



SUBCONTRACTOR PROFESSIONAL SERVICES PREQUALIFICATION FORM

www.COREconstruct.com

Prequalification Form will NOT be accepted unless it is completed in its entirety and signed.

Please circle the state that you are submitting your qualifications for: AZ FL IL NV TX

Business Information

Date Completed:

Company Name:
Address:
(No PO Boxes)

If corporate office, check here:
Primary Contact:
Phone: Fax:
E-Mail:
Other Branch Offices:

Design/Build Experience: Yes No
If Yes, engineering staff is: Internal External

Years in Business Under Present Name: Years
Previous Business Name or Employment if less than five (5) years:

Status: Union Non-Union
Employer Identification No.:
List of all applicable State Contractors License Numbers:

Company Type: Corporation Partnership LLC Individual
DBA Joint Venture Sole Proprietor

Work Performed / Region

List the categories or CSI sections that your organization normally performs:

Check the categories your company has experience in:
Healthcare Education K-12 Higher Education
Apartments Condos Single Family Homes
Industrial Retail Other Commercial

Geographic area and any limitations:



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Business Classification

Does your business meet a special classification: Yes No
If yes, please complete the remainder of this section & attach documentation.
Minority Owned, Woman Owned, Small Business, Disadvantaged Business, HubZone, Veteran Owned, Other1, Other2, Other3
Minority Certification Status: N/A, Self, Public, Private (Copy Required)

City: NMSDC Affiliates: (National Minority Supplier Dev. Council)
State:
Country:

Financial

Name of Bank:
Address
Contact Person: Phone:
Amount of Line of Credit \$
Company Dunn and Bradstreet number
ALL CONTRACTS OVER \$250,000.00 WILL REQUIRE FINANCIAL STATEMENTS (Audited, Reviewed or Compiled).
Average Contract Size over the last five (5) years: \$
Average annual revenue over the last five (5) years: \$

Insurance

Your company must meet CORE Construction's minimum standard insurance. Those insurance requirements are listed in detail on pages 5-8 of this Pre-Qualification form. Page 9 is our PREQUALIFICATION INSURANCE FORM. THIS FORM MUST BE COMPLETED BY YOUR INSURANCE AGENT/BROKER AND SUBMITTED WITH THE PACKET. We suggest you forward the entire insurance section to your agent/broker for review.
If you do not currently meet the requirements, your agent/broker can advise you if such coverages are available to you and what the cost of any such change would be.

Bonding (This is required on most of our projects, please carefully review and complete)

Is your company bondable? Yes No
(if N/A or not bondable, please provide explanation.)
Bonding capacity in aggregate: \$ Bonding capacity per project \$
(Current \$\$ Value required, DO NOT state unlimited)
Bonding Rate per \$1,000:
Bonding Company (Surety, not Agent):
(List complete Surety Name as it appears on the Dept. of Treasury's Listing of Approved Sureties (Department Circular 570))
Bonding Company A.M. Best Rating:
Bond Agency Contact Name: Phone:



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Past Performance

Has your organization ever failed to complete any awarded work in the last seven (7) years? Yes No
(If Yes, attach explanation)

Are there any judgments, claims, arbitration proceedings and/or suits pending against your organization or its officers in the last seven (7) years? Yes No
(If Yes, attach explanation)

Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the last seven (7) years? Yes No
(If Yes, attach explanation)

Safety

How many OSHA violations has this business incurred over the past three years? _____

What is this business' Worker's Comp EMR history for the past 3 years & the current year? Please contact your Workers' Comp Agent to verify your Comp EMR.
Current Year _____; 1 Year Ago _____; 2 Years Ago _____; 3 Years Ago _____

What is this business' OSHA recordable incident rate for the past 3 years & the current year?
(Number of recordables X 200,000 / man-hours worked)
Current Year _____; 1 Year Ago _____; 2 Years Ago _____; 3 Years Ago _____

How many fatalities has this business incurred over the past three years? _____

Does this business have a written safety policy? Yes No
(A copy will be required if selected for project)

Does your company comply with the Drug Free Work Act? Yes No

References

List Contact information for three (3) owners, general contractors, or construction managers for whom the company has worked in the past 2 years below:

Company	Contact	Phone	Email or Fax
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List Contact information for your three (3) major suppliers:

Company	Contact	Phone	Email or Fax
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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Recent Project Experience: (Additional pages may be added if needed)

1. List of Projects: (Include General Contractor, Project Name, Owner, Contract Amount, Percentage or Date Completed. Specify type of project, ie: Design-Build/Hard Bid/CM@Risk.)

