



# Subcontractor Pre-Qualification Form

INSTRUCTIONS: Please fill out all information and return via email or mail.

Email: [mlamar@l4construction.com](mailto:mlamar@l4construction.com) – Mail: Attn: Subcontractor Pre-qualification 13 Dos Rios, Greeley, CO 80634

## General Information and Corporate History

Legal Name of Business

Office Phone

Physical Address

Mailing Address

City

State

Web Address

Fax

Primary Contact Name

Email

Title

Phone

Accounting Contact Name

Email

Title

Phone

- Corporation
- Partnership
- Individual

- Sole Proprietorship
- Joint Venture
- Other \_\_\_\_\_

If Incorporated, State of Incorporation

Stock Holders Equity

Federal ID#

Years in Business under Current Name

Date Company Began Under Present Name

Have you done business under a different name?  
If so, what was that name?

Average Number of Staff Employed by Firm:

	Office	Field	Total
Last Year			
Previous Year			

## Financial Criteria

Annual Sales for Last Three Years: YR \_\_\_\_\_ \$ \_\_\_\_\_ | YR \_\_\_\_\_ \$ \_\_\_\_\_ | YR \_\_\_\_\_ \$ \_\_\_\_\_

Please fill out page 1 of the W-9 IRS form – If additional instructions are needed to fill the W-9 form out please visit: [www.irs.gov/pub/irs-pdf/fw9.pdf](http://www.irs.gov/pub/irs-pdf/fw9.pdf) and see page 2.



## SAFETY

Last Three Years EMR Rating:

20 \_\_\_ EMR \_\_\_\_\_ 20 \_\_\_ EMR \_\_\_\_\_ 20 \_\_\_ EMR \_\_\_\_\_

Last Year's total number of OSHA Recordable Injury and Illness Types from OSHA 300 Log: \_\_\_\_\_

Total hours worked by all employees last year: \_\_\_\_\_

### Number of Cases

Total number of deaths\*\*\* \_\_\_\_\_

Total number of cases with days away from work \_\_\_\_\_

Total number of cases with job transfer or restriction \_\_\_\_\_

Total number of other recordable cases \_\_\_\_\_

### Number of Days

Total number of days of job transfer or restriction \_\_\_\_\_

Total number of days away from work \_\_\_\_\_

Standard Industrial Classification (SIC), if known (e.g., SIC 3:715) \_\_\_\_\_

Does your firm have a written Safety Program  Yes  No

If yes, is a copy available?  Yes  No

Does your firm have a safety officer/department?  Yes  No

If yes, provide name and title: \_\_\_\_\_

Does your firm hold weekly 5-minut safety talks?  Yes  No

Does your firm provide foreman safety training?  Yes  No

If yes, at what frequency is the training? \_\_\_\_\_

Does your firm conduct safety inspections?  Yes  No

If yes, how often is this inspection conducted? \_\_\_\_\_

If yes, who conducts this inspection? (Provide name and title) \_\_\_\_\_

Does your firm give orientation/safety instruction to new hires?  Yes  No

In the past three years, has your firm been cited by State or Federal OSHA for any willful violations?\*\*\*

Yes  No

\*\*\*If yes, please list on a separate sheet the details of all such violations and submit it with this form.



## Experience

List three (3) most significant projects presently under construction:

Project Name	General Contractor	Architect	Contract Amount	Award Date

List three (3) most significant projects completed in the last five (5) years:

Project Name	General Contractor	Architect	Contract Amount	Award Date

List three (3) significant references that we may contact:

Name	Address	City	State/Zip	Phone

## Insurance Requirements

**Attachment A** contains L4 Construction’s subcontractor requirements. Kindly read those requirements in their entirety.

Does your company currently maintain insurance that meets L4 Construction’s requirements?

Yes  No

I hereby certify that the answers to the foregoing questions and all documents contained herein are true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name Typed or Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title of Authorized Representative

Please indicate all trade divisions which your company performs (check all that apply):

