

SUBCONTRACTOR PREQUALIFICATION FORM

All subcontractors are required to complete this questionnaire. The contents will be considered

provided will not be disclosed to project staff.		
General Information: Please complete the formation in the property of the	_	
Address:		
City, State, Zip:		
Office Phone:O	Office Fax:	
Company Contact Name:		
Company Contact Email:		
Company Contact Mobile (optional):		
Estimating Contact Name:		
Estimating Contact Email:		
Estimating Contact Mobile (optional):		
FEIN #:		
MBE #: W	/BE #:	
2. Bonding Agent: Name:		
Address:		
City, State, Zip:		
Phone:		
Company:		-
Bonding Company:		-



5.

southwaybuilders.com

perform your services:			
Type of License/Name on License	State	License Number	·
MBE:			
WBE:			
C Corporation S C Partnership Sol Limited Liability Company		r	
Date Founded:			
Corporate Officers (President, Treasurer, Secret			
Name:			
Title:			
Name:			
Title:			
Name:			
Title:			
Work Classifications:			
Wage Scale Work (check one):			
Perform wage scale work only	у		
Do not perform wage scale w	ork		
Both wage scale and non-wag	ge scale wor	k	



6.	Work Experience: List the categories of work your company performs v	vith its own forces:	
7.	Claims & Suits: If the answer to any of the questions sheet of paper:	s below is yes, please attach det	ails on a separate
	Has your organization ever failed to complete a work	c awarded to it?	Yes No
	Are there any judgments, claims, arbitration proceed organization or its officers within the past five (5) years		nding against your
	Has your organization filed any law suits or requeste within the last 5 years?	d arbitration with regard to con	struction contracts
	Within the last five (5) years, has any officer or princ principal of another organization when it failed to co	•	
8.	Does your organization have a safety program? If yes, please attach the Table of Contents from t	he program description.	Yes No
	EMR Rating for the past three (3) years: Year:_	Year: Year	:
9.	Completed Projects:		
	List major construction projects your company has in	n progress:	
(1)	Project:	Owner:	
	Project Contact:	Architect:	
	Contract Amount:	Completion Date:	
(2)	Project:	Owner:	
	Project Contact:	Architect:	



Contract Amount:	Completion Date:
(3) Project:	Owner:
Project Contact:	Architect:
Contract Amount:	Completion Date:
State average annual amount of construction	on work performed during the past five (5) years:
10. References:	
(1) Project Name:	
Contact Name:	
Contact Number:	
Contact Email:	
(2) Project Name: Contact Name: Contact Number: Contact Email:	
(3) Project Name:	
Contact Name:	
Contact Number:	
Contact Email:	

11. Trades – please choose all applicable trades from the attached list.



12.	Req	uire	ed A	۱tta	ch	me	ents:
-----	-----	------	------	------	----	----	-------

Letter from bonding company stating bonding capacity, if applicable Certificate of Insurance

The undersigned hereby certifies that he/she is authorized to execute this document on behalf of said firm and that the statement(s) contained herein are true:

Signature:	 		
Printed Name			

Southway Builders, Inc

ATTACHMENT B

Insurance Requirements Master Subcontract Agreement All Projects

1. Coverage should be written on standard ISO forms or its equivalent. Carriers should be AM Best rated "A" or better.

2. Worker's Compensatio

4.	worker's compensation	
	a. State or District of Project Location	Statutory
	b. Employer's Liability Including Board	\$500,000 Each Incident
	Form and Voluntary Compensation	\$500,000 Disease, per Employee
		\$500,000 Disease Policy Limit
3.	Contractor's Liability Insurance including	\$2,000,000 Products/Completed
	Contractual Liability in the form of Comprehensive	Operations Aggregate
	General Liability – per project aggregate	\$2,000,000 Annual Aggregate
	3 1 1 3 GC C	\$1,000,000 per Occurrence
4.	Automobile Liability (Owned, Non-Owned, Leased, or Hired)	\$1,000,000 per Occurrence
5.	Umbrella Excess Liability	\$1,000,000 Aggregate

Notes:

1. Southway Builders, Inc. shall be added as an Additional Insured on General Liability, Auto Liability, and Umbrella policies. The additional insured provision for General Liability will include the ISO CG 2010 11 85 or its equivalent.

