

CARL A. NELSON & COMPANY SUBCONTRACTOR PREQUALIFICATION

FORM A (BP 1-14)

INTRODUCTION

Project Name: Van Buren County Hospital – Surgery & Outpatient Treatment Center Expansion
Project Location: Keosauqua, Iowa

Carl A. Nelson & Company is serving as Construction Manager at Risk (CMaR) for the above-referenced project. Pursuant to Iowa Code chapter 26A, this project will utilize a competitive subcontractor bidding process. Subcontractors interested in bidding must be prequalified to bid.

This prequalification process is intended to evaluate subcontractor qualifications, experience, capacity, and readiness to perform the Work.

PROJECT TEAM

Owner: Van Buren County Hospital
Architect: INVISION Architecture
Construction Manager at Risk: Carl A. Nelson & Company

PROJECT DESCRIPTION

The project includes demolition of an existing building wing, construction of a 2-story building addition totaling approximately 28,650sf, and approximately 10,150sf of renovation work inside the existing facility. The new addition will include a new surgery center containing (2) operating rooms including support space for equipment decontamination & sterile storage, infusion bays, PACUs, pre/post op rooms, treatment rooms, a USP 800 pharmacy, and a Senior Life Solutions center. The renovation work is to an adjacent, existing shell space within the facility and will include the interior build out of an administration office area, laundry, clean supplies, and IT work area. **Bid date is anticipated to be August 18, 2026. Construction in the renovation areas is anticipated to start at the end of September 2026, building demolition in February 2027, and construction of the new addition is scheduled to begin March 2027. Construction is estimated to be complete by September 2028.**

PREQUALIFICATION INSTRUCTIONS

All subcontractors wishing to be considered for bidding must:

- Complete this form in its entirety
- Provide all requested attachments (surety letter, insurance, etc.)
- Submit by the deadline indicated below

Only subcontractors that satisfy the prequalification criteria will be eligible to receive bid documents and submit bids for this project.

Submission Deadline: June 16, 2026, at 2 p.m. Central Daylight Time

Submit To: Neil Gorrell – Project Engineer

Email: ngorrell@carlanelsonco.com

Questions regarding this form should be directed to the contact listed above.

BID PACKAGE SUBJECT TO SUBCONTRACTOR PREQUALIFICATIONS

Please check the box (or boxes) for the Bid Packages that your firm is interested in prequalifying. Please make sure that your references and project examples are representative of the work you are interested in performing. You may submit additional project examples and references accordingly.

- 01 — Sitework (excavation, grading, site utilities, site demolition, erosion control)
- 02 — Building Concrete (concrete foundations and floors)
- 03 — Masonry
- 04 — Structural Steel & Miscellaneous Metals
- 05 — Millwork & Casework
- 06 — Roofing & Sheetmetal
- 07 — Metal Wall & Soffit Panels
- 08 — Studs, Drywall, Insulation
- 09 — Painting
- 10 — Doors, Frames, & Hardware
- 11 — Glass & Glazing
- 12 — Flooring & Tile
- 13 — Acoustical Tile Ceilings
- 14 — Specialties & Wall Protection

Subcontractors pre-qualifying for Bid Packages 15-17 are required to submit Prequalification Form B

- 15 — Fire Sprinkler
- 16 — Plumbing & HVAC (Bid Bond & Payment & Performance Bond Required)
- 17 — Electrical & Technology (Bid Bond & Payment & Performance Bond Required)

SECTION 1 — GENERAL COMPANY INFORMATION

1.1 Company Information

Company Name: _____
 Physical Address: _____
 Mailing Address: _____
 City / State / Zip: _____
 Phone: _____
 Fax: _____
 Primary Contact (Prequalification & Bidding): _____
 Email: _____
 Typical Project Size Range: _____

1.2 Business Type

Corporation Partnership LLC Sole Proprietor Joint Venture
 Years in business as a contractor: _____
 Years under current business name: _____
 List all other names your firm has operated during the past (10) years: _____

1.3 Operational Profile

Primary Scope(s) of Work: _____
 Secondary Scope(s) of Work: _____
 What type of work do you self-perform: _____

1.3 Operational Profile (continued from previous page)

Percentage of self-performed work: _____

Number of full-time employees (Office/Field): _____

Average superintendent / foreman experience (years): _____

SECTION 2 — LICENSES & BONDING

2.1 Surety / Bonding Capacity (Information required for all Bid Packages however Bonds are only required for the Plumbing/HVAC and Electrical/Technology Bid Packages)

Provide a letter from your surety (dated within 90 days) indicating:

- Single project bonding capacity _____

- Aggregate bonding capacity _____

Able to provide performance and payment bonds for this project? Yes No

Have you ever had a claim filed against your bond? Yes No

If yes, explain: _____

Surety Company: _____

Surety contact name: _____

Surety contact phone / email: _____

Have you attached a surety letter? Yes No

SECTION 3 — FINANCIAL & CAPACITY

3.1

Largest Completed Project (Last 3 Years)

