



## SUBCONTRACTOR PRE-QUALIFICATION FORM

All subcontractors are required to complete this questionnaire. The contents of this questionnaire will be considered confidential and used solely to determine your firm's qualifications. Once completed please submit via email to: nkuehler@hastco.com or via fax 785-235-8429

GENERAL INFORMATION	
Legal Name of Business	_____
Mailing Address	_____
Physical Address	_____
Phone	_____ Fax _____
Person to Contact	_____ Title _____
Email	_____ Website _____
Organizations' Legal Structure	<input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Other _____
Date Founded	_____ Federal ID # _____
State of Formation	_____ or SS# _____
Years in business under this name	_____
Other name your organization has operated under, and dates of operation	_____
Do you have minority or disadvantaged contractor status? If so what status	
_____	
In What States are you Licensed?	
State License Number(s)	

WORK CLASSIFICATION
Types of work you are interested in bidding
_____
Types of work your organization normally performs with your own employees
_____
_____
Types of work you normally subcontract
_____

WORK EXPERIENCE AND REFERENCES		
Average job size	\$ _____	Largest job to date \$ _____
<u>Trade or Supplier References</u>		
Company Name	Contact Person	Phone
_____	_____	_____
_____	_____	_____
<u>Customer Reference</u>		
Company Name	Contact Person	Phone
_____	_____	_____
_____	_____	_____

**LITIGATION**Any active litigation with *Please explain*

owners/General Contractors?

 YES  NO**In the past five (5) years has your company been involved with any of the following:**Any judgements, claims, arbitration *Please explain*proceedings or suits pending or  
outstanding against your business? YES  NOHas your company ever been *Please explain*

assessed liquidated damages?

 YES  NOAny labor law violations? *Please explain* YES  NOHave you ever defaulted or failed *Please explain*

to complete a contract?

 YES  NOHave you ever been terminated *Please explain*

from a contract?

 YES  NOHave you ever had your license *Please explain*

revoked or suspended?

 YES  NOHas your business filed any lawsuits or *Please explain*requested arbitration with regard to  
construction contracts? YES  NO**TRAVEL**As Hastco is a company that performs across the United States, do members of your company travel  
to perform work?  Yes, we travel locally (within 60 miles)  Yes, we travel regionally (within 200 miles) Yes, we travel to neighboring states  Yes, we travel nationally  No, my business is a supplier only

Below are Hastco's insurance requirements. A current and proper certificate of insurance **MUST** be submitted for you to be considered for this job.

The undersigned acknowledges that information provided herein is true and sufficiently complete so as not to be misleading.

\_\_\_\_\_  
Name of Business\_\_\_\_\_  
Signature and Title\_\_\_\_\_  
Date\_\_\_\_\_  
Printed Name



2801 NW Button Rd + Topeka, KS 66618  
785.235.8718 phone + 785.235.8429 fax  
www.hastco.com

**Insurance and Worker's Compensation Requirements- Must be sent to Hastco from your agent**

**HASTCO, INC.** requires, on all projects, that Sub-Contractors and all employees thereof and any individuals working on our projects or delivering material to our projects comply with the following paragraph which will be considered part of all Sub-Contracts and any other written or verbal directive that will require personnel and/or equipment to be on HASTCO jobsites:

**WORKERS COMPENSATION:** Statutory for the State of the jobsite location (**If you are not required to carry worker's compensation, we must have a notarized affidavit form from your state- Exempt Status under Workers' compensation Act**)

**EMPLOYER'S LIABILITY:** \$500,000 Each Accident  
\$500,000 Disease each Employee  
\$500,000 Disease Policy Limit

**EXCESS/UMBRELLA LIABILITY:** \$1,000,000 Each Occurrence  
\$1,000,000 Aggregate

**AUTOMOBILE LIABILITY:** \$1,000,000 Each Accident

**GENERAL LIABILITY:** \$1,000,000 Each Occurrence  
\$2,000,000 General Aggregate  
\$2,000,000 Products/Completed Operations

**Waiver of Subrogation** All insurance policies supplied shall include a waiver of subrogation of the insurers against HASTCO, Inc., and all of its assigns, subsidiaries, and its assigns, subsidiaries and affiliates where allowed by state statute.

**Additional Insureds** Subcontractor furnished insurance (except Workers Compensation) shall name HASTCO, Inc., as additional insured, including ongoing and completed operations. (CG 20 37 07 04 and CG 20 10 07 04 or equivalent). The coverage available to Hastco, Inc. as an additional insured shall not be less than \$1,000,000 combined single limit per occurrence and a \$2,000,000 general aggregate providing coverage for completed operations, products liability, and contractual liability. The Contractors insurance carriers must be rated "A-" or better by A.M. Best.

**Primary and Non-Contributory Insurance** Coverage under such policies shall be primary to & non-contributory with any insurance coverage carried by additional insureds.

**General Liability and Excess/Umbrella Liability** policies, including Additional Insured status, shall be maintained through the project state's statute of repose.

**Acord Form** The insurance certificate(s) must be on an "Acord" form. 30 day notice of cancellation to certificate holder (10 days notice for non-payment) is required.