

# KAUFFMAN STADIUM RENOVATION & IMPROVEMENTS CONTRACTOR QUALIFICATION STATEMENT

In order to be considered for placement on Hunt – Walton, A Joint Venture’s Contractor Qualified Bidders List, for work on the Kansas City Royals Kauffman Stadium Renovation & Improvements Project, the following information requested below must be completely filled out and returned to Hunt – Walton’s office to the attention of Mr. Patrick Delano.

## Hunt – Walton, A Joint Venture

103 Royal Way  
Kansas City, Missouri 64129  
Phone: 816/924-4088  
FAX: 816/924-6763

LEGAL COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PHONE NO: \_\_\_\_\_ FAX NO: \_\_\_\_\_

CONTACT’S E-MAIL ADDRESS: \_\_\_\_\_

TYPE OF WORK PERFORMED: \_\_\_\_\_

### I. QUALITY/EXPERIENCE

A. Please attach a complete list of ALL work in progress and work performed in the last five (5) years. Provide the following information: name of project, address, date completed or percentage complete, scope of work your company completed, your contract amount, name of architect/engineer, references (with contact name, position, company, and phone number), and other pertinent information. Start list with current work.

B. Attach a company brochure or literature.

C. List the categories of work that your company normally performs *with its own* forces:

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

D. Has your company ever failed to complete any work awarded to it? If yes, explain.

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**II. FINANCIAL CAPABILITY**

A. For working capital and current ratio, please attach a current (un-audited) and the most current audited financial statement.

B. Bonding – single project limit, aggregate limit, amounts available, bonding company, agency, and contacts (attach bonding company history and underwriter reference information):

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C. Bank reference – bank name, officer handling account and year of service:

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D. Judgments, pending claims, arbitration, and lawsuits – list all:

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**III. COMPANY ORGANIZATION/CAPACITY:**

- A. Company has been in business for \_\_\_\_\_ years.
- B. Type of Organization (corporation, partnership, individually owned, joint venture, etc.):

\_\_\_\_\_

\_\_\_\_\_

If incorporated, State of Incorporation: \_\_\_\_\_

- C. Top Management – list President and Officers: Years. in  
Industry

_____	Title	_____
_____	Title	_____
_____	Title	_____
_____	Title	_____
_____	Title	_____

- D. Home office support – list office supervisory support staff to be involved with project:

_____	Title	_____
_____	Title	_____
_____	Title	_____
_____	Title	_____

- E. Capacity of Company:

No. of current year projects _____	Volume of current year projects: _____
No. of projects in 2006: _____	Volume of projects in 2006: _____
No. of projects in 2005: _____	Volume of projects in 2005: _____
No. of projects in 2004: _____	Volume of projects in 2004: _____
No. of projects in 2003: _____	Volume of projects in 2003: _____

F. Affiliation with labor and/or trade organizations \_\_\_\_\_

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

G. Are you a Union Contractor? Y/N

If yes, with which trade unions are you signatory? \_\_\_\_\_

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

H. Missouri registration or license number (if applicable): \_\_\_\_\_

**IV. JOB ORGANIZATION/CAPABILITY**

A. Proposed supervisory project jobsite staff:

Yrs. in  
Industry

_____	Title	_____
_____	Title	_____
_____	Title	_____

B. Self-performed work – list average percentage of work self-performed (vs. subcontracted):

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

C. Field workforce:

Current field workforce \_\_\_\_\_

Average field workforce one year ago \_\_\_\_\_

Average field workforce two years ago \_\_\_\_\_

**V. SAFETY**

A. Experience modification rating:

Experience modification rating one year ago \_\_\_\_\_

Experience modification rating two years ago \_\_\_\_\_

B. Workers' Compensation Insurance: Most recent Modifier Factor \_\_\_\_\_%

C. Has your company been fined by OSHA in the past five years?

Yes \_\_\_\_\_ No \_\_\_\_\_ How often? \_\_\_\_\_

If yes, for what? \_\_\_\_\_

\_\_\_\_\_

**VI. MBE/WBE - EQUAL EMPLOYMENT**

A. Minority work force - list actual average percentage utilization for minority work force over the last three years: \_\_\_\_\_

B. Female work force - list actual average percentage utilization for female work force over the last three years: \_\_\_\_\_

C. Is your firm a certified MBE/WBE? \_\_\_\_\_

Certification (Type, Organization, State): \_\_\_\_\_

**VII. TAX INFORMATION**

A. State Sales Tax Registration Number \_\_\_\_\_ or

B. State Business Tax Number: \_\_\_\_\_

C. Federal I.D. Number: \_\_\_\_\_

The above information is true to the best of my knowledge and belief.

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_