



# KMK Construction, Inc. Subcontractor Qualification Form

**Instructions:** Please complete and e-mail this form with a copy of your company's W9 Request for Taxpayer ID and sample Certificate of Insurance to [prequal@kmkconstruction.com](mailto:prequal@kmkconstruction.com). If you have any questions, please contact us at our local regional offices below. We look forward to working with you and your team.

KMK Construction, Inc.  
384 Harold L. Dow Highway, Suite 28  
Eliot, ME 03903  
Tel (207) 439-3569

KMK Construction, Inc.  
1395 Chafee Rd. S, Suite 2  
Jacksonville, FL 32221  
Tel (904) 240-0692

### Company Information: Please attach a current W9 Form Request for Taxpayer ID

Legal Business Name:		Federal EIN#:
Address, City, State, Zip:		
Phone:	Contact Name, Title:	
Fax:	Contact Phone:	
Website:	Contact Email:	
Company Type:	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual / Sole Proprietor <input type="checkbox"/> Other _____	
Small Business Designation(s)	<input type="checkbox"/> Small Business <input type="checkbox"/> MBE <input type="checkbox"/> Woman-Owned <input type="checkbox"/> VOSB <input type="checkbox"/> SDVOSB <input type="checkbox"/> 8(a) <input type="checkbox"/> HUBZone	
Date Established:	If a subsidiary, list Parent Company name:	
List Names & Titles of Officers:		

### Company Services / Trades

List all trades that you want to bid:

  
  

List geographic areas of interest:

  
  

<b>Bonding</b>	
Is your company bondable? <input type="checkbox"/> No <input type="checkbox"/> Yes	Bonding Capacity (\$)



**Insurance: Please attach a sample Certificate of Insurance. See page 3 for insurance requirements.**

Insurance Company:	Contact Person:
Insurance Phone:	Insurance Fax:

**Government Experience: Which Government Clients have you completed work for?**

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**Safety and Quality Assurance**

Does your company have a safety manual / program?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Does your company have a designated safety officer?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Do your company's field personnel have OSHA 30 or OSHA 10 training?	<input type="checkbox"/> No <input type="checkbox"/> 30 <input type="checkbox"/> 10		
Any personnel have USACE Construction Quality Control Training?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Do your company's field personnel have First Aid Training?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Has your company been cited by OSHA in the last year?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Is there a quality management system implemented within your company and quality assurance manual?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Does your company have any experience with LEED projects?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Experience Mod Rate for the last three years: (Please provide a letter from the Insurance Company)	Year: Rate:	Year: Rate:	Year: Rate:
OSHA DART Rating: (Please provide OSHA 300 forms)	Year: Rate:	Year: Rate:	Year: Rate:

**Other Information**

Does your company participate with E-Verify?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Does your company have a DUNS #?	<input type="checkbox"/> No <input type="checkbox"/> Yes	#	
Does your company have a CAGE code?	<input type="checkbox"/> No <input type="checkbox"/> Yes	#	



### Insurance Requirements

The Subcontractor shall purchase and maintain, at a minimum, the following types and limits of insurance coverage from the date the Subcontractor commences work to the date of warranty expiration.

Subcontract Sum (\$)	Insurance Types & Limits (\$)
Minimum Up To \$100,000	Comprehensive General Liability (Per Occurrence) \$1,000,000 Comprehensive Auto Liability (combined single limit) \$1,000,000 Workers Compensation required by Federal & State Worker Compensation & Occupational Disease laws, Employer's Liability Coverage \$500,000 (except in states where Workers Compensation may not be written by private carriers), Other coverages as may be required by State law. Professional Liability (Per Occurrence) of \$1Mil (if applicable)
Between \$100,000 and \$500,000	Add Umbrella Liability (Per Occurrence) of \$1,000,000
Between \$500,000 and \$1Mil	Increase Umbrella Liability (Per Occurrence) to \$3,000,000
Above \$1Mil	Increase Umbrella Liability (Per Occurrence) to \$5,000,000

### Policy Endorsements

KMK Construction, Inc. (KMK), its officers, employees, and other entities listed in this agreement shall be named as additional insured with regards to General Liability, Auto Liability and Umbrella Liability Policies to include ongoing and completed operations under the CG2010 or equivalent form. Insurance must be primary and non-contributory to KMK and must include a Waiver of Subrogation for General Liability, Auto Liability, Umbrella Liability and Workers Compensation where permitted.

The Indemnifier (Subcontractor) will hold harmless and indemnify the Indemnitee (KMK) against any and all claims and actions arising out of the participation of the Indemnitee in the Activity, including, with limitation, expenses, judgments, fines, settlements and other amounts that actually and reasonable incurred in connection with any liability, suit, action, loss, or damage arising or resulting from the Indemnitee's participation in the activity

The Subcontractor and any sub-tier Subcontractor hired in performance with the Work shall include the following two policy endorsements; 1) All insurance liability coverages are on a primary and non-contributory basis and 2) All insurance liability coverages are written on a "Per Project Aggregate" basis.