

# CARL A. NELSON & COMPANY SUBCONTRACTOR PREQUALIFICATION

## FORM B (BP 15-17)

### 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](mailto: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.

**Subcontractors prequalifying for Bid Packages 1-14 are required to submit Prequalification Form A**

- 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
- 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 Licensing**

List all applicable licenses your firm possesses to perform your work: \_\_\_\_\_

\_\_\_\_\_

Has any license ever been denied or revoked?  Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

**2.2 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 Annual Revenue**

2025 Gross Revenue: \$ \_\_\_\_\_

2024 Gross Revenue: \$ \_\_\_\_\_

2023 Gross Revenue: \$ \_\_\_\_\_

**3.2 Current Workload**

Number of projects currently under contract: \_\_\_\_\_

Total current contract value: \_\_\_\_\_

Remaining value to complete: \_\_\_\_\_

Available manpower (next 90 days): \_\_\_\_\_

**3.3 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: \_\_\_\_\_

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: \_\_\_\_\_

**4.2 Current Projects (List your 3 largest projects in progress)**

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: \_\_\_\_\_

Anticipated Completion Date: \_\_\_\_\_

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: \_\_\_\_\_

Anticipated Completion Date: \_\_\_\_\_

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: \_\_\_\_\_

Anticipated Completion Date: \_\_\_\_\_

**4.3 Building Information Modeling (BIM) Experience: (This section only needs to be filled in by Fire Sprinkler, Plumbing & HVAC, and Electrical & Technology Bid Package Subcontractors)**

Has your firm participated in a project that utilized BIM?  Yes  No

Has your firm led a BIM process on a project?  Yes  No

Does your firm have qualified CAD personnel to assign to BIM coordination?  Yes  No

Provide 3 example projects that you actively participated in the BIM process

Project Name: \_\_\_\_\_

GC / CM Name: \_\_\_\_\_

GC / CM Contact (Name / Phone / Email): \_\_\_\_\_

Completion Date: \_\_\_\_\_

Project Name: \_\_\_\_\_

GC / CM Name: \_\_\_\_\_

GC / CM Contact (Name / Phone / Email): \_\_\_\_\_

Completion Date: \_\_\_\_\_

Project Name: \_\_\_\_\_

GC / CM Name: \_\_\_\_\_

GC / CM Contact (Name / Phone / Email): \_\_\_\_\_

Completion Date: \_\_\_\_\_

**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: \_\_\_\_\_

**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

**5.1 Safety Training Requirements (continued from previous page)**

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: \_\_\_\_\_