\$1,000,000 per Occurrence

- 2. Project Name and Project number must be noted on the certificate of insurance or it must state "All Operations for Southway Builders, Inc"
- 3. Only the original certificate of insured will be accepted.
- 4. Subcontractor may not commence work on site until Subcontractor's certificate of insurance is received by Southway Builders, Inc e.
- 5. Cancellation clause shall not be less than thirty (30) days. Policies may not be cancelled without proof of adequate substitution prior to cancellation.
- 6. If the Umbrella coverage contains a General Aggregate Limit, such General Aggregate Limit shall apply separately to each project.
- 7. Umbrella coverage for such additional insured's shall apply as primary before any other insurance or self-insurance, including any deductible, maintained by, or provided to, the additional insured other than the Comprehensive General Liability, Automobile Liability, and Employer's Liability maintained by the Subcontractor.
- 8. 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 commercial general liability, commercial umbrella liability, automobile liability or workers compensation and employers liability insurance maintained per requirements stated above.
- 9. With reference to General Liability coverage, there will be no exclusions or limitations with regard to contractual liability, damage to your work, or XCU. There will be no exclusions for EIFS, if you are an EIFS subcontractor, or exclusions for residential construction (pertaining to all).

trade codes your company performs	Company Name:
01 32 23 - Survey and Layout	07 42 13 - Metal Wall Panel
01 35 53 - Security Guards & Equipment	07 42 63 - Fabrication Wall Panel Assembly
01 45 23 - Testing & Inspections	07 46 00 - Siding
01 52 00 - Construction Facilities	07 60 00 - Sheet Metal Flashing And Trim
01 56 00 - Temporary Barriers And Enclosures	07 50 00 - Membrane Roofing
01 57 16 - Temporary Pest Controls	07 72 00 - Roof Accessories
01 74 00 - Cleaning	07 81 00 - Applied Fireproofing
01 74 19 - Waste Management & Disposal	07 84 00 - Firestopping
02 41 00 - Demolition	07 92 00 - Joint Sealant
02 50 00 - Site Remediation	08 01 52:91 - Window Restoration
02 82 00 - Asbestos Remediation	08 11 00 - Metal Doors And Frame
02 83 00 - Lead Remediation	08 13 73 - Sliding Metal Doors And Grille
02 85 00 - Mold Remediation	08 14 00 - Wood Doors
03 00 00 - Concrete Work	08 16 00 - Composite Doors
03 01 00 - Maintenance of Concrete	08 31 16 - Access Panels & Frames
03 35 43 - Polished Concrete	08 33 00 - Coiling Doors And Grille
03 40 00 - Precast Concrete	08 41 00 - Entrances and Storefront
03 48 00 - Precast Specialties	
03 54 00 - Cementitious Underlayment	08 44 00 - Curtainwall 08 51 13 - Aluminum Window
03 80 00 - Concrete Drilling And Sawcutting	
04 00 00 - Masonry	
	•
04 01 20:52 - Masonry Cleaning	08 60 00 - Skylight 08 71 00 - Door Hardware
04 01 20:91 - Masonry Restoration	
04 43 00 - Stone Masonry	08 80 00 - Glazing
05 05 23 - Metal Fastening 05 10 00 - Structural Steel	08 90 00 - Louvers and Vents 09 01 60:91 - Floor Restoration
	09 01 60:91 - Floor Restoration 09 21 13 - Plaster Assemblies
05 30 00 - Metal Decking	
05 40 00 - Cold-formed Metal Framing	09 21 16 - Gypsum Board Assemblies 09 24 23 - Stucco
05 50 00 - Metal Fabrications	09 24 23 - Stucco
05 70 00 - Decorative Metal	00 F1 00 Assurbigal Callings
06 00 01 - Lumber Supplier	09 51 00 - Acoustical Ceilings
06 10 00 - Rough Carpentry	09 60 13 - Acoustic Underlayment
06 11 00 - Wood Framing	09 64 00 - Wood Flooring
06 13 26 - Wood Trusses	09 65 00 - Resilient Flooring
06 16 00 - Sheathing	09 66 00 - Terrazzo Flooring
06 17 53 - Wood Trusses	09 67 00 - Fluid Applied Floor Coating
06 20 00 - Finish Carpentry	09 68 00 - Carpet
06 22 00 - Millwork	09 72 00 - Wall Coverings
06 48 00 - Wood Door Frames	09 80 00 - Acoustic Treatment
06 78 00 - Exterior Wood Decking	09 91 00 - Painting
07 10 00 - Dampproofing And Waterproofing	09 97 00 - Special Coatings
07 19 00 - Water Repellents	10 11 00 - Visual Display Boards
07 21 00 - Thermal Insulation	10 14 00 - Signage
07 21 29 - Sprayed Insulation	10 21 00 - Compartments And Cubicle
07 22 00 - Roof & Deck Insulation	10 21 13 - Toilet Compartments
07 24 00 - Exterior Insulation & Finish (EIFS)	10 22 00 - Operable Partition
07 27 00 - Air Barrier	10 28 00 - Toilet, Bath And Laundry Accessories
07 31 00 - Shingle Roofing	10 28 19 - Shower & Tub Enclosures
07 33 00 - Natural Roof Coverings	10 26 00 - Wall and Door Protection

33 71 00 - Electrical Utility Distribution

41 22 00 - Hoist and Cranes

22 00 00 - Plumbing

___ 23 08 00 - HVAC Commissioning

__ 23 00 00 - HVAC