

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"/> Individual/sole proprietor
of single-member LLC | <input type="checkbox"/> C Corporation | <input type="checkbox"/> S Corporation |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Trust/estate | <input type="checkbox"/> Limited liability company |

Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ⇔ -----

Division of Equal Opportunity Certified Businesses:

- DBE
- MBE
- W/OBE
- Section 3
- None

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

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

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Licenses/registration in the following municipalities:

- | | |
|---|---|
| <input type="checkbox"/> Lee County | <input type="checkbox"/> Collier County |
| <input type="checkbox"/> City of Ft. Myers | <input type="checkbox"/> City of Naples |
| <input type="checkbox"/> City of Cape Coral | <input type="checkbox"/> Charlotte County |
| <input type="checkbox"/> Hendry County | <input type="checkbox"/> State of Florida |

*Please attach current licenses, registrations and W-9.

**If state license, please include any registrations.

***A business tax receipt is not a license. Please contact the municipal building department for licensing requirements.

List trades your company performs:

Main Contact:

Phone:

Contact for Bids:

Phone:

Firms Qualifying
Person:

Name:	Title:	
()		
Name:	Title:	
()		
	State License#	

Bondable Over \$100,000: Yes

No

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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 OCCURANCE
MUST INCLUDE CG2010 (1985) OR EQUIVALENT	\$2,000,000	PRODUCTS-COMP/OP
	\$1,000,000	PERS & ADV INJURY
MUST INCLUDE ADDITIONAL INSURED STATUS FOR PRODUCTS AND COMPLETED OPERATIONS		
AUTOMOBILE LIABILITY: include hired & non-owned liability	\$1,000,000	COMBINED SINGLE LIMIT STATUTORY
WORKER'S COMPENSATION:	\$1,000,000	EACH ACCIDENT
EMPLOYER'S LIABILITY:	\$1,000,000	DISEASE – POLICY LIMIT
	\$1,000,000	DISEASE – EACH EMPLOYEE

- THE CHRIS-TEL COMPANY OF SWFL DBA 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 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*****

Acknowledgement

This Sub-Contractor Pre-Qualification form must be signed by an Officer of the company or and 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

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