

## 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

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

xx/xx/xxxx

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. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**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. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER  AGENT ADDRESS CITY	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : A-RATED CARRIER OR BETTER		
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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	X	POLICY NUMBER	xx/xx/xx	xx/xx/xx	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 ELECTRONIC DATA LIAB \$ 100,000.00
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS	X	X	POLICY NUMBER	xx/xx/xx	xx/xx/xx	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED RETENTION \$	X	X	POLICY NUMBER	xx/xx/xx	xx/xx/xx	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ \$
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	OH STOP GAP OR WC/EMPLOYERS LIAB	xx/xx/xx	xx/xx/xx	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	PROFESSIONAL (IF REQUIRED)	X		POLICY NUMBER	xx/xx/xx	xx/xx/xx	\$1,000,000.00/\$2,000,000.00
D	POLLUTION LIAB (IF REQ'D)	X		POLICY NUMBER	xx/xx/xx	xx/xx/xx	\$1,000,000.00/\$2,000,000.00

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 a combination of forms CG2010 04/13 and CG 2037 04/13 (or equivalent forms) for Ongoing and Completed Operations. Certificate Holder and Owner are Additional Insured on Auto Liability Coverage. Waiver of Subrogation applies in favor of the Additional Insured and Owner on General Liability, Automobile and Umbrella policies. Insurance is Primary and Non-Contributory in favor of the Additional Insured and Owner on General, Automobile and Umbrella Liability policies. Umbrella coverage is endorsed to meet above requirements or is follow form. The per project aggregate applies per form CG2503 or its equivalent. This applies to all projects. 30 days notice of cancellation or reduction in coverage to the Additional Insured and Owner, except 10 days notice for non-payment of premium, applies. Worker's Comp coverage applies to Project location state. Employers Liability included within Worker's Comp or Stop Gap is added to the General Liability. SEE ATTACHED ACORD 101 Page 2 of 2

### CERTIFICATE HOLDER

### CANCELLATION

Model Construction LLC 1826 Race Street Cincinnati, OH 45202	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  <b>SIGNATURE</b>



AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_

**ADDITIONAL REMARKS SCHEDULE**Page 2 of 2

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:**

**Professional Liability/Contractor's E & O - When Applicable for any sub providing architectural, engineering, surveying, construction management, design build and design assist scope of work.**

**\$1,000,000 Liability  
\$2,000,000 Aggregate**

**Contractor's Pollution Liability -When Applicable for all building envelope, fire suppression, mechanical, plumbing, site work, and environmental/abatement/remediation contractors. Coverage must include Lead, Silica, EFIS, Mold/Bacteria/Virus, Asbestos & ISO definition of pollutants.**

**\$1,000,000 Each Accident  
\$2,000,000 Aggregate**

# Insurance Requirements

Subcontractors/Suppliers shall provide no less than the following coverage:

## A. General Liability:

Per Occurrence	\$1,000,000.00
Damage To Rented Premises (Per Occurrence)	\$100,000.00
General Aggregate	\$2,000,000.00
Products & Completed Operations Aggregate	\$2,000,000.00
Personal & Advertising Injury Limit	\$1,000,000.00
Electronic Data Liability	\$100,000.00

### Additional Requirements:

- **Model Construction LLC and Owner** are to be additional insureds on subcontractor's policy as per a combination of forms CG 2010 04/13 and CG 2037 04/13 (or equivalent forms).
- 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:

As required by applicable state law for the location of the project for all employees to be engaged in work at the site. Additionally, Jones Act, USL&H (Longshoremen & Harbor Workers) and FELA (Federal Employers Labor Act) endorsements shall be included where applicable. Subcontractor shall also obtain Employer's Liability coverage (with a Stop Gap Endorsement if the project is located in the state of Ohio) with limits as set forth below:

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/Contractor's E & O:

When any architectural, engineering, surveying, construction management, design build and design assist services are part of the subcontractor's or any sub-subcontractor's scope of work. Policy shall be effective before work begins on project and include coverage for subcontractor and their architects, engineers, designers, and their consultants. Furthermore, deductibles in excess of \$50,000 shall require written approval prior to commencement of work.

\$1,000,000 Liability  
\$2,000,000 Aggregate

## F. Contractor's Pollution Liability:

When subcontractor's work includes any building envelope, fire suppression, mechanical, plumbing, site work and environmental/abatement/remediation work. Coverage must include Lead, Silica, EFIS, Mold/Bacteria/Virus, Asbestos & ISO definition of pollutants. Deductibles in excess of \$50,000 shall require written approval prior to commencement of work.

\$1,000,000 Each Accident  
\$2,000,000 Aggregate

## 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 day 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.