CHRISTOFFERSON COMMERCIAL BUILDERS INC.

SUBCONTRACTOR QUALIFICATION WORKSHEET

_____ NEW INFORMATION _____ REVISED INFORMATION

Company Name: _____ **Trade:** _____

Address: _____

_____ **Years in Business:** _____

Phone: _____

Fax: _____ _____ **# of Employees**

Mobile: _____ _____ **# of Dedicated Crews**

Email: _____ _____ **# on each crew**

Contact: _____

Title: _____

_____ **# of years performing Commercial Work** _____ **# of years performing Residential Work**

Dates: _____ **Dates:** _____

10 Most Recent Projects - General Contractor Worked for - GC Contact Name & Phone Number - Date Completed

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

9 _____

10 _____

Have you ever failed to complete a project? _____ **If so, when & why?** _____

_____

Typical Project Size: (Your Contracted Portion)

☐	0-50,000	☐	200,001-300,000	☐	1,000,001-2,000,000
☐	50,001-100,000	☐	300,001-500,000	☐	2,000,000+
☐	100,001-200,000	☐	500,001-1,000,000		

3235 Fillmore Ridge Heights, Colorado Springs, CO 80907 (719) 548-0999 (719) 473-2280 Fax

Company Name: _____

Travel (Circle Y or N) **If applicable, list preferred cities in blank.**

Yes No **Colorado Springs**
Yes No **Denver**
Yes No **Pueblo**
Yes No **Entire Front Range**
Yes No **Arizona** _____
Yes No **Kansas** _____
Yes No **Nevada** _____
Yes No **New Mexico** _____
Yes No **Oklahoma** _____
Yes No **Wyoming** _____

Yes No **Amarillo**
Yes No **Austin/San Antonio**
Yes No **Dallas/Ft Worth**
Yes No **El Paso**
Yes No **Houston**
Yes No **Laredo/McAllen**

Other (Specify) _____

Products Installed:

_____ _____
_____ _____

Manufacturer Certifications:

_____ _____
_____ _____

Banking & Surety:

Banking Reference (Bank Name, Contact Name & Phone Number) _____

_____

_____ **Are you currently bonded?** _____ **Are you bondable?**

What are your bond limits? _____

Name of Bonding Company: _____

Name and Address of Agent: _____

_____

_____

Dun & Bradstreet #: _____

Under what other or former names has your organization operated? (Include dates of operation)

_____ _____
_____ _____

Licensing - Provide License and/or contractors registration numbers (Include State & City if applicable)

_____ _____
_____ _____
_____ _____
_____ _____

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Company Name: _____

Organization: _____ **Partnership** _____ **Corporation** _____ **Sole Owner**

Type of Partnership: _____ President _____

Names of Partners: _____ VP _____

_____ Secretary _____

_____ Treasurer _____

Proof of Insurance - EXAMPLE OF CURRENT CERTIFICATE MAY BE SUBMITTED FOR OUR INFORMATION, HOWEVER ACTUAL CERTIFICATES MUST BE SUBMITTED TO OUR OFFICE IMMEDIATELY UPON RECEIPT OF SUBCONTRACT AGREEMENT.

General Liability Requirements

$1 Million occurance/$2 Million Aggregate
Limits apply per project (general aggregate)
Additional Insured (ISO 20 10 85) to include products-completed operations
Coverage is primary/noncontributory, and copies of endorsements are to be provided
Contractual liability (ISO CG0001)
Personal injury coverage

Automotive Liability Requirements:

$1 Million combined single limit
Owned, hired and non-owned automobile liability included
Additional Insured
Documentation supporting statements that there are no owned vehicles

Workers Compensation Requirements:

Limits of $500,000 each accident, $500,000 disease-each employee, $500,000 disease - policy limit
Waiver of Subrogation
Non-election of workers compensation by proprietors/partners/executive officers is not acceptable.

Commercial Umbrella:

Limits of $2 Million
Coverage must include as insureds all entities that are additional insureds on the CGL.

Signature (By an Officer of the Company) _____

By: _____

Title: _____

Date: _____

Upon completion of this form, please return to our office via fax to (719) 473-2280 or send via email to angie@ccbuildersinc.com

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