



Subcontractor Pre-Qualification form

Thank you for your interest in working with Coe Construction, Inc. We would like to establish a solid working relationship with all of our Subcontractors. In order to do this, we feel it is important to obtain as much information as possible in advance. Please fill out the information below and return to our office as soon as possible. Thank you. Please email to: admin@coeconstruction.com or fax to 970-669-4329

Company Information:

Date: _____

Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
E-mail: _____ Website: _____
Estimating E-mail: _____
Type of Work: _____
of Years in Business: _____
Company size (field): _____ Company size (office): _____
Geographical range: _____
Preferred size of contract: \$ _____ to \$ _____

References:

Please provide references from General Contractors and Suppliers you have worked with in the past.

General Contractors:

Company Name & Location _____
Project Manager/contact: _____ Superintendent/contact: _____
Phone: _____ Email: _____
Company Name & Location _____
Project Manager/contact: _____ Superintendent/contact: _____
Phone: _____ Email: _____

Suppliers:

Company Name & Location _____
Contact: _____
Phone: _____ Email: _____
Company Name & Location _____
Contact: _____
Phone: _____ Email: _____

Project Experience:

* Please provide (on a separate sheet) a list of projects you have completed. - (Include name, location, type & size of projects).



Financials:

Primary Bank:

Name of Institution _____

Address: _____

Contact: _____

Phone: _____ Fax: _____

Current year data:

Revenue: _____

Current projects underway(#): _____

Avg contract value (Annual): _____

Surety and Bonding:

Surety Company _____

Address: _____

Broker/Agent _____

Phone: _____ Fax: _____

Bond Rate per Thousand _____

Safety:

List your Company's interstate Experience Modification Rate for the three most recent years:

Year: EMR:

20__ _____

20__ _____

20__ _____

Do you hold craft "tool box" safety meetings?

Yes_____ No_____ How often? _____

Do you conduct project safety inspections?

Yes_____ No_____ How often? _____

Insurances:

Does your company meet the below requirements for insurance coverage?

Yes_____ No_____

If yes, please provide copies of applicable insurance certificates



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(Below is only a portion of our requirements. This is not our all-inclusive list of insurance requirements. Please visit our website at www.coeconstruction.com under General Info. – Subcontractors Forms, etc. for a link to our complete list/details of our insurance requirements and a Sample Insurance Certificate)

All policies (as applicable) – We must be listed as “Additional Insured” and receive the Additional Insured “Endorsement” from your carrier.

Commercial General Liability (Occurrence Form)

Personal & Advertising Injury - \$1,000,000

General Aggregate - \$2,000,000

Products – Completed Operations Aggregate - \$2,000,000

Business Auto Liability - \$1,000,000

Owned & Leased Automobiles

Non-Owned and Hired Automobiles

Contractual Liability

Pollution Liability – ISO Endorsement CA 9948 (EIFS & stucco only)

Worker's Compensation & Employer's Liability:

\$100,000 Each Accident

\$500,000 Disease, Policy Limit

\$100,000 Disease, Each Employee

"Waiver of Subrogation"