Blank lines for project list 1

2. Projects with CORE (include all offices): (Include Project Name, Owner, Contract Amount, Percentage or Date Completed. Specify type of project, ie: Design-Build / Hard Bid / CM@Risk.)

Blank lines for project list 2

3. Largest Three Projects completed: (Include General Contractor, Project Name, Owner, Contract Amount, Percentage or Date Completed. Specify type of project, ie: Design-Build/Hard Bid/CM@Risk.)

Blank lines for project list 3

The undersigned certifies that the information provided herein is true and sufficiently complete so as not to be misleading.

Completed By: _____ (Print or Type) _____ (Signature)

Title: _____

Date Completed: _____

CORE Construction Services of Nevada, Inc.

PRE-CONSTRUCTION INSURANCE REQUIREMENTS

Project Name
Project Address
City, State Zip

Subcontractor **SHALL NOT COMMENCE WORK** at the site until it has obtained and provided all insurance required by the Contract Documents, and certificates of such insurance have been accepted and filed with the Contractor, Owner and Architect. The required insurance must be written by a Company licensed to do business in Nevada at the time the policy is issued and the Company must be acceptable to the Owner. All insurance policies shall remain in full force and effect throughout the contract duration.

Should you have any questions, please contact Joyce Mitchell at our office:

Office - (702) 794-0550
JoyceMitchell@COREconstructNV.com

Please provide the Contractor, Owner and Architect and any other parties in interest as Additional Insured(s) under the contract coverage, specified under Commercial General Liability; Item #3.

Owner's Information:

Owner's Name
Owner's Address
City, State Zip

Architect's Information:

Architect's Name
Architect's Address
City, State Zip

INSURANCE REQUIREMENTS:

A. Subcontractor shall obtain and submit to Contractor before any Subcontract Work is performed, certificates from the Subcontractor's insurance carriers indicating the presence of coverages and limits of liability as set forth in the Prime Contract, but in no event shall the coverages and limits be less than those specified as follows:

1. Workers' Compensation:

Coverage A. Statutory Benefits.
Coverage B. Employer's Liability.

Bodily Injury by accident	\$1,000,000 each accident
Bodily Injury by disease	\$1,000,000 policy limit
Bodily Injury by disease	\$1,000,000 each employee

Coverage must include a Waiver of Subrogation endorsement.

Where applicable, U.S. Longshore and Harbor Workers Compensation Act Endorsement shall be attached to the policy.

2. Commercial Auto Coverage:

Auto Liability limits of not less than \$1,000,000 each accident, combined Bodily Injury and Property Damage Liability insurance. Certificate to reflect coverage for "Any Auto" or "All Owned, Scheduled, Hired and Non-Owned".

If the Contract Documents require Subcontractor to remove and haul hazardous waste from the Project site, or if the Project involves such similar environmental exposure, pollution liability coverage equivalent to that provided under the ISO Pollution Liability-Broadened Coverage for Covered Autos Endorsement shall be provided, and the Motor Carrier Act Endorsement (MCS 90) shall be attached.

3. Commercial General Liability:

Each Occurrence Limit	\$1,000,000
Personal Injury/Advertising Injury Limit	\$1,000,000
Products/Completed Operations Aggregate Limit	\$2,000,000
General Aggregate Limit (other than Products/Completed Operations)	\$2,000,000

Coverage must include a Waiver of Subrogation endorsement.

