



The following packet is required triennially of any subcontractor or vendor intending to bid or perform work with Ben M. Radcliff Contractor, Inc. (Radcliff), in order that potential subcontractors or vendors are informed of our standards, as well as compile contact information, company construction division(s), insurances, etc. required by the state, insurance companies, and/or Radcliff. Included are pertinent policies, procedures, and forms in order to help us analyze a subcontractor or vendor’s suitability for projects only, thus it is essential to return the completed packet ASAP. In order to be invited to our bidding process, it is mandatory to provide all requested information. You may attach additional paperwork, if necessary. **No work will be awarded until the packet is fully completed and approved.**

This document should not be construed to constitute a commitment or a request to perform any work.

Insurance Information

Broker: _____ Contact: _____

Phone: (____) _____ - _____ Email: _____

Prior to execution of a Subcontract Agreement and commencement of any work, you shall provide certificates of insurance (COI’s) as proof of coverage for all insurance listed below and are responsible for assuring all sub-subcontractors hired to work on a Radcliff project are properly licensed and carry these same limits of insurance.

Minimum limits of liability:

Commercial General Liability (CGL)

- \$1,000,000 Each Occurrence
- \$1,000,000 Personal & Advertising Injury Limit
- \$2,000,000 Product/Completed Ops Aggregate
- \$2,000,000 Annual or General Aggregate – Per Project

Automobile Liability

- \$1,000,000 Combined & Single Limit per Accident

Umbrella / Excess Liability

- \$1,000,000 Per Project Aggregate

Workers’ Compensation / Employer’s Liability (WC/EL)

- \$500,000 Each Accident for Bodily Injury
- \$500,000 Aggregate for Bodily Injury by Disease
- \$500,000 Each Employee for Injury by Disease

Pollution Liability (if required)

- \$1,000,000 Each Claim
- \$1,000,000 Policy Aggregate

Professional Liability (if required)

- \$2,000,000 Each Claim
- \$2,000,000 Policy Aggregate

CGL coverage shall be written on ISO Occurrence form CG 0001 0413 or a substitute form providing equivalent coverage and shall cover liability arising from premises, operations, independent contractors, products/completed operations, and personal and advertising injury. General Contractor (GC), Owner, and all other parties required of the GC shall be included as additional insureds for CGL. The additional insured endorsement shall include completed operations coverage. It shall apply as Primary and Non-contributory Insurance before any other insurance or self-insurance, including any deductible, maintained by the additional insured. Subcontractor shall maintain CGL coverage for itself and all additional insureds for the duration of the project and maintain Completed Operations coverage for itself and each additional insured for at least three (3) years after completion of Work. Business Auto coverage must include coverage for liability arising out of all owned, leased, hired, and non-owned automobiles. GC, Owner, and all other parties required of the GC shall be included as additional insureds on the auto policy. Umbrella coverage must include as additional insureds all entities as on the CGL. Where applicable, U.S. Longshore and Harbor Workers’ Compensation Act and the Maritime Coverage (to include coverage under Jones Act) Endorsements shall be attached to the WC/EL policy. Subcontractor waives all rights against Contractor, Owner, and Architect and their agents, officers, directors, and employees for recovery of damages to the extent these damages are covered by CGL, commercial umbrella liability, business auto liability, or WC/EL insurance maintained per requirements stated above. Attached to each certificate of insurance shall be a copy of the Additional Insured Endorsement that is a part of the Subcontractor’s GCL Policy. Blanket/automatic coverage is triggered by subcontract requirements.

