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Subcontractor Pre-Qualification Form

Please complete the enclosed form to help us better understand your operational capabilities, safety record, and liquidity.
All subcontractor pre-qualification questionnaires are held in strict confidence and are only reviewed by our Corporate Officers.

1. Company Information

a. Company Legal Name _____

b. Address _____

c. Phone _____ d. E-mail _____

e. Contact Name _____

f. Description of Trade / Product Provided _____

g. Federal Employer ID # _____
(Please attach a W-9)

h. Gillette City Contractor's License # _____
(Please attach a copy of your current license)

i. Wyoming Resident Contractor _____
(Please attach a copy of your current certificate)

j. Company Type _____ k. Year Founded _____
(Corporation, Partnership, etc.)

l. Owners/Officers _____
Name Title

2. Safety Information

a. Provide your workers' compensation EMR for the past three years: _____

b. If, in the last 5 years, your company been cited by OSHA for a 'serious' or 'willful' violation, please attach a detailed explanation.
_____ N/A _____ see attached

c. Please attach a copy of your OSHA 300 log for the past three years.

3. Financial Information

a. Name of Primary Bank _____

Contact Name _____ Contact Phone _____

b. Auditor/Outside Accounting firm name _____

c. Describe all lawsuits and judgments against your company in the last two years. _____ N/A _____ see attached

d. Have any of your principals or officers ever filed for bankruptcy either personally or for a business they were associated with?

_____ No _____ Yes If yes, please attach an explanation.

4. Surety and Bonding

a. Surety Company _____

Agency Name, Contact, Phone _____

b. Bonding Capacity _____ Per Job _____ Aggregate

c. Bond Rate (per thousand) _____

d. Please attach a letter from your surety confirming your capacity and good standing.

5. Insurance Information

HCI requires the following insurance from its subcontractors:

MINIMUM LIMITS OF LIABILITY:

Subcontractor will obtain insurance with limits as specified below, or such higher limits if imposed by Owner or by the Prime Contract Documents.

TYPE OF INSURANCE	ALL LIMITS IN THOUSANDS	
Commercial General Liability		
Premises/Operations	General Aggregate (Per Project)	\$2,000
Products/Completed Operations	Products Comp/OPS Aggregate	\$2,000
Contractual	Personal & Advertising Injury	\$1,000
Independent Contractors	Each Occurrence/Combined	\$1,000
Broad Form Property Damage	Single Limit (BI/PD)	
Personal Injury		
Explosion/Collapse/Underground (XCU)		
Automobile Liability		
Any Auto or All Owned Autos	Bodily Injury (Per Person)	\$1,000
Hired Autos	Bodily Injury (Per Accident)	\$1,000
Non-Owned Autos	Property Damage or Combined Single Limit	\$1,000
Umbrella Liability Per Project Aggregate	All Subcontractors	\$5,000
Workers' Compensation (Coverage A)	Coverage A -	Statutory
Employer's Liability (Coverage B)	Coverage B -	(Each Accident) \$500
		(Disease – Policy Limit) \$500
		(Disease – Each Employee) \$500
Errors and Omissions (when any design or professional services of any type is supplied)	Per Occurrence/Claim	\$1,000
	Aggregate with 3 Year Tail if Claims Made	\$1,000

a. Does your company's existing insurance policies meet these requirements?

_____ No _____ Yes If no please attach an explanation.

b. Please attach a sample of your insurance certificate.

6. Performance Information

a. Has an owner or general contractor terminated your contract for cause in the last five years?

_____ No _____ Yes If yes, please attach an explanation.

b. Has your company failed to complete any construction contracts in the last five years?

_____ No _____ Yes If yes, please attach an explanation.

c. Please attach a list of five supplier or trade references including name, contact name, and phone number.

d. Please attach a list of current projects, giving the name of the project, owner, architect/engineer (if any), general contractor, and applicable contact information, contract amount, start and estimated completion dates.

e. Please attach a list of major construction projects your organization has completed during the past several years. Use the same format as for 6d.

7. Minority Contractor Information

a. Please attached a copy of your Minority Certification, if applicable.

8. Signature

Company Name: _____

Authorized Signature: _____

Name and Title of Signer: _____

Date: _____

Attachment Checklist:

- _____ 1-g W-9
- _____ 1-h Gillette City License
- _____ 1-i WY Certificate of Residency
- _____ 2-b OSHA Violations (if applicable)
- _____ 2-c OSHA 300/300A
- _____ 3-c Lawsuits/Judgments (if applicable)
- _____ 3-d Bankruptcy (if applicable)
- _____ 4-d Surety Letter
- _____ 5-a Insurance Requirements (if applicable)
- _____ 5-b Sample Certificate of Insurance
- _____ 6-a Contract Termination (if applicable)
- _____ 6-b Contract Non-completion (if applicable)
- _____ 6-c References
- _____ 6-d Current Projects List
- _____ 6-e Completed Projects List
- _____ 7 Minority Certification (if applicable)