<b>01 - General Requirements</b>	<b>05 - Metals</b>	<b>09 - Finishes</b>
Architects	Conventional Steel	Acoustical Ceilings
Architects - Landscape	Framing - Metal Studs	Drywall
Asbestos Abatement	Miscellaneous Steel	Floor Mats
Cleaning - Ducts	Pre-Fabricated Mezzanines	Flooring
Cleaning - Windows	Shear Studs	Flooring - Dairy Bricks
Cleaning - Final	Steel Erection	Flooring - Hardwood
Dumpsters - Roll Offs	Supplier - Fasteners	Flooring - Access
Engineering - Environmental	Supplier - Metal Studs	Painting
Engineering - Civil	<b>06 - Wood &amp; Plastics</b>	Painting - Electrostatic
Engineering - MEP	Cabinets	Supplier - Metal Studs
Engineering - Structural	Countertops	Wall Coverings
Equipment Rentals	Countertops - Stone	<b>10 - Specialties</b>
Equipment Rentals - Cranes	Framing - Wood Studs	Appliances
General Contractor	General Trades	Awnings/Canopies
Gifts	Lumber	Closet Shelving
Inspection	Lumber - Trusses	Corner Guards
Interior Designer	Lumber - SIPS	Cubicle Curtains
Job Trailers	Lumber - Timbers	Display Boards
Lodging	Millwork	Display Cases
Municipalities	Millwork - Trims Only	Fire Extinguishers
Owner's Representative	Pole barn Construction	Flag Poles
Pest Control	supplier - HDPE	Lockers
Port a jons	<b>07 - Thermal &amp; Moisture Protection</b>	Marker Boars
Printing	Caulking	Partitions - Wire Mesh
Realtor	ELFS	Partitions - Operable
Supplier - Safety Equipment	Expansion Joints	Signage - Exterior
Supplier - Fuel	Gutters - Downspouts	Signage - Interior
Surveying	Insulated Panel	Sun Control Devices
Temporary Heat	Insulation	Toilet Accessories
Testing	Insulation - Spray	Toilet Partitions
Utilities - Water/Sewer	Metal Trims	<b>11 - Equipment</b>
Utilities - Electric	Metal - Insulated Panels	Athletic Equipment
Utilities - Gas	Metal - Wall Panels	Automotive Equipment
<b>02 - Site Construction</b>	Roof Curbs	Compactors
Asphalt	Roof Hatches	Cranes
Asphalt Maintenance	Roofing - Metals	Dock Equipment
Brick Pavers	Roofing - Rubber	Fuel Equipment
Demolition - Selective	Roofing - Shingles	Racking
Demolition - Site	Roofing - Trim	Scales
De-Watering	Siding	<b>12 - Furnishings</b>
Excavating	supplier - Shingles	Furniture
Fencing	supplier - Siding	Laboratory Equipment
Gates	Waterproofing	Stage Curtains & Riggings
Landscaping	<b>08 - Doors &amp; Windows</b>	Window Treatments
Lawn Irrigation	Access Doors	<b>13 - Special Construction</b>
Lawn Maintenance	Aluminum Storefronts	Bus Shelters
Playground Equipment	Automatic Doors	Carports
Site Furnishings	Bi-Fold/Hanger Doors	Pre-Engineered Metal Buildings
Site Utilities	Coiling Doors	<b>14 - Conveying Systems</b>
Supplier - Site work Products	Door Hardware	Elevators
Tree Services	Glass-Glazing	<b>15 - Mechanical</b>
Well Drilling	High Speed Doors	Fire Protection
<b>03 - Concrete</b>	Hollow Metal Doors & Frames	HVAC
Concrete	Locksmith - Keying	HVAC - Oil Burning
Concrete Floor Sealers	Overhead Doors	Medical Gas
Concrete Polishing	Pre-Hung Doors	Plumbing
Concrete - Sawing	Window Tinting	Refrigeration
Precast Panels	Windows	Supplier - HVAC
Supplier - Concrete	Wood Doors	Supplier - HVAC Screens
<b>04 - Masonry</b>		Water Treatment
Masonry		<b>16 - Electrical</b>
Supplier Masonry		Electrical
		Fire Alarm Systems
		Security Systems
		Supplier - Electrical
		Telecommunications



## Attachment A **Insurance Requirements**

Throughout the term of this Agreement and/or Subcontract, Subcontractor shall maintain: Unemployment Compensation Insurance; Workers' Compensation Insurance; Employer's Liability Insurance; Commercial Automobile Liability Insurance; and Comprehensive or Commercial General Liability including Ongoing Operations and Products/ Completed Operations Coverage on a per occurrence basis (referred to collectively as "Required Insurance"), with limits of liability not less than the following:

- . Comprehensive or Commercial General Liability Insurance, including Ongoing Operations and Products/ Completed Operations Coverage: L4 Construction and Project Owner shall be named as additionally insured: Coverage shall be maintained for a minimum of three (3) years after completion of Services
  - . Each Occurrence Limit \$1,000,000
  - 2. General Aggregate per Project \$2,000,000
  - 3. Products/ Completed Operations Aggregate \$2,000,000
  - 4. Personal and Advertising Injury Limit \$1,000,000
  
- B. Commercial Automobile Insurance: L4 Construction and Project Owner shall be named as additionally insured
  - 1. Combined Single Limit Bodily Injury and Property Damage \$1,000,000
  
- C. Umbrella of Excess Coverage: L4 Construction and Project Owner shall be named as additionally insured: Coverage shall be maintained for a minimum of three (3) years after completion of Services
  - 1. Each Occurrence Limit \$1,000,000
  - 2. General Aggregate per Project \$2,000,000
  
- D. Workers Compensation and Unemployment Compensation Coverage shall be set at Statutory Limits.
  
- E. Employer's Liability: L4 Construction and Project Owner shall be named as additionally insured: Coverage shall be maintained for a minimum of three (3) years after completion of Services
  - 1. Each Occurrence Limit \$500,000
  - 2. Policy Limit \$500,000
  - 3. Each Employee Limit \$500,000

L4 Construction and the Project Owner shall be named as Additionally Insured on the Required Insurance, except for Workers' Compensation and Unemployment Compensation, and any such coverage shall be endorsed to be primary and noncontributory with any insurance maintained by L4 Construction and any Project Owner. If the Additional Insureds have other Insurance that is applicable to the loss on an excess or contingent basis, the amount of the Additional Insureds' liability under the Required Insurance cannot be reduced by the existence of such other insurance.

General Liability, Commercial Automobile and Workers Compensation Insurance will also contain a Waiver of Subrogation Clause.

The Subcontractor shall provide L4 Construction with a Certificate of Insurance and a copy of the Additional Insured Endorsement for the Required Insurance prior to the start of any Work. Required Insurance shall be maintained for three years after the earlier of the completion date or the final payment made to the Subcontractor, and shall include additional insured status as stated above. The Certificates evidencing the Required Insurance shall not be cancelled or reduced in coverage except by written notice to L4 Construction at least thirty (30) days prior to the effective date of such cancellation or reduction in coverage.

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions):  Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** The IRS has created a page on IRS.gov for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.