

# Subcontractor Request for Qualifications

Thank you for your interest in working with ICAST!

Subcontractor Qualification is a necessary component of the construction process and risk-management program. It helps us understand your construction capabilities and assess your operational strengths and financial condition.

This process is a prerequisite for performing construction services for ICAST, and, in most cases, the information is required by Project Owners.

Please complete the enclosed Subcontractor Qualification packet and return all items in PDF format to [purchasing@icastusa.org](mailto:purchasing@icastusa.org).

## Qualification Checklist

- Subcontractor Qualification Form
- W-9 Form
- State Contractor's License (Copy of Pocket License/ Wallet card)
- Financials
- Bond Ability Letter

### Insurance:

- Acord Certificate of Insurance Supplemental Checklist
- Certificate(s) of Insurance Liability
  - General Liability, Business Auto Liability, Umbrella, and Workers Compensation
  - Certificate holder: ICAST 7400 W14th Avenue, Suite 101 Denver, CO 80214
- Insurance Endorsements and Waivers
  - General Liability- Per Project / Aggregate Endorsement
  - General Liability - Primary / Non-Contributory Endorsement
  - General Liability - Additional Insured Ongoing Operations Endorsement
  - General Liability - Additional Insured Completed Operations Endorsement
  - General Liability - Waiver of Subrogation Endorsement
  - Business Auto - Additional Insured Amount
  - Business Auto - Waiver of Subrogation Endorsement
  - Workers Compensation - Waiver of Subrogation Endorsement
  - Umbrella - Confirmation of Follow Form



Date: \_\_\_\_\_

Company: \_\_\_\_\_

Main Contact: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Number and Street

PO Box

\_\_\_\_\_

\_\_\_\_\_

City, State, and Zip

City, State, and Zip

State of Incorporation: \_\_\_\_\_ Web Address: \_\_\_\_\_

**A. General**

1. Major Owner(s): \_\_\_\_\_

Bidding Interest:

Type of work performed:  HVAC  Electrical  Roofing  Painting  
 Plumbing  Solar  Drywall  Windows  Misc

Geographical areas of operation: \_\_\_\_\_

Type of work usually subcontracted to others: \_\_\_\_\_

Subcontractor's State Licenses:

Number	State	Type of Work
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Tax Identification No: \_\_\_\_\_ DUNS No: \_\_\_\_\_

Do you have Weatherization Assistance Program experience?  Yes  No

**B. Organizational Personnel**

Contact regarding proposals:

Name: \_\_\_\_\_

Direct Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

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**C. Organizational Structure**

Corporation  Partnership  Individual Proprietorship  Limited Liability Company  S-Corp

Is your company a certified Disadvantage Business Enterprise?  Yes  No

If yes, what is the classification?  WBE  MBE  VBE

Other (please explain) \_\_\_\_\_

Please submit a classification certificate along with the completed questionnaire.

Date founded: \_\_\_\_\_ Under current management since: \_\_\_\_\_

Preferred job cost range. Minimum: \_\_\_\_\_ Maximum: \_\_\_\_\_

Project types your company has worked on:

Multifamily Housing  Single-Family Homes  Condo/Townhomes  Commercial

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**D. Number of Employees**

Office: \_\_\_\_\_ Field Supervision: \_\_\_\_\_ Field Force: \_\_\_\_\_ Other: \_\_\_\_\_

Do you normally employ  Union  Non-Union personnel?

