



SUBCONTRACTOR QUALIFICATION FORM

Please TYPE or print in all blanks accurately, provide attachments and e-mail to:

RJ Ryan Construction
E-MAIL: info@rjryan.com

Note: RJ Ryan Construction requires pre-qualification of all trade contractors. The complete submittal of this form is required but does not guarantee being added to the bid list. Incomplete information may result in the trade contractor not being invited to bid without further notice.

1. **GENERAL** DATE: _____

1.1 Legal Business Name: _____

Address: _____

Other Business Names you have operated under in the last 5 years: _____

Phone: _____ Website: _____

Fax: _____ Email / Contact: _____

1.2 Scope of Work performed: _____

1.3 President or CEO: _____

Years in business under present name: _____

Total office staff: _____ Work in place last year: \$ _____

Total field staff: _____ Total bonding capacity: \$ _____

% self-performed work: _____ Value of work currently bonded: \$ _____

Avg. annual sales last three years: _____ Insurance company: _____

Is firm in compliance with EEO*? ____ Yes ____ No

Phone number: _____

Is firm certified as MBE*? ____ WBE*? ____

Work force is: Union? ____ Merit Shop? ____

The attached sample Insurance Rider designates the required insurance coverages. Each contractor and their subcontractor(s) must be able to provide this certificate if awarded a contract.

* EEO – Equal Employment Opportunity

MBE – Minority Business Enterprise

WBE – Women Business Enterprise

Has firm: Failed to complete a contract? ____ Been involved in bankruptcy reorganization? ____
Had pending judgments, claims or suits against firm? ____ (If yes to any of the preceding statements submit details on a separate sheet.)

- 1.4 List four most significant projects completed in the last five years (use separate sheet if needed):

<u>Project & Location</u>	<u>Owner</u>	<u>Contract Amount</u>	<u>Date Completed</u>	<u>Reference Contact / Phone</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- 1.5 List most significant projects currently under construction (use separate sheet if needed):

<u>Project & Location</u>	<u>Owner</u>	<u>Contract Amount</u>	<u>Date Completed</u>	<u>Reference Contact / Phone</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- 1.6 Is firm qualified to do business in the state where the project is located ____ Yes ____ No

2. **FINANCING**

2.1 A. Name, address, telephone number of Bonding Agent (if applicable): _____

B. Bank references, addresses, telephone numbers and persons to contact: _____

3. **HEALTH AND SAFETY**

3.1 Does the company have a written safety program? _____ Yes _____ No

3.2 Complete the below listed items regarding Worker's Compensation Insurance Premiums.

a. Experience Modification Rate (EMR) _____ (obtain information from your agent)

SIGNATURE

I hereby certify that to the best of my knowledge the above information is true and correct, and I hereby can meet the insurance requirements represented by the attached example.

By: _____

Title: _____

Project: _____

Subcontractor shall obtain insurance with limits **no less than those** specified below (coverage is required on checked items.)

Type of Insurance		Limits of Liability	
<input checked="" type="checkbox"/>	Commercial General Liability	ISO form CG 00 01 04 13 edition or its equivalent	
	Occurrence Form	Bodily Injury/Property Damage	
	Premises/Operations	Each Occurrence	\$1,000,000
	Products/Completed Operations	General Aggregate (per project)	\$2,000,000
	Contractual Liability	Products Comp/OPS Aggregate	\$2,000,000
	Independent Contractors	Personal & Advertising Injury	\$1,000,000
	Explosion/Collapse/Underground Coverage (XCU)		
	General Aggregate applies per Project		
<input checked="" type="checkbox"/>	Automobile	ISO form CA 00 01 04 13 edition or its equivalent	
	Any Automobile	Bodily Injury/Property Damage (CSL)	
	Hired Automobiles	MCS 90 (if required)	
	Non-Owned Automobiles	limits required by law	
<input checked="" type="checkbox"/>	Umbrella Liability		
		Each Occurrence	\$5,000,000
		Aggregate	\$5,000,000
<input checked="" type="checkbox"/>	Worker's Compensation and Employers Liability		
	Must extend to every Employee, including Owners	Coverage "A"	Statutory
		Coverage "B"	Each Accident \$1,000,000
			Disease – Policy Limit \$1,000,000
			Disease – Each Employee \$1,000,000
<input type="checkbox"/>	Pollution Liability		
	To include non-owned disposal site & 3 rd party transportation coverage.	Each Occurrence	\$2,000,000
	If Policy is Claims Made, effective date must be prior to start of work, and kept in place for at least 2 years after completion of work		
<input type="checkbox"/>	Professional Liability		
	Effective date must be prior to start of work and kept in place for at least 2 years after completion of work.	Each Claim Made	\$1,000,000