***Note:** Specific requirements will be identified in the subcontract. (Attach a sample of your company’s COI’s)



Company Information

Company's Legal Name: _____

Subsidiaries or Previous Company Name: _____

Mailing Address: _____

Physical Address: _____

Office: (____) _____ - _____

Website: _____

Fax: (____) _____ - _____

Main Email: _____

Principals of Company (Name / Title): _____

Estimator / Cell / Email: _____

Estimator / Cell / Email: _____

Other Contact/Title/Phone/Email: _____

Structure of Company

Corporation Sole Proprietor LLC Partnership General or Limited Joint Venture

Date of Establishment: ____/____/____ State Where Established: _____ FEIN #: _____

**Attach a signed W-9*

Company Profile

Subcontractor (Furnish & Install) Subcontractor (Install Only) Supplier (Materials Only)

CSI Code(s): _____

Briefly Describe Work/Trade: _____

Preferred Project Size: (Check all that apply)

\$50,000 or below \$250,000 or below \$251,000-\$499,000 \$500,000-\$999,000 \$1,000,000 or more

Types of Projects: (Check all that apply)

Industrial Government Healthcare Schools Religious/Funeral Retail Hospitality

Office Other: _____ Other: _____

Do you sub-contract any portion of work? Yes No If yes, please list: _____

List of geographic area authorized to do work: (*Attach copy of each license*): _____

Prefer to Work: Radius _____ miles of Zip Code _____ DBE Status (*Attach Certification*): _____

Is your crew able to obtain security badges? Yes No Is your company: Union Non-Union

Construction Association Membership(s) / Certification(s): _____

Financial Information

Does company have bonding capabilities? Yes No Date of last bonded project: _____
Single Project Limit: \$ _____ Aggregate Limit: \$ _____ Cost (% or \$/1000) _____ Rating _____
Bonding Company / Address: _____
Contact / Email: _____ Phone: (____) _____ - _____
Lender's Name / Address: _____
Contact / Email: _____ Phone: (____) _____ - _____
Amount of work under contract: \$ _____ Amount not yet completed: \$ _____
Volume of work completed in the last three years: 2019: \$ _____ 2018: \$ _____ 2017: \$ _____

Safety

Workers Comp EMR for the last (3) years: Year 2019 EMR _____; Year 2018 EMR _____; Year 2017 EMR _____
**Attach copies of your EMR verifications and OSHA 300 Logs for the past three years.*
Does your company have a written Safety Program? Yes No
Does your company have an implemented drug screening policy for all employees? Yes No
Safety Company: _____ Health Professional: _____
Office: (____) _____ - _____ Direct: (____) _____ - _____ Email: _____

Legal

Has your company ever failed to complete a contract, been defaulted, had a contract terminated, or failed to meet warranty obligations? Yes (*Attach explanation*) No
Has your company or its principals ever filed bankruptcy or failed in business? Yes (*Attach explanation*) No
Has your company or its principals ever been indicted or convicted of a felony or other criminal conduct?
 Yes (*Attach explanation*) No
Has your company or its principals ever been involved in arbitration or litigation relating to a construction project?
 Yes (*Attach explanation*) No
Have any liens ever been filed against you by your subcontractors or suppliers? Yes (*Attach explanation*) No

Additional Comments

Please include any other comments about your company: _____



Trade References (List three trade/vendor references you have worked with in the last year.)

Company: _____ Address: _____

Contact: _____ Email: _____ Phone: (____)____-____

Company: _____ Address: _____

Contact: _____ Email: _____ Phone: (____)____-____

Company: _____ Address: _____

Contact: _____ Email: _____ Phone: (____)____-____

General Contractor References (List at least three G.C.'s you have worked for in the last 1-2 years.)

Company: _____ Contact / Phone: _____

Project/ Location: _____

Architect/ Engineer: _____

Scope of Work: _____

Client/Owner: _____ Contract Amount: \$_____ Completion Date: _____

Company: _____ Contact / Phone: _____

Project/ Location: _____

Architect/ Engineer: _____

Scope of Work: _____

Client/Owner: _____ Contract Amount: \$_____ Completion Date: _____

Company: _____ Contact / Phone: _____

Project/ Location: _____

Architect/ Engineer: _____

Scope of Work: _____

Client/Owner: _____ Contract Amount: \$_____ Completion Date: _____

Other Contractors Previously Worked For: _____

The undersigned, on behalf of the Subcontractor, certifies under oath that the information provided herein, including any attachment, is true and sufficiently complete so as not to be misleading.

Name / Title: _____ Signature: _____ Date: _____

*Please return completed pre-qualification form to Alise Ford – alise@benradcliff.com, estimating@benradcliff.com, or Fax to: (251) 666-7364