If union, please list trades/locals: \_\_\_\_\_

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**E. Shop Facilities**

1. Type of fabrication: \_\_\_\_\_

2. Shop location: \_\_\_\_\_ Capacity: \_\_\_\_\_ Manpower: \_\_\_\_\_

3. Code certificates (stamps, expiration dates): \_\_\_\_\_

\_\_\_\_\_

**F. Insurance**

1. Insurance in Force *(Complete the following and attach current insurance certificates)*

Insurance Carrier: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Comprehensive General Liability Coverage:

Bodily injury: One Person \$: \_\_\_\_\_ Each Accident \$: \_\_\_\_\_

Property Damage: Each Accident \$: \_\_\_\_\_ Aggregate \$: \_\_\_\_\_

**G. Financial**

1. Please provide your annual volume of work completed in the last three years and the forecast.

Year: \_\_\_\_\_ Value: \_\_\_\_\_ Year: \_\_\_\_\_ Value: \_\_\_\_\_ Year: \_\_\_\_\_ Value: \_\_\_\_\_

Current Year: \_\_\_\_\_ Value: \_\_\_\_\_

Average contract size (\$): \_\_\_\_\_ Contract Min. (\$): \_\_\_\_\_ Contract Max. (\$): \_\_\_\_\_

2. Projects you are currently working on:

Project Name	Project Start/ Finish Dates	Total Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Banking

Bank Name: \_\_\_\_\_

Account Manager: \_\_\_\_\_ Email: \_\_\_\_\_

Line of Credit: \_\_\_\_\_ Amount in Use: \_\_\_\_\_

4. Bonding

Surety Company: \_\_\_\_\_

Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Bonding Limit per Project: \_\_\_\_\_ Rate: \_\_\_\_\_

Aggregate Bonding Limit: \_\_\_\_\_

5. Financials

CPA Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

*Attach the most recent year-end financial statement, balance sheet, and income statement.*

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### H. Litigation

1. Have you ever had a contract terminated for default within the past five years?  Yes  No  
If yes, attach an explanation and provide dates.
  2. Are any judgments, claims, arbitration proceedings, or suits pending or outstanding against your company?  
 Yes  No
  3. Has your company filed any lawsuits, submitted claims, or been involved in any litigation with regard to your contract activity within the last five years?  Yes  No
  4. Has your organization, any officers, or principals of your organization ever declared bankruptcy?  Yes  No
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### I. Safety

1. Please list the experience modification rate (EMR) for the last three years.  
Year: \_\_\_\_\_ EMR: \_\_\_\_\_ Year: \_\_\_\_\_ EMR: \_\_\_\_\_ Year: \_\_\_\_\_ EMR: \_\_\_\_\_
  2. In the past five years, has your company had any fatalities, falls over 10 feet, or been cited by OSHA for a "serious" or "willful" violation? If "yes," please attach an explanation noting the date(s), project name, and reason.  Yes  No
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### J. References

1. Please provide two General Contractor references:

Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contract size/scope: \_\_\_\_\_

Contract Amount: \_\_\_\_\_

Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contract size/scope: \_\_\_\_\_

Contract Amount: \_\_\_\_\_

1. Please provide two Subcontractor / Supplier / Vendor References:

Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contract size/scope: \_\_\_\_\_

Contract Amount: \_\_\_\_\_

Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contract size/scope: \_\_\_\_\_

Contract Amount: \_\_\_\_\_

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The undersigned hereby warrants that the information contained herein is true, accurate, and current as of the date first written.

The undersigned understands that this information will be used in our bidder selection process, and any mistakes or other inaccuracies may be grounds for disqualification as a bidder and/or breach of contract.

Company: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_



SAMPLE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/18/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement.

PRODUCER Name Address City, State, Zip Code
INSURED Name Address City, State, Zip Code
CONTACT NAME: Tom Jones
PHONE (A/C, No, Ext): 999-999-9999
FAX (A/C, No):
E-MAIL ADDRESS: TomJ@insuranceco.com
INSURER(S) AFFORDING COVERAGE NAIC #
INSURER A: Hartford Accident and Indemnity Company 22357
INSURER B: Trumbull Insurance Company 27120
INSURER C: Hartford Casualty Insurance Company 29424
INSURER D:
INSURER E:
INSURER F:

COVERAGES CERTIFICATE NUMBER: 557692313 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liab, Excess Liab, and Workers Compensation and Employers' Liability.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER: ICAST, 7400 W 14th Avenue, Suite 101, Denver, CO 80214
CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE: [Signature]