



KRUSINSKI
CONSTRUCTION
COMPANY

General Contractors

2107 Swift Drive
Oak Brook, Illinois 60523-1581

www.krusinski.com

TEL 630-573-7700
FAX 630-573-7780



KRUSINSKI CONSTRUCTION COMPANY
ANNUAL SUBCONTRACTOR PREQUALIFICATION FORM

1. Firm Name: _____
Address: _____
Phone: _____
Fax: _____
Email: _____
Contact: _____
a. Corporation _____
b. Partnership _____
c. Sole Proprietorship _____
d. Other _____

2. Trade: _____

3. How many years has your organization been in business under your present name?
_____ years.

4. If incorporated, under the laws of the State of _____
Who are the officers of the firm? _____

5. If a partnership, is the partnership general or limited? _____
Who are the principal partners? _____



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6. Is the organization in any way an outgrowth, result, continuation or reorganization of a former business? _____

7. Is so, give the name and address of each predecessor business and the date of the change in entity.

8. Has the organization, or any principal, ever sought protection under bankruptcy or receivership laws? Yes ___ No ___ If so, when and explain fully.

9. Has your organization, or any principal, ever failed to complete any work awarded to you or has your firm defaulted on a performance bond? Yes _____ No _____
If so, please note when, where, and why.

10. How many liens have you filed on projects in the last three years?

Current Year _____
Last Year _____
Previous Year _____

11. List your firm's Worker's Comp. Experience Modification Rate for the three most recent years.

Current Year _____
Last Year _____
Previous Year _____

12. How many employees do you have?

Management: _____
Field: _____
Shop: _____



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13. How many work-related injuries and/or illnesses did your company have in the past year?
(Please identify if any were fatalities.)

14. Have you ever been cited by OSHA? If yes, please describe:

15. Do you have a written Safety Program? Yes _____ No _____

16. Who is your company Safety Officer? _____

17. How often does your company hold site safety meetings for field supervisors?

18. List the name of your bonding company and your bonding capacity.

19. **Insurance Information**

Name of Insurance

Agency: _____

Agent Contact

Name: _____

Phone No.: _____

Fax No.: _____

General Liability Carrier

Name: _____

Workers Compensation Carrier

Name: _____

20. Are you willing to provide "additional insureds" coverage on a primary and non-contributory basis at no extra cost?

Yes _____ No _____



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21. What are the deductibles on your insurance policies? _____

22. What are the amounts of your insurance coverages?
GL _____ Worker's Comp _____
Auto _____ Excess _____

23. How many insurance claims have you made in the current policy year?
G/L _____ W/C _____

24. Are you currently involved in any pending lawsuits? If yes, indicate how many
and a court reference number.
No. _____ Court Reference No. _____
No. _____ Court Reference No. _____
No. _____ Court Reference No. _____

25. What is your annual sales volume for each of the past three years?

26. What is the largest contract (\$ volume) that your company has performed in the last
three years?

27. Do you have a union affiliation? Yes ____ No ____
List affiliation: _____

28. Are you current in paying all your union dues and benefit obligations?
Yes ____ No ____



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29. **Financial Information:**

Dun & Bradstreet Number: _____

I have attached current and last year's financial statements: Yes No

If preceding answer is no you MUST complete the following to be considered:

	Current Year			Previous Year		
	(date)			(date)		
	Audited?	Yes	No	Audited?	Yes	No
Cash Balance						
Trade Receivables						
Retainage Receivable						
Cost in Excess of Billings						
Total Current Assets						
Trade Payables						
Billings in Excess of Costs						
Total Current Liabilities						
Long Term Liabilities						
Total Liabilities						
Equity						
Total Revenue						
Gross Profit						
Net Profit						
Backlog	Now:			This time last year:		
Line of Credit Amount						
Amount Currently Borrowed						

Bank Reference

Bank Name: _____ Primary Account #: _____

Address: _____

City, State, Zip _____

Phone No.: _____ Fax No.: _____

Primary Bank Relationship Officer: _____

Officer's Phone Number: _____

Contractor hereby authorizes its primary bank relationship officer to release information requested by Krusinski Construction Company as part of its financial due diligence process.

Authorized Company Officer Signature _____



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30. Is your company: WBE MBE

31. List four (4) general contractor references and three (3) supplier references including Company name, contact person, and phone number.

32. Has your organization been involved in a LEED project? If yes, please list the projects.

33. Does your firm model projects in 3-D for use with B.I.M.?
Yes No

34. Please check the types of projects that are typical for your company.

<input type="checkbox"/> Office/corporate	<input type="checkbox"/>	Senior Living/Multifamily	<input type="checkbox"/> Data / Call Center
<input type="checkbox"/> Retail	<input type="checkbox"/>	Residential	<input type="checkbox"/> Recreational / Clubhouse / Sports Facilities
<input type="checkbox"/> Industrial / Manufacturing / Distribution	<input type="checkbox"/>	Interior	<input type="checkbox"/> Hospitality / Hotels / Condos
<input type="checkbox"/> Freezer / Cooler / Food Processing	<input type="checkbox"/>	Automotive	<input type="checkbox"/> Renovations / Additions
<input type="checkbox"/> Church / Religious / Multipurpose Gathering	<input type="checkbox"/>	Institutional / Educational	<input type="checkbox"/> Biomedical / Clean Room / Laboratory
<input type="checkbox"/> Medical / Hospital			



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35. What counties do you work in?

36. Do you do work out of state? Yes No
If so, where?

37. Does your firm provide design/build services?
 Yes No

38. List a sample of previously completed/current projects that are typical for your company.

39. What is the largest/smallest size project your company is comfortable in handling?

40. Are you willing to pay for the delivery of drawings to your office?

FedEx # _____
 UPS # _____

Upon completion, please fax to: Krusinski Construction Company
630-573-7780
Estimating Department



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YOUR COMPANY NAME _____ CONTACT _____

1	Please check the following computer capabilities in your office
	<input type="checkbox"/> Internet Access
	<input type="checkbox"/> Printer
	<input type="checkbox"/> Plotter
2	Are you willing to use e-mail for any of the following items ?
	<input type="checkbox"/> Receive bid invitations, addendums, etc.
	<input type="checkbox"/> Receive plans and specification attachments
	<input type="checkbox"/> Send scope questions to Krusinski during bidding
	<input type="checkbox"/> Send bid proposals to Krusinski by e-mail (call first)
3	What is the name and e-mail address of the person responsible for bidding ?
	1 _____
	2 _____
	3 _____
4	Is your plotter capable of plotting downloaded files ?
	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
5	Do you prefer receiving a CD containing plans and specifications ?
	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
6	Do you have viewing capability for downloaded or CD files?
	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
7	Are you member of gradebeam.com ?
	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
8	Are you a member of any other on-line printing services ?
	<input type="checkbox"/> plansandspecs.com (FXWB Reprographics)
	<input type="checkbox"/> pbiexpress.com (Precision Blue)
	<input type="checkbox"/> Other _____
9	Who is your preferred online bid invitation/plan room service (Gradebeam, pbiexpress, plansandspecs, etc.) _____

10	Who is your preferred printer (may be a printer who does not have an online service) ?

11	Do you subscribe to any bid reporting/plan room service ?
	<input type="checkbox"/> Dodge
	<input type="checkbox"/> Construction Market Data
	<input type="checkbox"/> Construction Resource Technology
	<input type="checkbox"/> Bid Tool
	<input type="checkbox"/> Other _____
12	Comments
	<div style="border: 1px solid black; height: 50px; width: 100%;"></div>