



McKinley Building Corporation
Prequalification for Bid List
 Please fax this form to Fax # 910-395-6605

NAME OF COMPANY: _____

Contact Name: _____

<u>Address:</u>	PO Box/Street	City	State	Zip Code
Mailing Address:				
Street Address:				

Phone:	
Alternate Phone:	
Cell Phone:	
Fax:	
Email:	
Website:	
Fax or Email Invitations?	

Type of Work: (Please be specific)

Major Work Category:	
Sub Categories:	

	Yes/No	What Type?
Minority Company?		

Insurance Limits: General Liability: _____
 Worker's Compensation: _____

McKinley's Minimum Insurance Requirements:

<u>Comprehensive General Liability:</u>
\$1,000,000 Each Occurrence
\$2,000,000 Aggregate
<u>Worker's Compensation and Employer's Liability:</u>
\$1,000,000 Each Accident
\$100,000 Disease-Ea. Employee
\$500,000 Disease-Policy Limit