

SUBCONTRACTOR’S PRE-QUALIFICATION WORKSHEET

Date: _____

Legal Business Name _____

Street Address _____

City: _____ State: _____ Zip: _____

Principal Contact: _____ Contact Email: _____

Phone: _____ Fax _____

Company Website _____ Year Business Started _____

Employees _____ Federal EIN# _____

Owner Name: _____ Cell: _____ Email: _____

Primary Contact Name: _____ Cell: _____ Email: _____

Estimating Contact Name: _____ Cell: _____ Email: _____

Accounting Contact: _____ Cell: _____ Email: _____

Has your Company (or Entities inclusive of Branch, Field, Satellite Offices, etc.) failed to complete an awarded project or been terminated for cause? Yes No

Does your company have any judgments, claims arbitrations, lawsuits or liens currently against your Organization? Yes No

If yes, please explain below:

Licenses: Please provide License information where your company is legally qualified to work.

State	License #	Expiration Date:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. **Trade Categories:** List categories of work you are qualified to perform:

2. **Geographic Area of Work:** Please check only locations in which you want to bid:

- Florida North Carolina South Carolina
 Texas Arizona Tennessee Other _____

3. **Project Types:** Please check the type and size of building projects your company has completed.

- | | | | | | |
|--------------------------|---------------------|--------------------------|-----------------------|--------------------------|----------------------------|
| <input type="checkbox"/> | Multi- Family | <input type="checkbox"/> | Industrial Bldg. | <input type="checkbox"/> | Commercial |
| <input type="checkbox"/> | Student Housing | <input type="checkbox"/> | Assisted Living | <input type="checkbox"/> | Design Build/Design Assist |
| <input type="checkbox"/> | Clubhouse / Resorts | <input type="checkbox"/> | Mid-Rise Multi Family | <input type="checkbox"/> | Retail |
| <input type="checkbox"/> | Hotels | <input type="checkbox"/> | Other | <input type="checkbox"/> | Other |

Preferred Project Size: Up to \$250K Up to \$500K Up to \$1M Up to \$5M Up to \$5M+

4. **Has your company had experience with LEED projects?** Yes No

5. **Performance Reference:** Provide a minimum of five recently completed jobs with five Different General Contractors, Contact Names and corresponding references for the above selected project types. Additional job list and company brochure appreciated.

Project	Year	General Contractor & Contact Name	Telephone Number	Email Address	Subcontract Value

6. **Annual Volume:** What was the average annual volume of work completed in the last three years as well as next year's forecast? (Forecast Volume).

\$ _____ \$ _____ \$ _____ \$ _____
Forecast Volume

7. **Bonding Company and Agent's Name & Telephone (if supplier – N/A):**

Bonding Company: _____

Agent: _____ Phone: _____

Please enter your company's bonding limits:

Date of last Bond: _____ Amount: \$ _____ Bond Rate _____ %

Bonding Capacity: \$ _____ per job \$ _____ Aggregate

8. Is your company a certified: MBE WBE DBE VBE SBE Native American N/A

Provide number of: Office Personnel: _____ Field Supervisors: _____ Avg Field Labor: _____

9. List the name of title of the Company's Principals:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

10. Safety Program: In the past 5 years, has your company had any fatalities, falls over 10', or been cited by OSHA for a "serious" or "willful" violation? **Yes** **No**

If yes to any of these, please attach a brief description of each occurrence.

11. Worker's Compensation: Please list your Worker's Compensation Modifier or EMR for the last 3 years.

Yr./Rate: _____ Yr./Rate: _____ Yr./Rate: _____

What is your limit to Worker's Compensation? _____ (Attached Worker's Compensation Certificate).

12. What is your limit to General Liability Insurance? _____ (Attach General Liability Insurance Certificate).

13. What is your limit to Auto Liability Insurance? _____ (Attach Automobile Liability Insurance Certificate).

14. Financial Reference: Working Capital Ratio (1:1) _____ Profitability (in a %) _____

Returns on Assets Ratio (in a %) _____

- 15. Please attach latest Financial Statement, preferably audited, including latest Balance Sheet and Income Statement.
- 16. Provide an up to date, signed W9
- 17. Provide a sample Certificate of Insurance showing that you meet our requirements

Thank you for your interest in Epoch Residential. Please return this form and all attachments to the office listed below.

*Laura Teague, Construction
Administrator*

*Epoch Residential
359 Carolina Avenue
Winter Park, FL 32789-3145*

Email: laura@epochresidential.com

Completed By:

Print Name	Title	Date
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*Signature: _____

*This form must be signed by an officer or member

Insurance Requirements

1. The Company named on the Insurance Certificate MUST BE EXACTLY the same as the Company name on the Contract.
2. NAIC # is to be provided for each Insurer, and Insurer must be acceptable to Contractor.
3. Workers Compensation requirement is the statutory limits.
4. Employer's Liability Insurance:
 - A. Bodily Injury each accident – not less than One Million Dollars (\$1,000,000).
 - B. Bodily Injury/disease each employee – not less than One Million Dollars (\$1,000,000)
 - C. Bodily Injury/disease policy limit – not less than One Million Dollars (\$1,000,000)
5. Commercial General Liability – not less than One Million Dollars (\$1,000,000).
 - A. Provision that the policy covers any damage or injury suffered as a result of defective work by Subcontractor or Sub-Subcontractor even if damage or accident occurs after policy expiration.
6. Automobile Insurance – Hired and Non-Owned requirement is a minimum of \$1,000,000. *If not covered under commercial general liability insurance.*
7. Umbrella policy requirement is \$2,000,000 per occurrence. No habitational exclusions.
8. Description of Operations section must reference the Project Name and must be EXACTLY as it is typed:

9. _____ must be listed as Certificate Holder.
10. _____ must be listed as "Additional Insured" on General Liability and Excess / Umbrella policies for all **Subcontract and Work Order Agreements**. Not required on Purchase Order Agreements.
11. THIS WILL BE SPECIFIC TO A PARTICULAR PROJECT (Owner) must be named as "Additional Insured". Not required on Purchase Order Agreements.
12. If your policy provides coverage of Blanket Additional Insured's, provide a copy of that portion of your policy. However, if this Blanket Additional Insured coverage is not a part of your policy, provide an Endorsement providing for the coverage required in items 5 through 12 above.
13. General Liability and Workers Comp. Policy endorsements waiving subrogation of claims against Contractor, Architect, Owner, other subcontractors and their agents or employees.
14. Policy number required – not "Binder".
15. Valid expiration date.
16. "Cancellation Clause" must strike (XXX) wording "endeavor to" and must show a minimum of thirty (30) days written notice of cancellation.
17. Original signature is required on Certificate – or fax / email must come from Insurance Company directly.

Please Note: Epoch Properties, Inc. must have original Insurance Certificate(s) complying with the above requirements **prior** to Subcontractor's start of work. If you are on the site at all you are required to provide proof of insurance. Please have your Insurance Company Email the certificate directly to Laura@epochresidential.com, then mail the originals Attention: Accounting Thank you.