

# CONTRACTOR PREQUALIFICATION

## 6390 NW 45th St

Kansas City, Mo 64151



### BUSINESS INFORMATION

COMPANY NAME:

CONTACT PERSON:

BUSINESS ADDRESS:

OFFICE PHONE #:

CELL PHONE #:

WEB ADDRESS:

EMAIL:

### BUSINESS EXPERIENCE

# OF YEARS IN BUSINESS:

AVG. SIZE OF PROJECT (\$):

# OF EMPLOYEES:

AVAILABILITY:

CONTRACTOR LICENSES:

TYPE OF WORK QUALIFIED TO PERFORM: (CARPENTRY, TILE, ELECTRICAL, ETC.)

TYPE OF WORK SUBCONTRACTED, IF ANY:

### BUSINESS REFERENCES

PLEASE LIST 3 REFERENCES (HOMEOWNERS, REAL ESTATE INVESTORS, INSPECTORS, ETC.)

CONTACT PERSON:

CONTACT #:

WORK PERFORMED:

CONTACT PERSON:

CONTACT #:

WORK PERFORMED:

CONTACT PERSON:

CONTACT #:

WORK PERFORMED:

## INSURANCE

BEFORE CONSTRUCTION STARTS, CONTRACTOR MUST BE ABLE TO PRESENT PROOF OF INSURANCE CERTIFICATE.

GENERAL LIABILITY INSURANCE:

YES / NO

LIMIT OF LIABILITY:

BROKERAGE:

WORKERS' COMP INSURANCE:

YES / NO

LIMIT EACH ACCIDENT:

CONTACT PERSON:

SUBCONTRACTORS INSURED?:

YES / NO

CONTACT #:

## LEGAL INFORMATION

ARE THERE ANY JUDGMENTS, CLAIMS, ARBITRATION PROCEEDINGS, OR SUITS PENDING, OUTSTANDING AGAINST YOUR BUSINESS, OFFICES OR PRINCIPALS?  
IF YES, PLEASE PROVIDE A COMPLETE EXPLANATION ON A SEPARATE SHEET. YES / NO

HAS YOUR COMPANY FILED ANY LAWSUITS OR REQUESTED ARBITRATION OR MEDIATION WITH REGARD TO CONSTRUCTION CONTRACTS WITHIN THE LAST 3 YEARS? IF YES, PLEASE PROVIDE A COMPLETE EXPLANATION ON A SEPARATE SHEET. YES / NO

## ADDITIONAL INFORMATION

PLEASE LIST ANY ADDITIONAL INFORMATION YOU FEEL WILL HELP US DETERMINE YOUR COMPANY'S QUALIFICATIONS AND EXPERTISE:

COMPLETED BY:

NAME

TITLE

SIGNATURE

DATE