



Dear Subcontractor/Supplier,

From the Owners to the Subcontractors, Kast Construction believes everyone plays a vital role in our success. We appreciate all efforts put forth by Subcontractors in providing the best numbers, maintaining job schedules, participating in the timely deliverance of the project by attending safety & coordination meetings and delivering the best work at all times.

Please complete the 'Subcontractor Pre-Qualification Form' in its entirety. Note that this form is valid for One (1) year from date of submission. The information requested in this form will be used to add your company in our database which in turn benefits Estimating, Project Management and Accounting. Be sure to notify us of any company information changes so your profile is always kept current. Once you have completed the 'Subcontractor Pre-Qualification Form', Please fax to: 561-689-2911 ATTN: ESTIMATING

### **ISqFt**

After a review, all information is entered it into our ISqFt Database. All "Invitations to Bid" are transmitted through ISqFt via fax or email. The invitation provides you with the following information:

- Project Name
- Location
- Bid Due Date
- Brief Description of the Work
- Kast Construction Project Contacts by Division
- ACCEPT or DECLINE Option (**VERY IMPORTANT**: Please indicate your interest if bidding or not)
- Access Number to view the latest project details, plans and specifications.
- Customer Support Help Line

Login and password information is project specific and is provided on the Invitation to Bid. During the bid process it is imperative that the Subcontractor continues to check the website for updated drawings which typically have a later posting date than the original bid set. However, you will be sent notifications when new documents have been posted to ISQFT.

Thank you once again for your interest in joining the KAST Construction Team; we look forward to working with you. If you have any questions or require additional information, please contact us direct.

KAST CONSTRUCTION COMPANY, LLC  
701 S. Olive Avenue, Suite 105  
West Palm Beach, FL 33401  
Tel: 561-689-2910 Fax: 561-689-2911



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# KAST SUBCONTRACTOR PRE-QUALIFICATION STATEMENT

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

## Documents required for Pre-Qualification Check List

- Occupational License
- Contractor Certifications
- M/WBE, SBE, DBE Certifications
- Letter Stating Bonding Capacity
- Verification of General Liability Insurance
- Verification of Workers Compensation Insurance
- Verification of Automobile Insurance
- Contractor License

**Note:** AN EXEMPTION FROM THE STATE OF FLORIDA IS NOT ACCEPTED IN LIEU OF WORKER'S COMPENSATION INSURANCE. It is mandatory for our Subcontractors to have Workmen's Compensation Insurance. In addition we require a Waiver of Subrogation for General Liability and Workmen's Compensation.

### MAIN/CORPORATE OFFICE:

Legal Business Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Estimating Contact: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
Principals Contact: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
Company Website: \_\_\_\_\_

### BUSINESS TYPE:

Partnership: Year Started: \_\_\_\_\_ List Partner(s): \_\_\_\_\_  
 Corporation: Year Started: \_\_\_\_\_ List Officer(s): \_\_\_\_\_  
 LLC  Sole Proprietor  Other: Year Started: \_\_\_\_\_ Federal ID#: \_\_\_\_\_  
If a Corporation, State and Year of Incorporation: \_\_\_\_\_  
Federal Tax I.D. Number: \_\_\_\_\_ DUN/BRAD Number: \_\_\_\_\_  
Name of License Qualifier: \_\_\_\_\_ Qualifier's Ownership of the Co: \_\_\_\_\_ %

### BRANCH OFFICE:

Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Branch Contact: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
Years Branch Open: \_\_\_\_\_ # of Branch Employees: \_\_\_\_\_ Full-Time Field Employees: \_\_\_\_\_

**LICENSE:** Please provide License information where your company is legally qualified to work:

License Type	County(s) Your Licensed In:	State(s) Your Licensed In:	County/State License Number(s):	Expiration Date(s):

### INSURANCE - Minimum Requirements:

Workman's Compensation per Statutory Limits  Yes  No      Expiration Date: \_\_\_\_\_  
General Liability \$1,000,000  Yes  No      Expiration Date: \_\_\_\_\_  
Automobile Liability \$1,000,000  Yes  No      Expiration Date: \_\_\_\_\_  
Completed Operations \$1,000,000  Yes  No      Expiration Date: \_\_\_\_\_  
Insurance Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**LOCATION OF PROJECTS:**

