

SUB-CONTRACTOR PRE-QUALIFICATION

Thank you for your interest in working with Chris-Tel Construction. The following is a questionnaire and list of requirements we would like you to provide if you wish to be added to our Qualified Bidder's List.

General Information

Company Legal Name:			
D/B/A:			
Federal Tax ID:			
Address:			
Phone:	()	Fax:	()
Email:			Web: www.

Type of Company:

<input type="checkbox"/> Architect	<input type="checkbox"/> Owner	<input type="checkbox"/> Subcontractor
<input type="checkbox"/> Construction Manager	<input type="checkbox"/> General Contractor	<input type="checkbox"/> Vendor
<input type="checkbox"/> Consultant	<input type="checkbox"/> Inspection Agency	<input type="checkbox"/> Other:

Form of Business:

<input type="checkbox"/> Sole Owner	<input type="checkbox"/> Partnership, LLC	<input type="checkbox"/> Corporation
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Division of Equal Opportunity Certified Businesses:

<input type="checkbox"/> DBE
<input type="checkbox"/> MBE
<input type="checkbox"/> W/OBE
<input type="checkbox"/> Section 3
<input type="checkbox"/> None

**Please attach a copy of your current Office of Supplier Diversity State of Florida Certificate*

List Geographic Areas of Business Operations:

List Trades your company performs:

Main Contact:		Title:	
Phone:	()	Fax:	()
Contact for Requesting Bids:		Title:	
Phone:	()	Fax:	()
Firm's Qualifying Person:		*State License #:	
Bondable Over \$100,000:	<input type="checkbox"/> Yes		<input type="checkbox"/> No

**Please attach a copy of your current State License and/or County Licenses in which you are qualified*

2534-A Edison Avenue | Fort Myers, FL 33901 | Phone: (239) 226-0500 | Fax: (239) 226-0503

www.ChrisTelConstruction.com



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Insurance

When contracts for work are awarded by Chris-Tel Construction, Certificates of Insurance must be provided prior to commencement of work. Insurance is to be as specified below:

*Please attach a copy of your Insurance Certificate(s) indicating these minimum coverages:

INSURANCE REQUIREMENTS:

COMMERCIAL GENERAL LIABILITY LIMITS:	\$2,000,000	AGGREGATE
MUST INCLUDE CONTRACTUAL LIABILITY	\$1,000,000	EACH OCCURRENCE
MUST INCLUDE CG2010 (1985) OR EQUIVALENT	\$2,000,000	PRODUCTS-COMP/OP
	\$1,000,000	PERS & ADV INJURY
AUTOMOBILE LIABILITY: include hired & non-owned liability	\$1,000,000	COMBINED SINGLE LIMIT
WORKER'S COMPENSATION:		STATUTORY
EMPLOYER'S LIABILITY:	\$1,000,000	EACH ACCIDENT
	\$1,000,000	DISEASE - POLICY LIMIT
	\$1,000,000	DISEASE - EACH EMPLOYEE

- CHRIS-TEL CONSTRUCTION MUST BE NAMED AS AN ADDITIONAL INSURED UNDER THE GENERAL LIABILITY POLICY. SUBCONTRACTOR'S GENERAL LIABILITY SHALL BE ON A PRIMARY AND NON-CONTRIBUTORY BASIS.
- CHRIS-TEL CONSTRUCTION MUST BE GIVEN A CERTIFICATE OF INSURANCE SHOWING THAT THE ABOVE REQUIREMENTS HAVE BEEN MET. THE CERTIFICATE OF INSURANCE MUST REMAIN CURRENT IN ORDER FOR CHRIS-TEL CONSTRUCTION TO ISSUE PAYMENTS TO THE SUB CONTRACTOR.
- IF THE REQUIRED PROPERTY INSURANCE IS NOT IN EFFECT FOR THE FULL VALUE OF THE SUBCONTRACTOR'S WORK, THEN THE SUBCONTRACTOR SHALL PURCHASE INSURANCE FOR THE VALUE OF THE SUBCONTRACTOR'S WORK.

Subcontractors using a Professional Employer Organization (PEO)/Employee Leasing Company must also maintain a "Minimum Premium Worker's Compensation Policy" listing your company as the Compensation Insured to cover any claims not covered under the Leased Employees Agreement. This policy is completely separate from the policy you have through your leasing company.

SUBCONTRACTORS that utilize LEASING COMPANIES for their Worker's Compensation must state the Full Legal Company Name (as identified within our Company Subcontract) on all certificates.

***** EXEMPTION Certificates are NOT acceptable per Company Policy *****

E-Verify

You will need to sign up with E-Verify. We will need the 1st page of your Memorandum of Understanding. To register with E-Verify, please visit www.dhs.gov.

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Acknowledgment

This Sub-Contractor Pre Qualification form must be signed by an Officer of the company or an individual so authorized by an Officer of the company.

I hereby certify that the above information is true and complete to the best of my knowledge:

Signature Date

Name (printed) Title

