



KRUSINSKI
CONSTRUCTION
COMPANY

General Contractors

2107 Swift Drive
Oak Brook, Illinois 60523-1581

www.krusinski.com

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



Annual Subcontractor Prequalification Form

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KRUSINSKI CONSTRUCTION COMPANY

ANNUAL SUBCONTRACTOR PREQUALIFICATION FORM

1. Firm Name: _____
Address: _____

Phone: _____
Fax: _____
Contact: _____ Email: _____
Estimating Contact: _____ Email: _____
Website: _____

2. Trade: _____ CSI Code: _____

3. Does your company have a union affiliation? Yes No
List Affiliation _____

Are you current with union dues/benefits? Yes No

4. Minority Status: WBE MBE N/A

5. Which states does your company work in?

6. In your primary area of operations, which counties do you work in?



7. Please select your business organization:

Corporation Partnership Sole Proprietorship

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

_____ years

9. If incorporated, under the laws of the State of _____

Who are the officers of the firm?

10. If a partnership, is the partnership general or limited? _____

Who are the principal partners?

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

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

13. Is your organization affiliated with other contracting firms? Yes No

Firm Name	Contact Person	City	Phone



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

15. 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.

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

Current Year _____
Last Year _____
Previous Year _____

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

Current Year _____
Last Year _____
Previous Year _____

18. How many employees do you have?

Management: _____ Field: _____ Shop: _____



19. How many work-related injuries and/or illnesses did your company have in the 2 past years?
(Please identify if any were fatalities.)

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

21. Do you have a written Safety Program? Yes No

22. Who is your company Safety Officer? _____

23. What safety certifications are held? _____

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

25. Are field employees OSHA Certified? Yes No
Describe certifications & training

26. Does your firm have a drug testing program?

Random drug testing Yes No Frequency: _____
Post incident testing Yes No

Additional information or comments:



27. List the name of your bonding company. _____
What is your bonding capacity? _____
What is your bonding capacity for a single job? _____
What is your aggregate bonding capacity? _____
What is the amount of work currently bonded? _____

28. **Insurance Information**

Insurance Agency: _____
Contact Name: _____
Phone No.: _____ Fax No.: _____
General Liability Carrier: _____
Workers Compensation Carrier: _____

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

30. Do you meet Krusinski insurance limits per the sample Certificate of Insurance form attached? Yes No

31. List the coverage amounts where you are not in compliance:

GL	_____	Worker's Comp	_____
Auto	_____	Excess	_____
Other	_____	Other	_____

32. How many insurance claims have you made in the current policy year?

G/L _____ W/C _____

**Attach a current insurance certificate showing your limits on a Standard Insurance form.
Please do not reference Krusinski Construction Company.**

33. 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.	_____



Current Interim Income Statement and Balance Sheet, as well as most recent Fiscal Year End Statements, must be attached or completed below or no further consideration will be made.

34. **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 _____



35. What is your annual sales volume for each of the past 3 years and what is the largest Contract/Value in those years?

Year	Annual Sales Volume	Largest Contract/Value

36. List four (4) general contractor references:

Company Name	Contact Person	Phone Number

37. List four (4) supplier references extending credit to your company:

Company Name	Contact Person	Phone Number

38. Please indicate the percentage of work your firm has completed in the following:

%	Type of Work	%	Type of Work	%	Type of Work
	Office/Corporate		Medical/Hospital		Data/Call Center
	Retail		Senior Living/ Multifamily		Recreational/Clubhouse/ Sports Facilities
	Industrial/Distribution/ Manufacturing		Residential		Hospitality/Hotels/ Condos
	Freezer/Cooler/ Food Processing		Interior		Renovations/Additions
	Church/Religious/ Multipurpose Gathering		Institutional/ Educational		Biomedical/Clean Room/Laboratory

Other (please specify) _____



39. List six (6) recently completed/current projects that are typical for your company (project list can be attached providing it contains this information).

Year	Project	General Contractor	Dollar Amount	Contact Person	Phone Number

40. What size project your company is comfortable in handling?

Largest _____
 Smallest _____

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

42. Does your firm provide design/build services?

Yes No

43. Does your firm model projects in 3D for use with B.I.M.?

Yes No

If any of the information provided herein is found to be materially erroneous, fraudulent or misleading, Krusinski Construction Company reserves the right to terminate any and all agreements entered into with the provider without claim or liability against Krusinski Construction Company.

Certification: I have prepared and/or reviewed this completed document in its entirety. Based on my knowledge, this document is complete and does not contain any material misstatements or omissions and fairly presents the condition and operations of the company:

Signature _____

Title _____

Date _____

Upon completion, please e-mail this form to yvetteh@krusinski.com or fax to 630-573-7780
 If you prefer, your financial records can be e-mailed directly to our CFO Gary Dupuis, garyd@krusinski.com.