Please list the state(s) and counties that you typically perform work in:

COUNTY/STATE	COUNTY/STATE	COUNTY/STATE	COUNTY/STATE	COUNTY/STATE

**TYPICAL SIZE & TYPE OF PROJECTS:**

Indicate the size of the project you are most competitive in performing or are willing to perform:

UNDER \$100,000		\$ 3,000,000 - \$ 6,000,000	
\$100,000 - \$200,000		\$ 6,000,000 - \$ 9,000,000	
\$200,000 - \$500,000		\$10,000,000 - \$15,000,000	
\$500,000 - \$1,000,000		OVER \$15,000,000	
\$1,000,000 - \$3,000,000			

Your Company's Typical Types of Projects:

HIGH RISE STRUCTURES		BUILD TO SUIT/DB	
4-10 STORY STRUCTURES		HIGH TECH / LABS	
1 – 3 STORY STRUCTURE S		AUTO DEALERSHIPS	
HOTELS/ CONDOS		SPORTS/ENTERTAINMENT	
INDUSTRIAL STRUCTURES		RESIDENTIAL	
LARGE / SMALL RETAIL		GOVERNMENT/MUNICIPAL	
ELEMENTARY SCHOOLS		PARKS & RECREATION	
MIDDLE SCHOOLS		IF OTHER SPECIFY BELOW	
HIGHER EDUCATIONAL			

Please enter your OSBP classification as appropriate:

Disabled Veteran		Disadvantaged	
Emerging Small Business		HUB Zone	
Minority		Native American	
Section 8(a) Qualified		Small Business Enterprise	
Veteran		Women	
None			

Preferred Contractor by:

Walmart-Sams		Walgreens	
Target		Seminole	
CVS		Other	

**SAFETY PROGRAM:**

Name of Safety Officer: \_\_\_\_\_ Email: \_\_\_\_\_

Contact: Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Do you have a written Safety Program (incl. Hazardous Communications)?  Yes  No

If yes, briefly describe program: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you receive a discount from your insurance carrier as a Certified Drug-Free Workplace?  Yes  No

**Please provide your Company Experience Modification Rate (EMR) for the last three (3) years:**

Year: \_\_\_\_\_ EMR Rate: \_\_\_\_\_ %

Year: \_\_\_\_\_ EMR Rate: \_\_\_\_\_ %

Year: \_\_\_\_\_ EMR Rate: \_\_\_\_\_ %

**Number of OSHA Recordable Incidents for the last three (3) years:**

Year: \_\_\_\_\_ Number of Incidents \_\_\_\_\_  
Year: \_\_\_\_\_ Number of Incidents \_\_\_\_\_  
Year: \_\_\_\_\_ Number of Incidents \_\_\_\_\_

Have you, in the previous five years, been denied a contract award on which you submitted the low bid in competitive bidding or been refused a contract based on pre-qualifications submitted?

Yes  No

**If yes, state the name of the contract and give the reason below:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Within the previous 3 fiscal years has your Company failed to complete an awarded project, incurred liquidated damages, penalties, liens, defaults or have been terminated for cause?

Yes  No

**If yes, state the name of the organization and give the reason below:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your Company have any judgments, claims arbitrations, law suits or liens currently against your Organization?

Yes  No

**If yes, provide details and status:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Within the previous 3 fiscal years, has your organization been involved in litigation?

Yes  No

**If yes, provide details and status:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROJECT REFERENCES & CONTRACT INFORMATION:**

What is the largest contract your organization has completed: \_\_\_\_\_

Contract Amount: \$ \_\_\_\_\_ Year: \_\_\_\_\_ Location: \_\_\_\_\_

Project Description & Scope: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide information for your organization's projects from the three (3) most recent fiscal years.

