



## **Subcontractors Qualification Form**

Thank you for your interest in working with Versacon. Please complete the following questions and send your financials to Versacon, Inc. at [contracts@versaconinc.com](mailto:contracts@versaconinc.com).

### **General Business Information**

Legal Business Name: \_\_\_\_\_

Date of incorporation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Type of work performed by organization: \_\_\_\_\_

Duns number: \_\_\_\_\_

### **Please answer the following questions. If yes, use space provided to provide detail.**

Has your organization ever failed to complete any work awarded to it? Yes  No

\_\_\_\_\_

Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization? Yes  No

\_\_\_\_\_

Has your organization filed any lawsuits or requested arbitration regarding your construction contracts within the last 5 years? Yes  No

\_\_\_\_\_

Within the last 5 years has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract? Yes  No

\_\_\_\_\_

State your organization's average annual revenue performed during the last 5 years:

\_\_\_\_\_

### **Organization Contacts:**

Owner/President/CEO:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Accounting or Contracts:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**9443 Science Center Drive New Hope, MN 55428**

**P: 763.391.5610 F:763.391.5611 [viinfo@versaconinc.com](mailto:viinfo@versaconinc.com)**

Versacon, Inc. is proud to be an Equal Employment Opportunity and an Affirmative Action employer.

**Financing:**

Please attach your company's most recent profit and loss statement, balance sheet, bonding capacity letter & W-9.

**Bank Reference:**

Bank Name \_\_\_\_\_  
Point of Contact \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

**Surety:**

Name of bonding company: \_\_\_\_\_  
Bonding capacity: \_\_\_\_\_  
Name of Agent: \_\_\_\_\_

If available, please provide a bonding letter. If not provided, this will be required at a later date.

**Safety:**

EMR Score \_\_\_\_\_

If you have a score of over 1, please Subcontractor Safety Pre-Qualification Form below.

**Certifications:**

List trade category licenses or DBE Certifications

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

**References:**

List 1 to 2 trade references:

Business Name \_\_\_\_\_  
Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Business Name \_\_\_\_\_  
Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

**Signature** \_\_\_\_\_ **Title** \_\_\_\_\_

**Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**EXHIBIT A**

**Insurance Rider**

Insurance. Prior to commencing any Work hereunder, the Subcontractor shall procure, maintain and pay for such insurance as will protect against claims for bodily injury or death, or for damage to property, which may arise out of operations by the Subcontractor or by any sub-subcontractor or by anyone employed by any of them, or by anyone for whose acts any of them may be liable. Such insurance shall include, but not be limited to, the minimum coverage and limits of liability specified in the paragraph below, or if greater, any coverage or limits of liability specified in the contract documents for subcontractors or required by law.

**The Subcontractor shall procure the following minimum insurance coverage and limits of liability:**

<u>Workers' Compensation</u>	<u>Statutory Limits</u>
<b>Employer's Liability, including "Stop Gap"</b>	<b>\$500,000 each accident</b>
<b>Coverage and USL&amp;H if applicable</b>	<b>\$500,000 disease-policy limit</b>
<b>\$500,000 disease-each employee</b>	
<b>Commercial General Liability</b>	<b>\$1,000,000 each occurrence</b>
<b>\$2,000,000 Products/completed Operations Aggregate</b>	
<b>\$2,000,000 General Aggregate (per project)</b>	
<b>Commercial Automobile Liability</b>	<b>\$1,000,000 any one accident or loss</b>
<b>Excess/Umbrella Liability</b>	<b>\$1,000,000 each occurrence</b>

Commercial General Liability insurance required under this paragraph shall be on ISO Form CG 00 01 or it's equivalent and include coverage for Products/Completed Operations which shall be maintained for a period of three (3) years after completion of the Work or such longer period as the contract documents may require and shall cover as "insured contracts", subject to the standard terms and conditions of the policy, the Subcontractor's indemnity obligations under this Subcontract and other contractual indemnities assumed by the Subcontractor under the contract documents. Commercial Automobile Liability insurance required under this paragraph shall also include coverage for all owned, hired and non-owned automobiles.

Employer's Liability, Commercial General Liability and Automobile Liability insurance may be arranged under single policies for the full minimum limits required, or by a combination of underlying policies with the balance provided by an Excess or Umbrella Liability policy. The Subcontractor shall endorse its Commercial General Liability and Umbrella/Excess policies to add the Contractor and Owner as "additional insured's" with respect to the liability arising out of operations performed or completed for the Contractor and the Owner by the Subcontractor. Such insurance afforded to the Contractor and the Owner as "additional insured's" under the Subcontractor's policies shall be primary insurance and not excess over, or contributing with, any insurance purchased or maintained by the Contractor or the Owner. The "additional insured" endorsement to Subcontractor's Commercial General Liability policy shall be on ISO Form CG2010 0704 and CG2037 0704 or their equivalent, and shall specifically include claims arising out of completed operations.

**Signature** \_\_\_\_\_ **Title** \_\_\_\_\_

**Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_

## Subcontractor Safety Pre-Qualification

Bidder:	Phone:
Address:	Fax:
City:	SIC #:
State / Zip	Years in business:

**INSTRUCTIONS:** Complete all requested information blocks. If you fail to provide the information as requested it may affect your ability to bid on this project. If you feel the information requested is not applicable to your company put N/A in the information block and explain on a separate sheet of paper your reason for this. 📎 indicates that supporting documentation needs to be attached.

1. **List your firm's interstate Experience Modification Rate (EMR) for the last 6 years**

Current year	20__	20__	20__	20__	19__

**Use your OSHA logs to provide the following information in questions 3 - 8**

	Current year	20__	20__	20__	20__	20__
2. Total man-hours worked including overtime (in 000's)						
3. Total # of OSHA recordable cases						
4. # of lost workday cases						
5. # of lost workdays						
6. # of cases with job transfer or restriction						
7. # of days of restricted work activity						
8. # of fatalities						

**If any fatalities are listed please explain circumstances** (use separate sheet if necessary):

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