



KIRKLAND

WE BUILD THE GOOD ONES

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SUBCONTRACTOR PREQUALIFICATION FORM

General Information

Company Name: _____

Year Company Started _____

Trade: _____ License Number _____

Mailing Address: _____

City, State, Zip Code: _____

Street Address: _____

Contact (for bidding purposes): _____ Title: _____

E-mail Address: (Primary) _____

E-mail Address: (Secondary) _____

Mobile Phone: _____

Office Phone: _____ Fax Number: _____

Company Web Site: _____

Is your Company an **MBE, WBE, or HUB**? _____

If so, what categories (B, H, A, I, F or D) _____

If so, please attach copies of applicable certificates.

Have you completed any LEED certified projects? If so, please indicate

Do you have any LEED accredited professionals? If so, please indicate

Financial Information

Please **attach** a copy of your General Liability and Worker Compensation Insurance Certificate.

Is your Company able to provide a Payment & Performance Bond? ____ Yes ____ No
If so, please provide contact information for your bonding agent.

Please provide a banking reference.

Scope of Projects

Check the type of projects you typically perform:

- | | | | | | |
|-------------|------|----------------|------|--------------------------|------|
| Office | ____ | Hospital | ____ | Government/Public Safety | ____ |
| Retail | ____ | Medical Office | ____ | Education | ____ |
| Hotel | ____ | Multi-Family | ____ | Residential | ____ |
| Worship | ____ | Industrial | ____ | Commercial | ____ |
| Renovations | ____ | Upfit | ____ | | |

Other _____
(please identify)

Dollar amount of a typical medium sized project for your company:

- | | | | |
|---------------------|------|------------------------|------|
| Less than \$ 25,000 | ____ | \$ 25, 000 - \$ 50,000 | ____ |
|---------------------|------|------------------------|------|

\$ 50,000 - \$ 100,000	_____	\$ 100,000 - \$ 250,000	_____
\$ 250,000 - \$ 500,000	_____	Over \$ 500,000	_____

Dollar amount of largest project completed in the last 3 years _____

Average annual work in place for last 3 years _____

Amount of work currently under contract _____

Scope of Projects (continued)

Locations your company regularly works:

Guilford County	_____	Triad	_____
North Carolina	_____	Southeast	_____
Other	_____		

Safety

List the number of injuries / illnesses for the three most recent years (use your OSHA 300 logs)

	2020	2019	2018
Number of Lost Workday Cases (Including restricted days - Columns 2 & 9)	_____	_____	_____
Number of OSHA Recordables (Columns 2, 6, 9 & 13)	_____	_____	_____
Number of Fatalities (Columns 1 & 8)	_____	_____	_____

Do you have a company safety program? Yes No

Name of person primarily responsible for company safety: _____

References

Please **attach** (3) project references including project name, address, general contractor, architect or engineer, completion date and brief description of contract scope you performed.

Please **attach** (3) references from an owner, architect, engineer, material supplier or general contractor including contact name, company, and current telephone number.

Miscellaneous

Kirkland executes a (slightly) modified AIA A401 Agreement with all successful subcontractors. Do you have any objections or concerns about executing this document? Yes No

Submitted by:

Printed Name

Signature

Date