



Kappcon, Inc.
Construction Management
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 Tucson, Arizona 85705

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 AZ ROC KB-1 259522

Pre-Qualification Form

Thank you for your interest in bidding subcontract work with Kappcon, Inc General Contracting. Please complete the forms below and email (forms and all attachments) to info@kappcon.com or fax to 520-292-2227. Please note that this is a preliminary prequalification form and includes only our minimum requirements. Additional information may be requested by the job owner, the city/state the jobsite is located in or due to the type of work being performed.

General Company Information

Company's Legal Name			
Mailing Address			
Street Address			
Telephone No.		Fax:	
Website			
Email Address		Year Founded:	
Type of company	<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		
Is your firm Owned or controlled by another organization? If yes, Please enter name of organization.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Minority Business Enterprise Status	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> DBE <input type="checkbox"/> SBE *Please attach copies of all certifications regarding your MBE status		
Contractors License No.			
State Sales Tax registration No.			
State Unemployment insurance No.			
Preferred Project Size	<input type="checkbox"/> \$10K-250K <input type="checkbox"/> \$251K-500K <input type="checkbox"/> \$501K-\$1M <input type="checkbox"/> \$1M-\$5M <input type="checkbox"/> \$5M +		
Total number of employees?	Office Personal:	Field Supervisors:	Labor:
List geographical areas in which you work			
List the trades you normally perform with using your own forces			
What percentage of the company's work is subcontracted?	%		

OSHA Citations

Has your company received any OSHA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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citations in the last 5 years? If yes, please provide: Date of violation, violation type (i.e serious, not serious), and what has been done to prevent similar violations.	*If yes, please attach a document explaining details of violation
In the past five (5) years has your company been involved with any of the following:	
Liquidated Damages?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Please explain	
Any Labor law violations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Please explain	
Have you ever defaulted or failed to complete a contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Please explain	
Have you ever been terminated from a project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Please explain	
Have you ever had your license revoked or suspended?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Please explain	

Customer References

Company Name:		
Contact Name:		Title/Position:
Phone Number:		Email:
Company Name:		
Contact Name:		Title/Position:
Phone Number:		Email:
Company Name:		
Contact Name:		Title/Position:
Phone Number:		Email:

We thank you for taking the time to fill out the pre-qualification form. Please make sure the following is included in your packet:

- Insurance certificates (GL, AL, WC Insurance)
- List the name of projects your company has completed in the last five years.
- EMR rating worksheet

Person to sign on behalf of the organization

Name: _____

Title: _____

Signature:

Date: _____