KOAH VENTURES

SUBCONTRACTOR AND VENDOR PREQUALIFICATION FORM

Date:_____

CONTACT INFORMATION

Company Name: _____

Company Address: _____

Company Phone:_____ Company Fax: _____

Company Website:_____

Geographic Region:_____ Number of Employees: _____

Contact Person:_____ Contact Title: _____

Contact Phone:_____ Contact Email: _____

Contractor's License Number:_____ State:_____ Expiration:_____

Trade(s) or Scope of Work (list all applicable divisions):_____

_____

_____

Other Office Locations:_____

Supplier ☐ or Contractor ☐

Does your company perform Prevailing Wage work? Yes ☐ No ☐

Is your firm AFL-CIO affiliated? Yes ☐ No ☐

Years that your company has been in business: _____

BUSINESS CLASSIFICATION

Please list classifications that apply to your firm, examples: Woman-Owned Small Business (WOSB), Woman Business Enterprise (WBE), Minority Business Enterprise (MBE), etc:

_____

_____

_____

_____

INSURANCE

See insurance requirements below for all subcontractors performing work on our projects. Please review and confirm that your firm can meet and provide these coverages:

Yes ☐ No ☐

If No, explain why:

_____

_____

_____

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	**GENERAL LIABILITY** ☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☐ LOC	X	X				EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1,000,000 $ 100,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
A	**AUTOMOBILE LIABILITY** ☒ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS	X	X				COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 1,000,000 $ $ $ $
A	☐ **UMBRELLA LIAB** ☒ OCCUR ☐ **EXCESS LIAB** ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $	X	X				EACH OCCURRENCE AGGREGATE $	$ 2,000,000 $ $
A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? Y/N: N **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X				☒ WC STATU-TORY LIMITS ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
		☐	☐					

BONDING

Year: _____ EMR Rate: _____ Year: _____ EMR Rate: _____ Year: _____ EMR Rate: _____

Koah Ventures may not hire subcontractors with an EMR higher than 1.10. This threshold also applies to lower tiers. Note that Specific Project Owners may require a lower EMR.

If EMR is higher than 1.10, please provide explanation:

_____

_____

Does your company have a written Company Safety Policy & Program? Yes ☐ No ☐
Copies to be provided upon request.

Provide data shown on your OSHA Form 300 OR 300 A for all jobs accident history, summarize.

	This Year	**Last Year**
Number of Recordable (Medical) incidents:	_____	_____
Number of Light Duty Cases:	_____	_____
Number of Days Lost:	_____	_____
Number of Lost Time Incidents:	_____	_____

Have you been cited by Federal or State OSHA for serious violations in the last three years?

Yes ☐ **No** ☐ **If yes, please explain:**

_____
_____
_____
_____

Does your company provide safety training for all employees? Yes ☐ No ☐

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REFERENCES

Please list at least three major references (general contractors, owner, suppliers, or subcontractors) who you have recently worked for:

Reference One

1. Company Name: _____

   Contact Person: _____ Contact Title: _____

   Contact Phone: _____ Contact Email: _____

   Project Name: _____

   Contract Amount: _____ Project Location: _____

   Scope of Work Performed: _____

   Project Completed Date: _____

Reference Two

2. Company Name: _____

   Contact Person: _____ Contact Title: _____

   Contact Phone: _____ Contact Email: _____

   Project Name: _____

   Contract Amount: _____ Project Location: _____

   Scope of Work Performed: _____

   Project Completed Date: _____

Reference Three

3. Company Name: _____

   Contact Person: _____ Contact Title: _____

   Contact Phone: _____ Contact Email: _____

   Project Name: _____

   Contract Amount: _____ Project Location: _____

   Scope of Work Performed: _____

   Project Completed Date: _____

BANK REFERENCES

Please List bank references:

1. Company Name:_____

   Contact Person:_____ Contact Title: _____

   Contact Phone:_____ Contact Email: _____

2. Company Name:_____

   Contact Person:_____ Contact Title: _____

   Contact Phone:_____ Contact Email: _____

3. Company Name:_____

   Contact Person:_____ Contact Title: _____

   Contact Phone:_____ Contact Email: _____

(Attach additional information)

Please sign confirming that ALL of the above information is true and has been completed as NOT being misleading in any way.

_____ /_____ / _____

Signature Title Date