

# VENDOR PREQUALIFICATION FORM



Date: \_\_\_\_\_

Please complete this form and return it to Rockford Construction via e-mail ([pregual@rockfordconstruction.com](mailto:pregual@rockfordconstruction.com))

**ALL FIELDS MUST BE FILLED IN. USE "NOT APPLICABLE", WHEN NECESSARY.**

## VENDOR INFORMATION

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Type of Company:  Corporation  Partnership  Sole Prop.  LLC

Check all that apply:  Architect  Engineer  Subcontractor  Supplier  Other: \_\_\_\_\_

List ALL states where you are able to perform work: \_\_\_\_\_

Select areas that you are able to work in Michigan:  West  Southwest  Southeast  
 Central/Mid  Northern  Upper Peninsula

\*\*Are you certified to work in the City of Detroit?  Yes  No



Select areas that you are able to work in Florida:  All Florida  Southwest  Southeast (Keys)

South Central  Tampa  East Central  Northeast  Northwest  North Central

Trades That You Self-Perform (See attached CSI Code Breakdown): \_\_\_\_\_

\*If you perform sitework or paving, please attach a list of equipment you own or have access to.

Firm certified as:  MBE  WBE  DBB  OTHER  NONE (attach a copy of all applicable certificates)

Workforce:  Union (\*if Union please indicate affiliations) \_\_\_\_\_  Merit/Non-Union

Number of years in business under present name: \_\_\_\_\_

Has your firm gone through an ownership change in the last 12 months?  No  Yes \*If yes, please explain:  
\_\_\_\_\_

Federal Employer ID#: \_\_\_\_\_ Total number of office staff: \_\_\_\_\_ Total number of field staff: \_\_\_\_\_

Percentage of self-performed work: \_\_\_\_\_ %

List any affiliated or related businesses & their relationship to the Company listed above:  
\_\_\_\_\_

## COMPANY CONTACTS

Estimating Contact: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

E-mail address for bid invitations (\_\_\_\_\_ same as above): \_\_\_\_\_

**SAFETY INFORMATION**

Provide Workers Compensation Experience Modification Rate (EMR) for the last (3) years:

Current: \_\_\_\_\_ Last Year: \_\_\_\_\_ Two Years Prior: \_\_\_\_\_

\*\*If EMR is greater than 1.0, the following attachments must be attached to prequalification form: 1) OSHA Logs for Last Three Years; 2) Letter from Insurance Carrier Explaining Elevation; 3) Copy of Organization’s Safety Plan

**FINANCIAL INFORMATION**

As a part of this submission, we require a recent balance sheet showing your current assets, current liabilities and equity to calculate your aggregate contractual threshold limit. All subcontractor prequalification questionnaires and balance sheets are held in strict confidence and are only reviewed by our VP of Finance. We will be happy to sign a confidentiality statement, if requested.

Dun & Bradstreet (D&B) Number (if applicable): \_\_\_\_\_

Largest Contract in Past 36 Months (\$): \_\_\_\_\_

Historical Financial information for last three (3) years:

Year Ending	Revenue	Ending Backlog
_____	_____	_____
_____	_____	_____
_____	_____	_____

Current Year:

Revenue Projection (\$) \_\_\_\_\_

Current Backlog (\$) \_\_\_\_\_

Current Number of Projects in Progress \_\_\_\_\_

Average Contract Size (\$) \_\_\_\_\_

Primary Financial Institution: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Bank Line of Credit: \_\_\_\_\_ Unused Portion: \_\_\_\_\_

Financial/Litigation: *(Select all that apply to your company and submit details for each on a separate sheet)*

- failed to complete a contract
- been involved in bankruptcy/reorganization
- pending judgments
- claims or suits against them

**SURETY AND BONDING**

Surety Company (indicate if none): \_\_\_\_\_

Surety Broker/Agent Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Total Bonding Capacity: \$\_\_\_\_\_ Bonding Capacity per Job: \$\_\_\_\_\_ Value of Work Currently Bonded: \$\_\_\_\_\_