The Commercial General Liability, Automobile Liability, Umbrella Liability and Pollution Liability (when required) coverage must include Contractor, the Owner and others as required in the Contract Documents, as ADDITIONAL INSURED ("Additional Insureds"). The insurance policy(ies) to which this Additional Insured endorsement is added, whether primary, excess or umbrella, shall apply on a primary basis for the Additional Insureds, and the Additional Insured's own **General Liability** and Pollution Liability policies shall be noncontributory.

The General Liability Additional Insured coverage shall be provided by endorsements specifically applicable to the project that is the subject of this Subcontract. The endorsement(s) must be ISO forms CG 2010 & CG 2037 (07-04 editions on both, or their equivalent). Products/Completed Operations coverage shall continue to be purchased for a time period commensurate with the applicable state statute of repose, or statute of limitation if the applicable state does not have a statute of repose, or as long as this coverage remains commercially available to the Subcontractor. Except to the extent project specific Additional Insured endorsements are required by this paragraph, in which case the Additional Insured coverage shall be as broad as permitted by law, such Additional Insured endorsements shall provide coverage to the Additional Insureds for acts or omissions to the extent caused by Subcontractor's negligence and for Contractor's vicarious liability or liability imposed by warranty arising out of the acts or omissions of the Subcontractor. In those states where there are legal restrictions upon Additional Insured coverage, such Additional Insured coverage shall be construed to be in conformity with applicable law and shall be interpreted as broadly as is legally permitted; any offending language shall hereby be considered stricken from the Additional Insured coverage provision. The Automobile Liability Additional Insured endorsement must be ISO form CA 2048 10 13 or its equivalent.

It is understood and agreed that the insurance coverages and limits, required above, shall not limit the extent of the Subcontractor's responsibilities and liabilities specified within the Contract Documents or by law. Limits of liability beyond those required above by Contractor, or any type of insurance not described above which any Subcontractor normally requires for its own protection, or which Subcontractor is required by law to carry, shall be Subcontractor's responsibility and at Subcontractor's own expense.

Subcontractor waives all rights against Contractor and Owner and other parties as required in the Contract Documents for recovery of damages to the extent these damages are covered by the insurance policies obtained by the Subcontractor as required above. In addition, subcontractor shall cause the insurer(s) issuing the required policies applicable to the work to be endorsed to waive the rights of recovery or subrogation. The General Liability waiver must utilize ISO form CG 24 04 (12 19 edition or the equivalent).

The expense of deductible amounts applicable within the Builders Risk Policy of insurance (when required in contract documents) covering this project shall be handled in accordance with the terms and conditions of the contract between Owner and Contractor. In the absence of specific conditions, deductible shall be borne by the contractor, subcontractor and supplier in direct proportion as their individual losses bear to the total loss in any occurrence. Deductible Amount \$_____.

The policies obtained and maintained to provide the specified insurance must be placed with carrier(s) maintaining an A-minus or better AM Best rating and provide that the required coverage and limits will not be altered, cancelled or allowed to expire without at least 30 days prior written notice (10 days for non-payment) to Contractor. If scope of work outlined in the Contract Documents includes any operations adjacent, over or below railroad tracks, Subcontractor's insurance coverage must include endorsements CG 24 17 on the General Liability and CA 20 70 on the Automobile Liability, or their equivalents.

Before beginning any work under this subcontract, SUBCONTRACTOR and SUB-SUBCONTRACTORS will provide to Contractor insurance certificates showing compliance with these insurance specifications.

R.J. Ryan Construction, Inc.

(Subcontractor)

(Contractor)

By _____

By: _____

Its _____

Its: President

Date _____

Date: 8/25/2023