Project Name: _____

Location: _____

Your Contract Amount: _____

Year Completed: _____

SECTION 4 — EXPERIENCE

4.1 Relevant Project Experience (List 3 of your most relevant projects for each bid package)

Project Name: _____

Location: _____

Owner Name: _____

Owner Contact (Name / Phone / Email): _____

GC / CM Name: _____

GC / CM Contact (Name / Phone / Email): _____

Project Description (overall): _____

Contractor Scope of Work: _____

Your Contract Amount: _____

Year Completed: _____

4.1 Relevant Project Experience (continued from previous page)

Project Name: _____
Location: _____
Owner Name: _____
Owner Contact (Name / Phone / Email): _____
GC / CM Name: _____
GC / CM Contact (Name / Phone / Email): _____
Project Description (overall): _____

Contractor Scope of Work: _____

Your Contract Amount: _____
Year Completed: _____

Project Name: _____
Location: _____
Owner Name: _____
Owner Contact (Name / Phone / Email): _____
GC / CM Name: _____
GC / CM Contact (Name / Phone / Email): _____
Project Description (overall): _____

Contractor Scope of Work: _____

Your Contract Amount: _____
Year Completed: _____

SECTION 5 — SAFETY & INSURANCE

5.1 Safety Training Requirements

Indicate your safety training for your field personnel and supervisors. Check all that apply and note any additional requirements.

General Training (All Field Personnel):

- OSHA 10-Hour
- OSHA 30-Hour
- First Aid / CPR
- Other: _____

Supervisors / Foremen:

- OSHA 30-Hour (required)
- Competent Person Training (as applicable)
- First Aid / CPR
- Other: _____

5.1 Safety Training Requirements (continued from previous page)

Task-Specific Training / Certifications (check all that apply):

- Hand and power tool safety / manufacturer-required training
- Heavy equipment operation
- Excavation / trenching (Competent Person)
- Scaffold erection / competent person
- Rigging / signaling
- Fall protection / competent person
- Confined space entry
- Lockout / Tagout (LOTO)
- Powder-actuated tools
- Aerial lift / MEWP operation
- Crane operation / qualification
- Silica / respiratory protection
- Other: _____

Additional requirements or company-specific training: _____

5.2 Safety Program

Current EMR: _____

Do you have a written safety program? Yes No

Do you conduct regular safety meetings? Yes No

Safety meeting frequency: _____

5.3 Insurance

Following are the minimum insurance levels required for the project. Please provide a copy of your current insurance certificate meeting the project requirements.

- o Commercial GL –
 - \$5,000,000 per occurrence,
 - \$5,000,000 general aggregate & products/completed operations aggregate,
 - \$1,000,000 personal & Adv injury
- o Auto liability – includes owned, non-owned, hired autos,
 - \$1,000,000 combined single limit
- o Worker’s compensation – statutory limit
- o Employers’ liability –
 - \$1,000,000 each accident,
 - \$1,000,000, disease each employee,
 - \$1,000,000 disease policy limit
- o Umbrella/Excess – combination of umbrella/excess and primary limits may be used to provide coverage for amounts shown
- o Owner, Architect and Carl A. Nelson & Company, its officers, directors and employees are listed as additional insured regarding the General Liability and Umbrella Liability on a Primary and non-contributory basis including ongoing and completed operations
- o Carl A. Nelson & Company, its officers, directors and employees are listed as an Additional Insured regarding Auto Liability on a Primary and non-contributory basis
- o Waiver of subrogation for General Liability, Auto and Workers Compensation in favor of Owner, Architect and Carl A. Nelson, their agents and employees

Have you attached a certificate of insurance? Yes No

SECTION 6 — RISK & LEGAL

6.1 Claims / Litigation

Has your company been involved in any claims, arbitration, or litigation within the past five (5) years?

Yes No

If yes, explain: _____

6.2 Failure to Complete Work

Has your company ever failed to complete any awarded work? Yes No

If yes, explain: _____

6.3 Liquidated Damages

Have you ever incurred liquidated damages on any project? Yes No

If yes, explain: _____

Automatic Disqualification Criteria

- Inability or unwillingness to provide required performance and payment bonds for the Plumbing/HVAC and Electrical/Technology Bid Packages
- Failure to identify at least one relevant project of similar scope, size, or complexity
- Incomplete or materially inaccurate submission
- Total score below the threshold

SECTION 7 — CERTIFICATION

I certify that the information provided is true and complete to the best of my knowledge. Incomplete or inaccurate information may result in disqualification.

Company Name: _____

Submitted By (Print): _____

Signature: _____

Title: _____

Phone: _____

Email: _____

Date: _____