

Tel (207) 439-3569

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, 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 14 Eliot, ME 03903 KMK Construction, Inc. 1395 Chafee Rd. S, Suite 2 Jacksonville, FL 32221 Tel (904) 240-0692

Company Inform	ation: Please	attach a current W9 Fo	rm Request for	Taxpayer ID	
Legal Business Name:				Federal EIN#:	
Address, City, State, Zip	:				
				no is authorized to enter into an agreement or icer via DocuSign for processing.	
Owner's Name:			E-Mail:		
Title:			Phone:		
Company Type:	□ Corporation □ Partnership □ Individual / Sole Proprietor □ Other				
Small Business Designation(s)	□ Small Business □ MBE □ Woman-Owned □ VOSB □ SDVOSB □ 8(a) □ HUBZone				
Date Established:		If a subsidiary, list Parent Company name:			
List Names & Titles of Officers: (Please include email addresses.)					
Company Service	es / Trades				
List all trades that you wa	ant to bid:				
List geographic areas of	interest:				
Bonding					
Is your company bondab	le? □ No	□ Yes	Bonding Capa	city (\$)	



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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?						
Safety and Quality Assurance						
Does your company have a safety manual / program?	□ No □ Yes					
Does your company have a designated safety officer?	□ No □ Yes					
Do your company's field personnel have OSHA 30 or OSHA 10 training?	□ No □ 30 □ 1	0				
Any personnel have USACE Construction Quality Control Training?	□ No □ Yes					
Do your company's field personnel have First Aid Training?	□ No □ Yes					
Has your company been cited by OSHA in the last year?	□ No □ Yes					
Is there a quality management system implemented within your company and quality assurance manual?	□ No □ Yes					
Does your company have any experience with LEED projects?	□ No □ Yes					
Experience Mod Rate for the last three years:	Year:	Year:	Year:			
(Please provide a letter from the Insurance Company)	Rate:	Rate:	Rate:			
OSHA DART Rating: (Please provide OSHA 300 forms)	Year:	Year:	Year:			
	Rate:	Rate:	Rate:			
Other Information						
Does your company participate with E-Verify?	□ No □ Yes					
Does your company have a SAM.gov UEI #?	□ No □ Yes	#				
Does your company have SPRS Cyber Score?	□ No □ Yes	Score:				



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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
AL	
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.