Name of Project \_\_\_\_\_ Year: \_\_\_\_\_

Project Location: \_\_\_\_\_

Original Completion Date \_\_\_\_\_ Actual Completion Date \_\_\_\_\_

Original Contract Value \$ \_\_\_\_\_ Ending Contract Value \$ \_\_\_\_\_

Project Bonded  Yes  No

Name of General Contractor \_\_\_\_\_

Brief Description of Work Performed by your firm:  
\_\_\_\_\_  
\_\_\_\_\_

Name of Project \_\_\_\_\_ Year: \_\_\_\_\_

Project Location: \_\_\_\_\_

Original Completion Date \_\_\_\_\_ Actual Completion Date \_\_\_\_\_

Original Contract Value \$ \_\_\_\_\_ Ending Contract Value \$ \_\_\_\_\_

Project Bonded  Yes  No

Name of General Contractor \_\_\_\_\_

Brief Description of Work Performed by your firm:

\_\_\_\_\_

\_\_\_\_\_

Name of Project \_\_\_\_\_ Year: \_\_\_\_\_

Project Location: \_\_\_\_\_

Original Completion Date \_\_\_\_\_ Actual Completion Date \_\_\_\_\_

Original Contract Value \$ \_\_\_\_\_ Ending Contract Value \$ \_\_\_\_\_

Project Bonded  Yes  No

Name of General Contractor \_\_\_\_\_

Brief Description of Work Performed by your firm:

\_\_\_\_\_

\_\_\_\_\_

Name of Project \_\_\_\_\_ Year: \_\_\_\_\_

Project Location: \_\_\_\_\_

Original Completion Date \_\_\_\_\_ Actual Completion Date \_\_\_\_\_

Original Contract Value \$ \_\_\_\_\_ Ending Contract Value \$ \_\_\_\_\_

Project Bonded  Yes  No

Name of General Contractor \_\_\_\_\_

Brief Description of Work Performed by your firm:

\_\_\_\_\_

\_\_\_\_\_

Name of Project \_\_\_\_\_ Year: \_\_\_\_\_

Project Location: \_\_\_\_\_

Original Completion Date \_\_\_\_\_ Actual Completion Date \_\_\_\_\_

Original Contract Value \$ \_\_\_\_\_ Ending Contract Value \$ \_\_\_\_\_

Project Bonded  Yes  No

Name of General Contractor \_\_\_\_\_

Brief Description of Work Performed by your firm:

\_\_\_\_\_

\_\_\_\_\_

Name of Project \_\_\_\_\_ Year: \_\_\_\_\_

Project Location: \_\_\_\_\_

Original Completion Date \_\_\_\_\_ Actual Completion Date \_\_\_\_\_

Original Contract Value \$ \_\_\_\_\_ Ending Contract Value \$ \_\_\_\_\_

Project Bonded  Yes  No

Name of General Contractor \_\_\_\_\_

Brief Description of Work Performed by your firm:

\_\_\_\_\_

**BONDING:**

Bonding Company: \_\_\_\_\_ Contact: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Bonding Rate: \_\_\_\_\_ % Total Bonding Limit (Aggregate): \$ \_\_\_\_\_  
Single Project Limit: \$ \_\_\_\_\_ Current Bonding Available: \$ \_\_\_\_\_

**BANK INFORMATION:**

Local Bank: \_\_\_\_\_ Contact: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**CURRENT PROJECTS:**

Project Name: \_\_\_\_\_ City, State: \_\_\_\_\_  
General Contractor: \_\_\_\_\_ Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ Subcontract Amount: \$ \_\_\_\_\_  
 Commercial  Residential  Retail  Other LEED Project?  Yes  No  
Scope(s) of Work: \_\_\_\_\_ Project Size: \_\_\_\_\_ SF  
Start Date: \_\_\_\_\_ Projected Completion Date: \_\_\_\_\_

Project Name: \_\_\_\_\_ City, State: \_\_\_\_\_  
General Contractor: \_\_\_\_\_ Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ Subcontract Amount: \$ \_\_\_\_\_  
 Commercial  Residential  Retail  Other LEED Project?  Yes  No  
Scope(s) of Work: \_\_\_\_\_ Project Size: \_\_\_\_\_ SF  
Start Date: \_\_\_\_\_ Projected Completion Date: \_\_\_\_\_