\*\*If bonding is not available, please explain: \_\_\_\_\_

**INSURANCE INFORMATION** \*See Rockford Construction’s Subcontractor Insurance requirements attached

Does your Company’s existing insurance policy meet the attached requirements?  Yes  No \*if no, please explain:

\_\_\_\_\_  
\*\*Please provide a sample of your insurance certification as an attachment to this form

**PROJECT EXPERIENCE**

List three (3) projects completed in the last five (5) years. Include three (3) projects per trade that you self-performed (if multiple trades performed on one project, please separate the value for each different trade performed (i.e. Concrete – \$150,000; General Trades – \$200,000)

**TRADE REFERENCES:**

Project	Trade Performed	GC/CM Name	Phone Number	Contract Amount	Year

**SUPPLIER REFERENCES:**

Project	Trade Performed	Supplier Name	Phone Number	Contract Amount	Year

Number of LEED Projects Completed \_\_\_\_\_

**ADDITIONAL INFORMATION**

Please feel free to include any other information that you feel would be of interest to us.

\_\_\_\_\_  
\_\_\_\_\_

If you have regional offices in other locations besides the address listed on page one, please enter information below (attached additional sheets if necessary):

Check here if none:

**REGIONAL OFFICE(s):**

Contact Person and E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

This form must be signed by an officer of your company or an individual authorized by the company:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

## Subcontractor Insurance Limits/Coverages/Requirements:

***To bid on Rockford Construction projects, the following are the standard required insurance limits and coverages. Owners may have additional requirements that are job specific. Failure of the Subcontractor to carry or secure the insurance coverages as specified herein may cause Subcontractor to be ineligible to bid on project.***

Minimum Required Insurance Limits (Coverage on an Occurrence Basis, with the exception of Professional Liability). Coverage is to be provided by an insurer authorized/licensed/admitted to operate in the state where work is to be performed, with an AM Best Rating of at least A- VII or better. A 30-day notice to Rockford is required for cancellation, and 10-day notice to Rockford for non-payment. Certificate of insurance is required to be on file until final payment.

**Certificate Holder:** Rockford Construction Co., 601 First Street NW, Grand Rapids, MI 49504

**Additional Insured to the General Liability & Umbrella:** **Rockford Construction, its subsidiaries, the Owner and its subsidiaries, as required by contract, on a Primary & Non-Contributory Basis with Ongoing and Completed Operations for 3 years.**

1. Commercial General Liability (CGL) with limits of insurance of not less than \$1,000,000 each occurrence and \$2,000,000 Annual Aggregate.
  - a. CGL coverage shall be provided on an ISO Occurrence form CG 20 10 07 04/ CG 20 37 or its equivalent, and include a “per project” aggregate.
  - b. Subcontractor shall maintain CGL coverage for itself and all additional insureds on a Primary and Non-Contributory Basis, for the duration of the Project and until paid in full and maintain Completed Operations coverage for itself and each additional insured for at least three years after completion of the Work.
  - c. Limits for Employer’s Liability, Commercial General Liability, and Automobile Liability may be attained by a combination of an underlying policy with an Umbrella and/or Excess Liability Policy.
2. Business Auto Policy
  - a. Business Auto Policy with limits of at least \$1,000,000 each accident.
  - b. Business Auto coverage must include coverage for liability arising out of all owned, leased, hired and non-owned automobiles.
3. Commercial Umbrella
  - a. Umbrella limits must be at least \$2,000,000.
  - b. Umbrella coverage must include as additional insureds all entities that are additional insured on the CGL.
  - c. Umbrella coverage for such additional insureds 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 CGL, Business Auto Policy and Employers Liability coverages maintained by the Subcontractor.
4. Workers Compensation and Employers Liability
  - a. Employers Liability Insurance limits of at least \$1,000,000 each accident for bodily injury by accident, \$1,000,000 each employee for injury by disease, and \$1,000,000 aggregate limit.
  - b. Where applicable, U.S. Longshore and Harborworkers Compensation Act Endorsement shall be attached to the policy.
  - c. If Subcontractor employs the services of leased employees for the work or for a portion of the work, it will be required to submit evidence, to the satisfaction of Contractor, that such leased employees are fully covered by the minimum limits of Workers’ Compensation and Employer’s Liability Insurance.
  - d. Where applicable, The Maritime Coverage Endorsement shall be attached to the policy.
5. Professional Liability insurance shall be applicable when Attachment “B” is a part of the contract OR when professional services, to include, but not limited to, and defined as “design/design build/delegated design/architect engineering/testing/staking/geo-technical/shoring/commissioning” are an integral part of the

