



## PRE-QUALIFICATION FORM

Company Name

Website

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Street Address (City, State, Zip)

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Mailing Address (If different from Street Address)

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Phone Number

Fax Number

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Contact / Title

Email

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Principals / Title

Email

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Federal Tax ID Number

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Contractor's License Number, State, Expiration Date

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Total Number of Employees

Average Number of Employees for Past 3 Years

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**TYPICAL PROJECT SIZE**

Please indicate the size of the project you are most competitive in or are capable of performing:

- |  |  |
|--|--|
| <input type="checkbox"/> Under \$100,000     | <input type="checkbox"/> \$700,000-\$1,000,000   |
| <input type="checkbox"/> \$100,000-\$200,000 | <input type="checkbox"/> \$1,000,000-\$3,000,000 |
| <input type="checkbox"/> \$200,000-\$500,000 | <input type="checkbox"/> \$3,000,000-\$6,000,000 |
| <input type="checkbox"/> \$500,000-\$700,000 | <input type="checkbox"/> \$6,000,000 and up      |

Your company's typical projects:

- |   |   |
|---|---|
| <input type="checkbox"/> High Rise Structures         | <input type="checkbox"/> Build to Suit / DB       |
| <input type="checkbox"/> 4-10 Story Structures        | <input type="checkbox"/> High Tech / Laboratories |
| <input type="checkbox"/> 1-3 Story Structures         | <input type="checkbox"/> Auto Dealerships         |
| <input type="checkbox"/> Hotel / Condos               | <input type="checkbox"/> Sports / Entertainment   |
| <input type="checkbox"/> Industrial Structures        | <input type="checkbox"/> Residential              |
| <input type="checkbox"/> Large / Small Retail         | <input type="checkbox"/> Government / Municipal   |
| <input type="checkbox"/> Elementary / Middle Schools  | <input type="checkbox"/> Parks / Recreation       |
| <input type="checkbox"/> Higher Educational Buildings | <input type="checkbox"/> Other: _____             |

Trades Performed

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Trades Performed by Your Direct Employees

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What Trades do you Subcontract?

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What is the largest Contract your company has completed? Please include name, location, scope of work, contract amount and year completed.

**BONDING**

Please attach a letter from your Surety Company stating the single job limits, total aggregate and amount currently available to be bonded.

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Surety Company:

Contact:

Telephone / Fax:

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Date of Last Bond:

Amount:

Bond Rate:

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**REFERENCES**

Have you, in the previous five years, been denied a contract award on which you submitted the low bid in competitive bidding or been refused a contract based on pre-qualification data submitted?  
If yes, please explain.

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Has your company failed to complete a project within the last 3 years? If so, please state the reason.

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Has your company had any liquidated damages, penalties, liens, defaults or cancellations imposed or filed against it? If yes, please explain.

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**SAFETY INFORMATION**

Do you have a written safety program (including Hazardous Communications)? If yes, briefly describe.

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Who enforces it?

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What type of safety training is given to your employees?

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Does your company have any willful OSHA citations? If yes, please describe.

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Does your company have a drug testing program? If yes, please describe.

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Does your company have a safety director or other safety contact? If so, please list their name and telephone number.

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What is your current EMR rate?

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Have you had any safety inspections in-house or by your insurance company in the last 3 years? If so, how often and by whom?

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Do you receive a discount from your insurance carrier as a Certified Drug-Free Workplace?

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## INSURANCE REQUIREMENTS

We must have a Certificate of Insurance listing the current limites prior to the completion of the Pre-qualification process. Vendors will only be required to supply a blanket certificate showing proof of insurance. Please note that all certificates must contain a Waiver of Subrogation, Hold Harmless Clause and any additional insureds as required by project. The cost of the Waiver should be considered by all Subcontractors, as omission of this waiver will result in disqualification.

Job specific requirements are to follow; the numbers below are minimum requirements.

### Commercial General Liability

General Aggregate	\$2,000,000.00
Products - Comp / OPP AGG	\$1,000,000.00
Personal & ADV Injury	\$1,000,000.00
Each Occurrence	\$1,000,000.00
Fire Damage (Any One Fire)	\$50,000.00
Med Exp (Any One Person)	\$10,000.00

### Excess / Umbrella

The minimum limits of liability established for General Liability (including Products / Completed Operations), Automobile Liability and Employers Liability are as follows:

Contracts Exceeding \$100,000	\$5,000,000.00
Contracts less than \$100,000	\$3,000,000.00

KM/Plaza also requires two years of certified financials from all Subcontractors seeking Pre-qualification. Please return this form with the required documentation to Courtney Campbell by mail at 120 NE 27th Street, Suite 600, Miami, FL 33137 or fax it to 786-693-8747. Should you have any questions you can reach her by phone at 786-693-8713 or email her at [ccampbell@km-plaza.com](mailto:ccampbell@km-plaza.com).