

Prequalification Form 01/2020

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The following packet is required biennially 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 suitableness 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 <u>fully</u> <u>completed</u> and approved.

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

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 subsubcontractors 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.

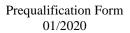
*Note: Specific requirements will be identified in the subcontract. (Attach a sample of your company's COI's)







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
\Box Corporation \Box Sole Proprietor \Box LLC \Box Partnership \Box General or Limited \Box Joint Venture
Date of Establishment:// State Where Established: FEIN #:*Attach a signed W-9
Attach a signed w-s
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)
\square \$50,000 or below \square \$250,000 or below \square \$251,000-\$499,000 \square \$500,000-\$999,000 \square \$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? \square Yes \square No \square 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? \square Yes \square No Is your company: \square Union \square Non-Union
Construction Association Membership(s) / Certification(s):

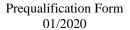




Ben M. Radcliff Contractor, Inc.

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Financial Information	
Does company have bonding capabilities? \square Yes \square	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: \$	S2018: \$2017: \$
	MR; Year <u>2018</u> EMR; Year <u>2017</u> EMR ns and OSHA 300 Logs for the past three years.
Does your company have an implemented drug screening	
	Health Professional:
	Email:
Office. (Email.
obligations? ☐ Yes (Attach explanation) ☐ No	n defaulted, had a contract terminated, or failed to meet warranty
Has your company or its principals ever filed bankruptcy	or failed in business?
Has your company or its principals ever been indicted or c \square Yes (Attach explanation) \square No	convicted of a felony or other criminal conduct?
Has your company or its principals ever been involved in a ☐ Yes (Attach explanation) ☐ No	arbitration or litigation relating to a construction project?
Have any liens ever been filed against you by your subcon	ntractors or suppliers? \square Yes (Attach explanation) \square No
Additional Comments	
Please include any other comments about your company:	
	<u> </u>





Fax to: (251) 666-7364

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Trade References (List three	e trade/vendor reference	s you have worked with in the	he last year.)
Company:	Ad	dress:	
Contact:	Email:		Phone: ()
Company:	Ad	dress:	
Contact:	Email:		Phone: ()
Company:	Ad	dress:	
Contact:	Email:		Phone: ()
General Contractor Refere	nces (List at least three	G.C.'s you have worked for	in the last 1-2 years)
		•	
Project/ Location:			
Architect/ Engineer:			
Scope of Work:			
			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 attachment, is true and sufficient			rmation provided herein, including any
		Signature:	Date:

*Please return completed pre-qualification form to Alise Ford – <u>alise@benradcliff.com</u>, <u>estimating@benradcliff.com</u>, or