



## Subcontractor Pre-Qualification New Mexico Division

8400 Firestone Ln. NE, Albuquerque, NM 87113 • Phone: 505-433-3664 • Fax: 505-892-3371

GENERAL INFORMATION		Date Submitted:
Company Legal Name:	DBA:	
Address/City/State/Zip:		
Phone:	Fax:	
Primary Contact Name:	Primary Contact Phone:	
Primary Contact Email Address:	Company Website:	
Estimator Contact Name:	Estimator Contact Phone:	
Estimator Email Address:	Number of Full-Time Employees:	

LICENSE INFORMATION					
Class / Type	Number	Expires	Class / Type	Number	Expires
Class / Type	Number	Expires	NM Department of Work Solutions Certificate of Public Works Registration Number:		

CONSTRUCTION / FINANCIAL / BIDDING INFORMATION			
Annual Gross Sales for last 3 Years:	20___:	20___:	20___:
List all trades that you want to bid:			
Has your organization ever failed to complete any work awarded to it? <input type="checkbox"/> Yes <input type="checkbox"/> No (If so, please explain on a separate sheet)			
Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your company or officers? <input type="checkbox"/> Yes <input type="checkbox"/> No (If so, please explain on a separate sheet)			

BONDING / INSURANCE / BANKING INFORMATION
<b>Surety:</b> Attach a current bonding letter from your Surety Company demonstrating your company's bonding capacity per project aggregate bonding capacity, and the AM Best Rating of your bonding company.
<b>Insurance:</b> Attached is a sample of Brycon's insurance requirements. At a minimum you must meet our insurance requirements prior to being added to our subcontractors list. Attach proof of insurance with coverage limits to this form.
<b>Bank:</b> Attach a bank reference letter to include the length of the relationship with the bank, your company standing and the current line of credit.

SAFETY INFORMATION
Experience Modification Rate (EMR) for last 3 Years: 20___: 20___: 20___:
Recordable Incident Rate for last 3 Years 20___: 20___: 20___:
Attach OSHA 300A logs for the past three years to this pre-qualification form for review.

PROJECT EXPERIENCE	
List 5 most significant projects COMPLETED in the last two years	
<b>Project #1:</b>	
Location:	Contract Amount:
Owner Name:	Brief Description of Scope:
GC Name:	
GC Contact:	

**PROJECT EXPERIENCE** (Continued)**Project #2:**

Location:	Contract Amount:
Owner Name:	Brief Description of Scope:
GC Name:	
GC Contact:	

**Project #3:**

Location:	Contract Amount:
Owner Name:	Brief Description of Scope:
GC Name:	
GC Contact:	

**Project #4:**

Location:	Contract Amount:
Owner Name:	Brief Description of Scope:
GC Name:	
GC Contact:	

**Project #5:**

Location:	Contract Amount:
Owner Name:	Brief Description of Scope:
GC Name:	
GC Contact:	

**VENDOR / SUPPLIER REFERENCES**

Reference #1:	Contact:
Phone:	Email:
Reference #2:	Contact:
Phone:	Email:
Reference #3:	Contact:
Phone:	Email:
Reference #4:	Contact:
Phone:	Email:
Reference #5:	Contact:
Phone:	Email:

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I attest that I have the authority to do so on behalf of the firm. In addition, by submitting this document I have given Brycon Corporation permission to contact references, sureties, insurance providers, and others named in this pre-qualification in order to verify the information submitted. Brycon also reserves the right to request financial statements.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Title: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed form by email to [estimatingnm@brycon.com](mailto:estimatingnm@brycon.com) or by fax to 505-892-3371. Subcontractor Pre-Qualification will not be processed if not completed, including Surety Letter, Insurance Certificate and Bank Letter.

Please attach any additional information about your company that you wish to be reviewed by Brycon.

**PRODUCER**  
 Subcontractor's Insurance Agent  
 Subcontractor's Insurance Agency  
 Address of Agent  
 Address of Agent  
 Phone: Fax:

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**INSURED**  
 Subcontractor's Name  
 Address 1  
 Address 2  
 City, State and Zip

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Insurance company listed here	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YR)	POLICY EXPIRATION DATE (MM/DD/YR)	LIMITS
		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR Business Owners Contractual Liability GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> Policy <input checked="" type="checkbox"/> Project <input type="checkbox"/> LOC	Y	V	NUMBER	DATE	DATE	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COM/PO/AGG \$2,000,000 COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
		<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS			NUMBER	DATE	DATE	AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO						EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000
		<b>EXCESS/UMBRELLA LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$						WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						
		OTHER						

Waiver of Subrogation must be checked or have a "Y"

All COIs MUST have Add Insured checked or a "Y".

EXHIBIT A SAMPLE  
MUST HAVE THE EXACT LANGUAGE IN DESCRIPTION

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**  
 Subcontractor agrees to add BRYCON, its partners, subsidiaries, their officers, agents, and employees as additional insured under its general liability policies. Such insurance shall be primary and any insurance maintained by the additional insured shall be excess and non-contributory. Additional Insured endorsements CG20101001 and CG20371001 shall be referenced and submitted with BRYCON Corporation specifically named as an Additional Named Insured as proof of Additional Insured

**CERTIFICATE HOLDER**  
 BRYCON CORPORATION  
 ADDRESS:  
 PHONE:  
 FAX:

**CANCELLATION**  
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  
 AUTHORIZED REPRESENTATIVE