Both policy forms must include:

- a) Premises and Operations coverage with no explosion, collapse or underground damage (XCU) exclusions.
- b) Products and Completed Operations coverage.
- c) Blanket contractual coverage for the indemnity/hold harmless agreements assumed in this Subcontract and in the Prime Contract. Any Employee Exclusion will be deleted.
- d) Broad Form Property Damage coverage, including completed operations or its equivalent.
- e) An endorsement naming Contractor, Owner and any other parties in interest as Additional Insured(s) under the coverage specified under Comprehensive General Liability or Commercial General Liability. The endorsement shall be on ISO forms CG2010B 11/85 or CG2026 11/85, or equivalent. Additional Insured Endorsements on both ISO forms CG2010 10/01 and CG2037 10/01 are acceptable. ISO forms CG2010A or CG2010B 10/93 and/or 3/97, or their equivalent, ARE NOT ACCEPTABLE. Any form that does not grant additional insured status for both the ongoing operations and products/completed operations coverages IS NOT ACCEPTABLE.
- f) An endorsement stating: "Such coverage as is afforded by this policy for the benefit of the additional insured(s) is primary and any other coverage maintained by such additional insured(s) shall be non-contributing with the coverage provided under this policy."
- g) Coverage on an "Occurrence" form. "**Claims Made**" and "**Modified Occurrence**" forms are not acceptable.
- h) Coverage to include general aggregate limits on a "per project" basis.

4. Excess Liability:

Umbrella Liability in excess of the above liability amounts at the following limits:

Each Occurrence	\$2,000,000
Aggregate	\$2,000,000

5. Errors & Omissions Liability

\$N/A

(Applicable if subcontractor to provide any design/engineering services as part of Subcontract Work)

6. Pollution Legal Liability

\$N/A

(Applicable as to any pollutants or hazardous waste exposures as part of Subcontract Work)

Subcontractor shall maintain insurance covering losses caused by pollution conditions that arise from the Subcontract Work. If the scope of the "Work" involves the delivery, protection, or containment of water in any manner or form whatsoever, no "mold", "fungi", "bacteria" or "water intrusion" or similar exclusion may be attached to the Subcontractor's Commercial General Liability policy. In the alternative, "mold", "fungi", "bacteria" coverage may be provided under a separate policy.

7. Other Requirements

- a) The Certificate of Insurance will expressly entitle Contractor to thirty (30) days notice prior to any insurance policy represented therein being cancelled or modified.
- b) All policies must be written by insurance companies whose rating, in the most recent Best's Rating Guide, is not less than B+ VII. All coverage forms must be acceptable to Contractor.
- c) Certificates of Insurance with the required endorsements evidencing the required coverages must be delivered to the Contractor prior to commencement of any Subcontract Work. Failure of Contractor to demand such certificate or other evidence of full compliance with these insurance requirements or failure of Contractor to identify a deficiency from evidence that is provided shall not be construed as a waiver of Subcontractor's obligation to maintain such insurance. Contractor shall have the right, but not the obligation, to prohibit Subcontractor or any of its subcontractors from entering the Project site until such certificates or other evidence that insurance has been placed in complete compliance with these requirements is received and approved by Contractor.
- d) Subcontractor shall be responsible to satisfy any deductible or self insured retention with respect to any of the coverages required by this Subcontract.
- e) Contractor reserves the right, in its sole discretion, to require higher limits of liability coverage if, in Contractor's opinion, operations by or on behalf of Subcontractor create higher than normal hazards and, to require Subcontractor to name additional parties in interest to be Additional Insureds.
- f) In the event that rental of equipment is undertaken to complete and/or perform the Subcontract Work, Subcontractor agrees that it shall be solely responsible for such rental equipment. Such responsibility shall include, but not be limited to, theft, fire, vandalism and use by unauthorized persons.
- g) If the Work involves the design, construction, fabrication, preparation, installation, application, maintenance or repair (including remodeling, service, correction, or replacement) of any "exterior insulation finish system" (EIFS) or any part thereof, or substantially similar system, the Subcontractor's CGL policy shall include no exclusions for such work. Alternatively, "EIFS" coverage may be provided under a separate policy.

B. Contractor and Subcontractor waive all rights against each other and against Owner, Architect/Engineer, separate contractors, and all other subcontractors for damages caused by fire or other perils covered by Builder's Risk or any other property insurance, except such rights as they may have to the proceeds of such insurance. Such insurance may be subject to an amount deductible from the sums otherwise payable thereunder and the burden of such deduction shall be borne by the party receiving the direct benefit of such insurance.

