



## Prequalification Checklist

Thank you for your interest in becoming a trusted construction partner of Agate Construction. Please complete this form and return to [estimating@agateconstructioninc.com](mailto:estimating@agateconstructioninc.com). We look forward to building a lasting relationship with your company.

### Organization Overview

Company Name:			
Physical Address:			
City:	State:	Zip:	
Mailing Address:			
City:	State:	Zip:	
Website:			Lic#:
Federal ID Number:	DUNS#/ CAGE Code:		
Estimating Contact Name:			
Email:			
Business Phone:	Cell:		
Billing Contact Name:			
Email:			
Business Phone:			

### Organization Specifics (Check all that apply)

Preferred Area of Work (Geographic):			
Subcontractor:	<input type="checkbox"/>	Professional Services:	<input type="checkbox"/>
Year Company Started:		Supplier:	<input type="checkbox"/>
Company Size: Office Staff		# of Annual Projects:	
MSHA Certified:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Field Staff:	
BROWZ Compliant:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Safety Program:	<input type="checkbox"/> Yes <input type="checkbox"/> No
EMR Rating:		Trades Subcontracted Out:	
Please Select and/or Add Any Additional CSI Master Format 2016 Codes in the Notes Section Below.		Specific Scopes you will bid and self-perform:	

Trade Codes	Agate Requires the Following Insurance Coverage:
(2) Site <input type="checkbox"/>	Commercial General Liability - General Aggregate - \$2,000,000
(3) Concrete <input type="checkbox"/>	Automobile Liability: \$1,000,000
(4) Masonry <input type="checkbox"/>	Workers Compensation: \$1,000,000
(5) Metals <input type="checkbox"/>	Umbrella Liability: \$1,000,000
(6) Wood and Plastics <input type="checkbox"/>	Comments:
(7) Thermal and Moisture Protection <input type="checkbox"/>	
(8) Glass/Glazing <input type="checkbox"/>	
(9) Finishes <input type="checkbox"/>	
(10) Specialties <input type="checkbox"/>	
(11) Equipment <input type="checkbox"/>	Is your company prepared and capable of acquiring and keeping record of the proof of insurance requirements. <input type="checkbox"/> Yes <input type="checkbox"/> No
(12) Furnishings <input type="checkbox"/>	Has your company ever had a claim made against it for improper, delayed, defective or non-compliant work or failure to meet warranty obligations: (If Yes, please explain in notes section below): <input type="checkbox"/> Yes <input type="checkbox"/> No
(13) Special Construction <input type="checkbox"/>	
(14) Conveying Equipment <input type="checkbox"/>	Current W9 Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
(21) Fire Suppression <input type="checkbox"/>	Please indicate the size of project that you are interested in bidding on: (check all that apply)
(22) Plumbing <input type="checkbox"/>	Work Status (Check All that Apply):
(23) HVAC <input type="checkbox"/>	Up to \$100K <input type="checkbox"/> Up to \$3M <input type="checkbox"/> Non-Union: <input type="checkbox"/>
(26) Electrical <input type="checkbox"/>	Up to \$500K <input type="checkbox"/> \$5M-\$10M <input type="checkbox"/> Union: <input type="checkbox"/>
(27) Communications <input type="checkbox"/>	Up to \$1M <input type="checkbox"/> Over \$10M <input type="checkbox"/> Prev. Wage: <input type="checkbox"/>
(31) Earthwork <input type="checkbox"/>	Additional Subcontractor Trade(s) Notes / CSI Master Format 2016 Codes:
(32) Exterior Improvements <input type="checkbox"/>	
(33) Utilities <input type="checkbox"/>	
(34) Transportation <input type="checkbox"/>	