Project Name: \_\_\_\_\_ City, State: \_\_\_\_\_  
General Contractor: \_\_\_\_\_ Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ Subcontract Amount: \$ \_\_\_\_\_  
 Commercial  Residential  Retail  Other LEED Project?  Yes  No  
Scope(s) of Work: \_\_\_\_\_ Project Size: \_\_\_\_\_ SF  
Start Date: \_\_\_\_\_ Projected Completion Date: \_\_\_\_\_

**PLEASE REVIEW AND CHECK WILLINGNESS TO PARTICIPATE IN THE FOLLOWING:**

Owner Direct Purchase Order ("DPO") process?  Yes  No  
Can you comply with State of Florida's Jessica Lunsford Act?  Yes  No

**SCOPE OF WORK:**

List the trades you normally perform with your own forces: \_\_\_\_\_  
\_\_\_\_\_  
What trades do you normally subcontract? \_\_\_\_\_  
\_\_\_\_\_

**SCOPE OF WORK YOUR COMPANY PERFORMS: PLEASE CHECK CSI CODE APPLICABLE:**

**CONTRACTOR'S CSI CODE(S)**

<b>X</b>	<b>DESCRIPTION</b>	<b>X</b>	<b>DESCRIPTION</b>	<b>X</b>	<b>DESCRIPTION</b>
	<b>00000-DIVISION 00-CONSULTANTS</b>		03900-Concrete Restoration		<b>10000-DIVISION 10-SPECIALTIES</b>
	00110-Construction Publication		<b>04000-DIVISION 04-MASONRY</b>		10100-Miscellaneous Specialties
	<b>01000-DIVISION 01-GENERAL REQUIREMENTS</b>		04200-Unit Masonry		10101-Office & Classroom Specialties
	01300-Construction Trailers and Offices		04225-Stone & Brick Veneer		10200-Louvers
	01400-Temporary Construction Fence		04270-Glass Masonry Units		10270-Access/Computer Flooring
	01425-Dumpsters		<b>05000-DIVISION 05-METALS</b>		10300-Fireplaces and Stoves
	01440-Final Cleaning		05100-Structural Steel		10350-Flagpoles
	01450-Aerial Photography		05500-Pre-Fabricated Metal Buildings		10426-Signage
	01500-Equipment Rental		05550-Stair Treads and Nosings		10506-Lockers
	01502-Portable Toilets		05600-Light Gage Metal Trusses		10536-Awnings
	01520-Cranes & Hoists		05720-Aluminum Fabrications		10550-Postal Specialties
	01530-Scaffolding		05740-Ornamental Metals		10650-Operable Partitions
	01540-Surveying		05800-Expansion Control		10715-Hurricane Shutters & Panels
	01570-Temporary Labor		05810-Expansion Joint Covers		10800-Toilet & Bath Accessories
	01600-Material & Soil Testing		<b>06000-DIVISION 06-WOOD AND PLASTICS</b>		10820-Shower Enclosures
	<b>02000-DIVISION 2-SITE CONSTRUCTION</b>		06100-Rough Carpentry		10830-Fire Extinguishers & Cabinets
	02001-Site Contractor		06130-Heavy Timber Construction		<b>11000-DIVISION 11-EQUIPMENT</b>
	02050-Demolition		06190-Wood Trusses		11014-Window Washing Equipment
	02110-Asbestos Abatement		06195-Hardi- Plank Siding		11030-Teller and Service Equipment
	02140-Dewatering		06200-Finish Carpentry		11130-Audio Visual Systems
	02210-Tree Relocation		06220-Millwork & Casework		11150-Parking Equipment
	02315-Excavation and Fill		06430-Wood Stairs and Railings		11160-Loading Dock Equipment
	02340-Soil Stabilization		06450-Standing and Running Trim		11175-Trash Recycling System
	02350-Piles & Caissons		06500-Plastic Laminate Cabinetry and Countertops		11400-Food Service Equipment
	02361-Soil Poisoning		06550-Solid Surface Countertops		11450-Residential Appliances
	02371-Erosion Control		<b>07000-DIVISION 07-THERMAL &amp; MOISTURE</b>		11480-Athletic, Recr., Ther. Equip
	02445-Directional Boring		07100-Waterproofing & Caulking		<b>12000-DIVISION 12-FURNISHINGS</b>
	02500-Paving		07200-Insulation		12490-Window Treatments
	02510-Unit Pavers		07300-Fire Proofing		12555-FF&E
