



SUBCONTRACTOR PRE-QUALIFICATION PACKAGE

Date: _____

Company: _____

Address: _____

City, State, Zip: _____

Name(s) of Principal(s): _____

Telephone Number: _____ Fax Number: _____

Estimator Name(s): _____ Email _____

In Business Since (Under this Name): _____ Union Circle One Non-Union Supplier

Type of Company (check one): Corporation ____ Partnership ____ Proprietorship ____

Federal Identification No. / Tax Identification No. (W-9): _____

Contractor's License No. & Classification: _____ License Exp. Date _____

*****SEND A COPY OF YOUR CONTRACTOR'S LICENSE WITH PRE-QUALIFICATION STATEMENT*****

Number of Current Employees: Office: _____ Field: _____

Annual Volume Past 5 Years: _____

Dollar Range of Contracts You Prefer: Minimum: \$ _____ Maximum: \$ _____

Current Backlog: \$ _____

Bonding Capacity: \$ _____ Surety Name: _____ Agent: _____

Attach a letter of good standings from your bonding company

Bank Reference & Contact: _____

Attach a copy of your current financial statements



Workers Comp Experience Modification Rate (EMR):

Circle the Following

OSHA Violation (past 5 years)?	Yes	No
Ever Failed to Complete a Project:	Yes	No
Had Litigation (past 5 years)?	Yes	No

If yes, to any of the above three (3) questions, provide details.

Has your company ever performed work under a different company name? _____
If yes, please list the company name(s): _____

REFERENCES

General Contractors

- 1) Name: _____
Address: _____
Contact: _____ Email: _____
Phone: _____ Fax: _____

- 2) Name: _____
Address: _____
Contact: _____ Email: _____
Phone: _____ Fax: _____

- 3) Name: _____
Address: _____
Contact: _____ Email: _____
Phone: _____ Fax: _____

Major Suppliers

- 1) Name: _____
Address: _____
Contact: _____ Email: _____
Phone: _____ Fax: _____

- 2) Name: _____
Address: _____
Contact: _____ Email: _____
Phone: _____ Fax: _____

- 3) Name: _____
Address: _____
Contact: _____ Email: _____
Phone: _____ Fax: _____



Subcontractor Minimum Insurance Requirements

- I. Commercial General Liability
The following minimum limits apply:
 - \$2,000,000 General Aggregate
 - \$2,000,000 Products/Completed Operations Aggregate
 - \$1,000,000 Personal Injury Liability
 - \$1,000,000 Each Occurrence (combined single limit for bodily injury & property damage)
 - \$50,000 Fire Damage
 - \$5,000 Medical Expense

- II. Automobile Liability
The following minimum limits:
 - \$1,000,000 Each occurrence (combined single limit for bodily injury & property damage)

- III. Umbrella or Excess Liability
The following minimum limits:
 - \$1,000,000 Each Occurrence
 - \$1,000,000 Aggregate

- IV. Workers Compensation and Employers Liability
The following minimum limits:
 - \$1,000,000 each Accident (bodily injury by accident)
 - \$1,000,000 Policy Limit (bodily injury by disease)
 - \$1,000,000 Each Employee (bodily injury by disease)

Rating

All insurers shall have a minimum A.M. Best's rating of A VII and be admitted in California.

All Certificates must be in our office prior to commencement of work. Failure to supply the required insurance coverage will necessitate removal of the subcontractor from the jobsite, and withholding any payments due.



SUBCONTRACTOR MINIMUM INSURANCE REQUIREMENTS AGREEMENT

_____ (Subcontractor Name) can and will meet all of the preceding and attached minimum insurance requirements as identified on pages 3 and 4 of the Pre-Qualification package. Further, Certificates of Insurance will be forwarded, on a job specific basis, for each project that we are awarded.

Date

Signature

Name and Title (Owner/Representative)

- OR -

_____ (Subcontractor Name) cannot meet ALL of the preceding and attached minimum insurance requirements as identified, however, in the space provided below we have identified and stated our insurance limits/deficiencies and would like to be considered based upon these limits:

1. Commercial General Liability: _____
2. Automobile Liability: _____
3. Umbrella or Excess Liability: _____
4. Worker's Compensation: _____
5. Errors and Omissions Insurance: _____
(Required for all Design Build and Fire Sprinkler Subcontractors)

Date

Signature

Name and Title (Owner/Representative)

In the event that your company cannot meet ALL of our Insurance requirements, please be certain to identify and list your deficiencies (\$ Limits) above. Based upon those limits, JW Smart Construction will evaluate and determine if your insurance is acceptable.



Jobsite Policy

The following provisions are incorporated into the Subcontractor Agreement, executed by the parties hereto. It is the policy of JW Smart Construction Co., Inc. to provide a safe work environment for both workers and tenants. The utmost courtesy will be extended to the tenants and building staff. The jobsite will be left clean and organized each day. It is the duty of each and every worker to obey all company safety and common decency rules, along with current OSHA standards. Listed below are some general safety rules and company policies that each worker should follow:

1. A clean place is a safe place. Keep your assigned area clean by adopting a "pick up as you go" method. Remember that safety rules are for your own protection and the protection of others.
2. Smoking is not permitted on the job.
3. Radios are not allowed on the job.
4. Anyone known to be under the influence of intoxicating liquor or drugs will not be allowed on the job and are subject to discipline.
5. No one will be permitted on the jobsite who has in his or her possession firearms, ammunition or articles of a similar nature.
6. Horseplay and practical jokes are forbidden.
7. Each worker is required to wear personal protection devices, including eye protection.
8. Shorts, tank tops, shirts with obscene or suggestive language will not be permitted on the jobsite.
9. Workers are to park in designated areas only.
10. Building access will vary from job to job, but workers should use delivery entrances whenever possible.
11. Material deliveries are prohibited during high traffic hours.
12. Limit elevator use to freight elevators whenever possible.
13. Use designated restrooms only. Leave restrooms neat and clean.
14. All injuries, no matter how minor, must be reported to management immediately.
15. All workers should familiarize themselves with the location of first aid equipment.
16. Each employee is expected to be responsible for his own safety and at the same time exercise care in avoiding injury to his fellow workers and others.
17. Be sure that all tools are maintained in a good state of repair.
18. Do not use equipment or machinery that has defective safety devices.
19. Do not use equipment or tools that do not belong to you.
20. All building areas are to be kept clean at all times. NO EXCEPTIONS.

I understand and agree to abide by this policy.

SUBCONTRACTOR (Company Name)

By: _____
Signature

(Print Name & Title)