

Subcontractor Prequalification

BUILDING COLORADO'S FUTURE

JHL Constructors, Inc.

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303.741.6116 | jhlconstructors.com

Return completed form & attachments to jhlinfo@jhlconstructors.com

COMPANY NAME			
FEDERAL ID NO.			
ADDRESS			
CITY	STATE	ZIP	
WEBSITE			
PHONE	FAX		
COMPANY TYPE	<input type="checkbox"/> CORPORATION <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL		
OWNERSHIP TYPE	<input type="checkbox"/> MINORITY OWNED BUSINESS ENTERPRISE <input type="checkbox"/> SMALL WOMEN OWNED BUSINESS <input type="checkbox"/> WOMEN OWNED BUSINESS ENTERPRISE <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> VETERAN SMALL BUSINESS <input type="checkbox"/> SMALL DISADVANTAGE BUSINESS <input type="checkbox"/> SERVICE DISABLED VETERAN OWNED SMALL BUSINESS		
YEAR ESTABLISHED			
COMPANY OFFICERS	PRESIDENT		
	VICE PRESIDENT(S)		
	SECRETARY		
	TREASURER		
ESTIMATING CONTACT	NAME		
	EMAIL		
	PHONE		
PM CONTACT	NAME		
	EMAIL		
	PHONE		
OTHER CONTACT	NAME		
	EMAIL		
	PHONE		
LIST TRADE WORK PERFORMED			
AREAS OF WORK	<input type="checkbox"/> DENVER METRO <input type="checkbox"/> NORTHERN COLORADO <input type="checkbox"/> WESTERN SLOPE <input type="checkbox"/> CENTRAL MOUNTAINS		
ANNUAL REVENUE	2018		
	2017		
	2016		
BANKING	BANK NAME		
	ADDRESS		
	CITY, STATE, ZIP		
	CONTACT		
	PHONE NUMBER		
	DOES YOUR COMPANY HAVE A LINE OF CREDIT?	<input type="checkbox"/> SECURED <input type="checkbox"/> UNSECURED <input type="checkbox"/> NONE	
	IF YES, WHAT IS THE AMOUNT OF THE LINE OF CREDIT?		

BONDING	IS YOUR COMPANY BONDABLE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
	IF YES, BONDING COMPANY NAME			
	BONDING COMPANY AM BEST RATING			
	BONDING RATE			
	CONTACT			
	PHONE NUMBER			
LEGAL <i>(IF YES TO ANY, ATTACH WRITTEN EXPLANATION)</i>	HAS YOUR ORGANIZATION EVER FAILED TO COMPLETE ANY WORK AWARDED TO?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
	ARE THERE ANY JUDGEMENTS, CLAIMS, ARBITRATION PROCEEDINGS PENDING AGAINST YOUR ORGANIZATION OR THE OFFICERS?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
	HAS YOUR ORGANIZATION FILED ANY SUITS OR REQUESTED ARBITRATION WITH REGARD TO CONSTRUCTION CONTRACTS WITHIN THE LAST FIVE (5) YEARS?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
	HAS YOUR ORGANIZATION OF ITS PRINCIPALS EVER FILED FOR BANKRUPTCY?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
SAFETY	2018 EMR			
	2017 EMR			
	2016 EMR			
	HOW MANY OSHA VIOLATIONS WERE RECORDED FOR 2018?			
REFERENCES	COMPANY			
	CONTACT		PHONE	
	PROJECT		CONTRACT AMOUNT	
	COMPANY			
	CONTACT		PHONE	
	PROJECT		CONTRACT AMOUNT	
	COMPANY			
	CONTACT		PHONE	
	PROJECT		CONTRACT AMOUNT	
REQUIRED ATTACHMENTS	FINANCIAL STATEMENTS FOR LAST TWO YEARS OSHA FORM 300A BLANKET INSURANCE CERTIFICATE (MINIMUM REQUIREMENTS ATTACHED) EXPLANATIONS TO LEGAL SECTION			
THE UNDERSIGNED CERTIFIES UNDER OATH THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND SUFFICIENTLY COMPLETE SO AS NOT TO BE MISLEADING.				
COMPLETED BY		SIGNATURE		
TITLE		DATE		

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

Commercial General Liability

Premises/Operations	General Aggregate (Per Project)	\$2,000,000.00
Products/Completed Operations	Products Comp/OPS Aggregate	\$2,000,000.00
Contractual	Personal & Advertising Injury	\$1,000,000.00
Independent Contractors	Each Occurrence / Combined	\$1,000,000.00
Broad Form Property Damage	Single Limit (BI/PD)	\$1,000,000.00
Personal Injury		
Explosion /Collapse/Underground (XCU)		

Automobile Liability

Any Auto or All Owned Autos	Bodily Injury (Per Person)	\$ 500,000.00
Hired Autos	Bodily Injury (Per Accident)	\$ 500,000.00
Non-Owned Autos	Property Damage	\$ 500,000.00
Or Combined Single Limit		\$ 500,000.00

Umbrella Liability per Project Aggregate	All Subcontractors	\$1,000,000.00
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Worker's Compensation (Coverage A)	Coverage A – Statutory	
Employer's Liability (Coverage B)	Coverage B - \$500 (Each Accident)	
\$500 (Disease – Policy Limit)		
\$500 (Disease – Each Employee)		

Errors and Omissions (When any design or professional services of any type is supplied		
	Per Occurrence / Claim	\$1,000,000.00
	Aggregate with 3 Year Tail if Claims Made	\$1,000,000.00