C. Unless otherwise provided, the Contractor shall purchase and maintain, in a company or companies lawfully authorized to do business in the jurisdiction in which the Project is located, property insurance written on a builders risk "all-risk" or equivalent policy form in the amount of the initial contract sum, plus value of subsequent contract modifications and cost of materials supplied or installed by others, comprising total value for the entire Project at the site on a replacement cost basis. This insurance shall include interests of the Owner, the Contractor, Subcontractor and its subcontractors in the Project, and shall include, without limitation, insurance against the perils of fire and physical loss or damage including, without duplication of coverage, theft, vandalism, malicious mischief, collapse, earthquake, flood, windstorm, falsework, testing and startup, temporary buildings and debris removal, including demolition occasioned by enforcement of any applicable legal requirements. Subcontractor shall bear the responsibility for the deductible for such coverage when a loss affects the Subcontract Work.

Such property insurance maintained by Contractor does not cover any tools or equipment owned or rented by Subcontractor including trailers, excavators, scaffoldings, or forms. Subcontractor is responsible for providing insurance coverage for such items

D. If the Contract Documents provide for an Owner Controlled Insurance Program (OCIP) which provides coverage for the Subcontract Work, the Subcontractor shall comply with all provisions of any such OCIP.



Pre Qualification Insurance Form

Subcontractor Name _____

The ACORD Certificate of Liability Insurance form (25-S), which is completed to attest to the scope of your insurance coverage, only summarizes the various policies listed as to the limits and coverage's provided. It does not show restrictions, exclusions, or limitations of coverage which may cause a material breach under the subcontract agreement. PLEASE HAVE YOUR INSURANCE REPRESENTATIVE MARK THIS FORM AS A SUPPLEMENT TO THE ACORD CERTIFICATE AS TO COVERAGE FOR THE EXPOSURE LISTED. COVERAGE IS DEEMED TO BE PROVIDED IF NOT EXCLUDED.

<u>GENERAL LIABILITY INSURANCE</u>			
Coverage does Include:		Yes	No
1.	A Per Project Aggregate	<input type="checkbox"/>	<input type="checkbox"/>
2.	CORE Construction and its Owner/Client as an Additional Insured as respects the ongoing and completed operations hazard (CG 20 10 10 01 & CG 20 37 10 01 edition or equivalent, All Equivalent Forms Must Be Attached)	<input type="checkbox"/>	<input type="checkbox"/>
3.	Primary & Non-Contributory wording	<input type="checkbox"/>	<input type="checkbox"/>
4.	A Subrogation Waiver	<input type="checkbox"/>	<input type="checkbox"/>
5.	Defense costs outside of limits	<input type="checkbox"/>	<input type="checkbox"/>
6.	Mold	<input type="checkbox"/>	<input type="checkbox"/>
7.	EIFS	<input type="checkbox"/>	<input type="checkbox"/>
8.	Blanket Contractual Liability	<input type="checkbox"/>	<input type="checkbox"/>
9.	Multi -Residential Exclusion:	<input type="checkbox"/>	<input type="checkbox"/>
	Single Family	<input type="checkbox"/>	<input type="checkbox"/>
	Apartments	<input type="checkbox"/>	<input type="checkbox"/>
	Condos	<input type="checkbox"/>	<input type="checkbox"/>
	Townhouses	<input type="checkbox"/>	<input type="checkbox"/>
	Dormitories	<input type="checkbox"/>	<input type="checkbox"/>
	Assisted Living Facilities	<input type="checkbox"/>	<input type="checkbox"/>
	Nursing Homes	<input type="checkbox"/>	<input type="checkbox"/>
	Hotels	<input type="checkbox"/>	<input type="checkbox"/>
Please specify any other extraordinary exclusions that have been attached to your general liability policy that restrict coverage beyond the standard ISO Commercial General Liability form (CG 0001 10 01).		a.	
		b.	
		c.	
<u>UMBRELLA (EXCESS) LIABILITY INSURANCE</u>			
Coverage does Include:		Yes	No
Your policy is "Following Form" to the insured General Liability Policy (meaning no additional exclusions that aren't already on the CGL policy).		<input type="checkbox"/>	<input type="checkbox"/>
<u>WORKERS' COMPENSATION INSURANCE</u>			
Coverage does include:		Yes	No
Waiver of Subrogation in favor of CORE Construction and Owner/Client		<input type="checkbox"/>	<input type="checkbox"/>
Signature: _____		Date: _____	
Insurance Company/Broker/Agent Name: _____			