



KIRKLAND

WE BUILD THE GOOD ONES

4140 Mendenhall Oaks Parkway
High Point, NC 27265

(336) 454-6131
Fax (336) 882-6909
www.kirklandinc.com

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)

	2021	2020	2019
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: _____

ReferencesPlease **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