# **Prequalification Certification**

The undersigned certifies that all statements and answers shown herein and above are complete, true, and correct. Undersign also authorizes that Gilmore Construction can contact sources for verification.

To the best of accurate.	my knowledge, the information provided on this form, including attachments, are
Signed:	
Print Name:	
Title:	
Date:	

Please email this completed form and additional documentation to:

prequal@gilmorecc.com

Or mail to:

Gilmore Construction Corporation 4949 Ironton Street Denver, CO 80239

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