

Subcontractor Prequalification

BUILDING COLORADO'S FUTURE

JHL Constructors, Inc.

9100 E. Panorama Drive, #300 | Englewood, Colorado 80112
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

| | |
|------------------------------------|------------------------------------|
| 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 |