

## SUBCONTRACTOR QUALIFICATION STATEMENT

*This form must be completed in full in order to be considered*

**Project Name:** \_\_\_\_\_ **Project County:** \_\_\_\_\_  
(If applicable) (If applicable)

### 1 Company Information:

Company Name \_\_\_\_\_ Number of years in business? \_\_\_\_\_  
Address \_\_\_\_\_ Previous Year Sales: \$ \_\_\_\_\_  
\_\_\_\_\_ FEIN # \_\_\_\_\_

### 2 General

Contact Name \_\_\_\_\_ Cell \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Title \_\_\_\_\_ Email (mandatory) \_\_\_\_\_

Person authorized to sign Contracts, COs and POs \_\_\_\_\_

Type of entity: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole prop  
\_\_\_\_\_ Union \_\_\_\_\_ Open Shop \_\_\_\_\_ Merit Shop

Geographic areas Company works: \_\_\_\_\_

Scopes of work Company performs: \_\_\_\_\_

### 3 Business Enterprise (Entity/Certified by):

Please check if your company has any of the following qualifications:

\_\_\_\_\_ MBE/SCOMSDC \_\_\_\_\_ DBE/DOT \_\_\_\_\_ WBE/WBENC  
\_\_\_\_\_ SBE/COC \_\_\_\_\_ Other (Specify) \_\_\_\_\_ Section 3  
Business

### 4 Ownership:

\_\_\_\_\_ Caucasian \_\_\_\_\_ African American \_\_\_\_\_ Female \_\_\_\_\_ Other (Specify)

### 5 Insurance Carriers:

Workers Comp \_\_\_\_\_ \*General Liability \_\_\_\_\_ Auto \_\_\_\_\_

*\*See attached Model's insurance requirements*

6 Can your company secure a Payment/Performance Bond? \_\_\_\_\_ Yes \_\_\_\_\_ No

### 7 Safety:

Safety Manager \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

8 Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_



EXAMPLE

JSCHWARTZ

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/22/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement.

PRODUCER, AGENT, ADDRESS, CITY, CONTACT NAME, PHONE, FAX, E-MAIL ADDRESS, INSURER(S) AFFORDING COVERAGE, NAIC #, INSURED, Insured Name and Address, INSURER B, INSURER C, INSURER D, INSURER E, INSURER F

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liability, Workers Compensation and Employers' Liability, Professional Liability, and Pollution Liability.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate holder and Owner are included as Additional Insured with respects to liability arising from work performed by the above insured per CG2010 11/85

CERTIFICATE HOLDER: Model Construction LLC, 2170 Gilbert Avenue, Cincinnati, OH 45206. CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE SIGNATURE

**ADDITIONAL REMARKS SCHEDULE**

AGENCY		NAMED INSURED Insured Name and Address	
POLICY NUMBER <b>SEE PAGE 1</b>			
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>		
		EFFECTIVE DATE: <b>SEE PAGE 1</b>	

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

**Description of Operations/Locations/Vehicles:**

Services are provided professional liability applies. If Environmental or Remediation Services are provided Pollution Liability applies (if available naming certificate holder and owner as additional insured).

# Insurance Requirements

Subcontractors shall be bound by the minimum insurance terms and general conditions and obligations, if any, as set forth in the contracts between **Model Construction LLC and Owner** with an insurance carrier having a current A.M. Best's Rating of at least A – VII. In no event, shall subcontractor provide less than the following coverage:

## A. General Liability:

Per Occurrence	\$1,000,000
Damage To Rented Premises (Per Occurrence)	\$100,000
General Aggregate	\$2,000,000
Products & Completed Operations Aggregate	\$2,000,000
Personal & Advertising Injury Limit	\$1,000,000

### Additional Requirements:

- **Model Construction LLC and Owner** are to be additional insureds on subcontractor's policy as per form CG 2010 11/85 or CG2010 10/01 and CG 2037 10/01 or using substitute forms that provide equivalent coverage.
- General Aggregate to apply on a per-project basis
- Waiver of Subrogation in favor of **Model Construction LLC and Owner**
- Subcontractor's insurance to apply on a primary and non-contributory basis as to **Model Construction LLC and Owner**
- Products & Completed Operations Insurance to be maintained for a period of two years from Project's Certificate of Occupancy date

## B. Automobile Liability:

Combined Single Limit	\$1,000,000
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### Additional Requirements:

- **Model Construction LLC and Owner** are to be additional insureds
- Subcontractor's auto liability insurance to apply to any auto, all owned, hired and non-owned
- Waiver of Subrogation in favor of **Model Construction LLC and Owner**
- Subcontractor's insurance to apply on a primary and non-contributory basis as to **Model Construction LLC and Owner**

## C. Umbrella:

Per Occurrence	\$1,000,000
Aggregate	\$1,000,000

### Additional Requirements:

- Follow form for additional insured and primary & non-contributory (or endorsed)
- Waiver of Subrogation in favor of **Model Construction LLC and Owner**

## D. Workers Compensation:

Workers' Comp and Employer's Liability is required for the state the project is located

State	Statutory Limits
Employers Liability (or Ohio Stop Gap if project is in Ohio)	
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

## E. Professional Liability: (If Design or Engineering Services are provided)

Each Claim	\$1,000,000
Total Limit	\$1,000,000
Maximum Deductible	\$100,000

### Additional Requirements:

- The General Aggregate shall be Project Specific
- The Insurance shall contain prior acts coverage sufficient to cover all of the Subcontractor's Work rendered by Subcontractor or its Designer(s)
- The Insurance shall be continued in effect with an extended period of two (2) years following final payment to Subcontractor and the deductible shall be paid by Subcontractor or Designer(s)

## F. Pollution Liability: (If Environmental or Remediation Services are provided)

Each Claim	\$1,000,000
Total Limit	\$1,000,000
Maximum Deductible	\$100,000

### Additional Requirements:

- If reasonably available, name additional insureds as required under CGL

## G. Certificates of Insurance:

Subcontractor shall provide a Certificate of Insurance that complies with the insurance requirements noted above. Such certificate of insurance shall state that insurer WILL provide no less than 30 days notice for any cancellation or reduction in coverage. Such certificate shall also designate **Model Construction LLC and Owner** as additional insureds and **Model Construction LLC** as the certificate holder.