



NEW SUBCONTRACTOR
PRE-QUALIFICATION INFORMATION

Thank you for your interest in working with Coe Construction, Inc.
We would like to establish a solid working relationship with all of our Subcontractors. In order to do this, we feel it is important to obtain as much information as possible in advance.
Please fill out the information below and return to our office as soon as possible. Thank you.
Please fax to: 970-669-4329 or you may email to: admin@coeconstruction.com.

PROJECT NAME & LOCATION: _____
(if applicable) _____

Subcontractor scope of work: _____
Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
E-mail: _____ Website: _____

Please provide references from (3) General Contractors and (3) Suppliers you have worked with in the past.

General Contractors:

- 1. Company Name & Location (city/state): _____
Project Manager/contact: _____ Superintendent/contact: _____
Phone: _____ Fax: _____
- 2. Company Name & Location (city/state): _____
Project Manager/contact: _____ Superintendent/contact: _____
Phone: _____ Fax: _____
- 3. Company Name & Location (city/state): _____
Project Manager/contact: _____ Superintendent/contact: _____
Phone: _____ Fax: _____

Suppliers:

- 1. Company Name & Location (city/state): _____
Contact: _____
Phone: _____ Fax: _____
- 2. Company Name & Location (city/state): _____
Contact: _____
Phone: _____ Fax: _____
- 3. Company Name & Location (city/state): _____
Contact: _____
Phone: _____ Fax: _____

*** Please provide (on a separate sheet) a list of projects you have completed.
- (Include name, location, type & size of projects).**



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SAFETY:

1. List your Company's interstate Experience Modification Rate for the three most recent years:

20 _____
20 _____
20 _____

2. Do you have a written safety program, including a Hazard Communication Policy?
Yes ____ No _____. If yes, enclose a copy of your program.

3. Do you hold craft "tool box" safety meetings?
Yes ____ No _____ How often? _____

4. Do you conduct project safety inspections?
Yes ____ No _____ How often? _____

5. Do you have orientation program for new hires?
Yes ____ No _____ If yes, describe the program briefly:

Insurance Requirements for Subcontractors & Suppliers:

(Below is only a portion of our requirements. This is not our all-inclusive list of insurance requirements. Please visit our webs

All policies (as applicable) – We must be listed as “Additional Insured” and receive the Additional Insured “Endorsement” from your carrier.

- **Commercial General Liability (Occurrence Form)**
 - Each Occurrence - \$1,000,000
 - Personal & Advertising Injury - \$1,000,000
 - General Aggregate - \$2,000,000
 - Products – Completed Operations Aggregate - \$2,000,000
- **Business Auto Liability - \$1,000,000**
 - Owned & Leased Automobiles
 - Non-Owned and Hired Automobiles
 - Contractual Liability
 - Pollution Liability – ISO Endorsement CA 9948
- **Worker’s Compensation & Employer’s Liability:**
 - \$100,000 Each Accident
 - \$500,000 Disease, Policy Limit
 - \$100,000 Disease, Each Employee
 - "Waiver of Subrogation"