subcontract agreement. *Also in addition to the scopes listed, the following Trades are required to provide at least \$1,000,000 Professional Liability Policy: Truss Manufacturers and Installers, Demolitions Subs, Retaining Wall Subs, SIPS, Fire Protection subs.* The designer/design build contractor/subcontractor and/or its engineer shall provide and maintain Professional Liability Insurance at all times this Subcontract is in effect and for three (3) years after final completion of the project. The limit for the Professional Liability shall be at least 20% of the subcontract price, but not less than \$2,000,000 for the scope of the work to be performed. The maximum Self-Insured Retention (SIR) shall be \$50,000 per claim. The coverage shall provide notice of cancellation to the Owner of not less than 30 days.

6. Pollution Liability Insurance, if Environmental Services are provided. "Environmental Services" to include, but not limited to, and defined as "abatement, removal, remediation, transporting, or disposal of a Hazardous Material, or any assessments or consulting relating to the same". Limits of liability for Pollution Liability insurance shall be as follows: Each Claim \$2,000,000; Aggregate \$2,000,000
7. Sub-Contractors Tools, Equipment & Property- Subcontractor is responsible for all Subcontractor's equipment, property and tools used in the work.
8. Stored Materials – A certificate of insurance is required when billing for stored materials showing: Rockford Construction as Loss Payee; Value of materials being invoiced; Location where materials are being stored.
9. Supplemental Requirements, if applicable
  - a. Watercraft Protection and Indemnity Liability Insurance if any of the Work is on or over navigable waterways or involves use of any vessel. Limits are to be approved by Contractor in writing.
  - b. Aircraft Liability Insurance if any aircraft is used in performance of the Work. Limits are to be approved by Contractor in writing.
  - c. Railroad Protective Liability Insurance if any of the Work is on or within 50 feet of any railroad or affects railroad property, including but not limited to track, bridges, tunnels, and switches. Limits are to be approved by Contractor in writing.

### **Waiver of Subrogation**

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, business auto liability or workers compensation and employer's liability insurances maintained per requirements stated above.

- Subcontractor shall have current Certificates of Insurance on file with Rockford Construction before a contract can be issued and any Work is to be performed. Insurance required is: Worker's Compensation, Auto, Umbrella and General Liability, naming Rockford Construction Co. and its subsidiaries as an additional insured with respect to the General Liability coverage. Subcontractor insurance shall be primary and non-contributory with a 30-day notice of cancellation, completed operations coverage for itself and each additional insured for at least three (3) years after completion of work and a waiver of subrogation favoring Rockford. Subcontractor shall provide Rockford with Certificates of Insurance reflecting the requirements described herein.
- Subcontractor's obligation to endorse the above-described insurance policies to name Rockford as an additional insured shall also extend to any person or entity that Rockford agreed to make additional insured(s) on Rockford's insurance policies in Rockford's contract with the project owner. Subcontractor shall provide Rockford with a copy of each such endorsement. Subcontractor's failure to comply with this provision would be deemed a breach of contract.
- Insurance must be kept current until final payment is made, no funds will be released to Subcontractor without a valid certificate of insurance.

