



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 fax to: 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 owners/General Contractors? *Please explain*

YES NO

In the past five (5) years has your company been involved with any of the following:

Any judgements, claims, arbitration proceedings or suits pending or outstanding against your business? *Please explain*

YES NO

Has your company ever been assessed liquidated damages? *Please explain*

YES NO

Any labor law violations? *Please explain*

YES NO

Have you ever defaulted or failed to complete a contract? *Please explain*

YES NO

Have you ever been terminated from a contract? *Please explain*

YES NO

Have you ever had your license revoked or suspended? *Please explain*

YES NO

Has your business filed any lawsuits or requested arbitration with regard to construction contracts? *Please explain*

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 and Title

Date



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: Certificate of insurance must be sent to Hastco by your insurance agent. Certificates may be sent via email to hastco@hastco.com, or returned with the signed scope of work.

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.