



Kraftsman Commercial Playgrounds and Water Parks PREQUALIFICATION FORM

1. General Company Profile

- Legal Business Name: _____
- Trade Name (DBA): _____
- Address: _____
- Primary Contact Name & Title: _____
- Contact Email & Phone: _____
- Business Entity Type: ☐ Corporation ☐ LLC ☐ Partnership ☐ Sole Proprietor
- Diversity Certifications: ☐ MBE ☐ WBE ☐ DBE ☐ DVBE ☐ N/A
- Federal Tax ID / EIN: _____

2. Licensing & Registration *(IF APPLICABLE)*

- State Contractor License Number: _____
- License Classification(s): _____
- Expiration Date: _____

3. Financial & Bonding Capacity

- Surety Bonding Company: _____
 - Mailing Address: _____
 - Phone: _____
- Insurance Agency: _____
 - Mailing Address: _____
 - Email: _____
 - Contact: _____
- Single Project Bonding Limit: _____
- Aggregate Bonding Capacity: _____



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4. Safety Performance & Compliance

- Experience Modification Rate (EMR) - Past 3 Years:
2025 EMR: _____ 2024 EMR: _____ 2023 EMR: _____
- If you do not have or do not qualify for an EMR, provide information on any work related injuries incurred in the past 3 years: _____

- OSHA Citations: Has your firm received any in the past 5 years? ☐ Yes ☐ No

5. Insurance Coverage

A Certificate of Insurance (COI), including all required endorsements and naming Kraftsman, LLC as an additional insured, must be submitted prior to final approval and authorization for work. Any on-site labor or services to be performed – requires Workers' Compensation Coverage – no exceptions. Please provide your coverage levels below for review and consideration.

Insurance Line	Your Policy Limits
Commercial General Liability	
Automobile Liability	
Excess / Umbrella Liability	
Workers' Compensation	
Professional Liability	
Pollution	

6. Project History & References

Please list your two largest completed projects within the last 3 years.

- Project 1 Name: _____
 - Address: _____
 - Contract Value: _____
 - Reference Contact Name: _____
 - Reference Contact Phone: _____
 - Reference Contact Email: _____



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- Project 2 Name: _____
 - Address: _____
 - Contract Value: _____
 - Reference Contact Name: _____
 - Reference Contact Phone: _____
 - Reference Contact Email: _____

**7. Upon approval, the following documents must be submitted before authorization for work.
Missing documents will delay authorization to begin work.**

- **Master Subcontract Agreement (MSA):** A master subcontract agreement will be sent to you for review and execution.
- **Certificate of Insurance (COI):** Kraftsman uses Illumend for insurance verification and tracking. A link will be sent to you to upload your agency provided Accord 25 Form (or its current equivalent) for all coverages, including all endorsements, waivers, and naming Kraftsman, LLC as an additional insured.
- **Form W-9:** A signed and dated copy of a current Request for Taxpayer Identification Number and Certification.
- **Contractor Licenses:** *(If applicable)* Clear copies of all applicable active state and local business licenses listed in Section 2.
- **Surety Letter:** *(If applicable)* A formal letter from your bonding company or insurance agency confirming single and aggregate bonding capacities, if required and requested.
- **OSHA Citation Explanations:** *(If applicable)* Documented explanations or resolution letters for any safety citations noted in Section 4.

8. Declaration & Authorized Signature

By signing below, I certify that all information provided in this qualification form is true, accurate, and complete to the best of my knowledge. I authorize Kraftsman, LLC to verify any references, coverages, or details provided.

Signature: _____

Authorized Representative Name: _____

Title: _____

Date: _____