	02525-Curbing & Sidewalk		07500-Roofing		<b>13000-DIVISION 13-SPECIAL CONSTRUCTION</b>
	02530-Athletic Surfaces		07900-Gutters and Downspouts		13052-Sauna & Steam Rooms
	02580-Pavement Markings		<b>08000-DIVISION 08-DOORS &amp; WINDOWS</b>		13152-Swimming Pools
	02750-Fencing		08014-Doors & Hardware		13155-Fountains
	02780-Underground Utilities		08200-Wood & Plastic Doors		13200-Liquid/Gas storage Tanks
	02785-Septic Systems		08300-Special Doors		13600-Solar and Wind Energy Equipment
	02790-Wells		08330-Overhead Roll Up Doors		<b>14000-DIVISION 14-CONVEYING SYSTEMS</b>
	02800-Irrigation		08400-Aluminum Storefronts & Windows		14200-Elevators
	02845-Traffic Signalization		08460-Automatic Entrance Doors		14300-Escalators & Moving Walks
	02880-Marine Work		08500-Windows		14500-Chutes
	02900-Landscaping		08600-Skylights		14580-Pneumatic Tube Systems
	02990-Structure Moving		08700-Hardware		<b>15000-DIVISION 15-MECHANICAL</b>
	02995-Site Accessories		08810-Glass Suppliers		15300-Fire Protection
	<b>03000-DIVISION 03-CONCRETE</b>		08900-Glazed Curtain Wall		15400-Plumbing
	03001-CIP Concrete		<b>09000-DIVISION 09-FINISHES</b>		15500-HVAC
	03005-Concrete Reinforcing Materials		09200-Lath & Plaster (Stucco)		15600-Refrigeration Equipment
	03010-Concrete Material		09202-Decorative Plaster		15900-HVAC Instrumentation and Controls
	03035-Tower Crane Equip Rental		09250-Framing & Drywall		15950-Testing, Adjusting, and Balancing
	03100-Concrete Shell Contractors		09300-Tile		<b>16000-DIVISION 16-ELECTRICAL</b>
	03110-Concrete Tilt-Wall Contractors		09305-Stone & Marble		16002-Electrical Contractors
	03210-Post Tensioned Cable		09400-Terrazzo		16005-Fire Alarm
	03220-Concrete Reinforcing Installation		09500-Acoustical Ceilings		16010-Emergency Generators
	03250-Post-Tensioning		09510-Acoustical Specialties		16020-Lightning Protection
	03350-Concrete Finishers		09640-Wood Flooring		16400-Low-Voltage Distribution
	03360-Concrete Pumping		09650-Resilient Flooring		16401-Security & CCTV
	03400-Structural Precast		09670-Flooring Underlayment		16499-Electrical Supply Houses
	03420-Archituctural Precast		09680-Carpet		16500-Light Fixture Suppliers
	03450-Specialty Concrete		09700-Epoxy Flooring		16760-Nurse Call & PA Systems
	03500-LW Insulating Concrete		09701-Specialty Flooring		16800-Audio & Video
	03800-Concrete Drilling and Sawing		09900-Painting & Wall Covering		

Other Trades Performed: (Provide CSI Number and Description)

Other: \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Other: \_\_\_\_\_

**Confidential Note:**

I the undersigned have attempted to answer all questions in a full and complete manner to assure that our answers are not in any respect misleading, either by expressing ourselves in a misleading or ambiguous manner or omitting information. We recognize that an award by KAST CONSTRUCTION COMPANY, LLC is contingent upon the accuracy of the information and responses provided within this questionnaire.

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Name Of Company

---

Completed By

Signature

---

Title

Date

Being duly sworn, deposes and says that the information provided herein is true and sufficiently complete so as to not be misleading.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public: \_\_\_\_\_

Stamp:

My Commission Expires: \_\_\_\_\_