



SUBCONTRACTOR/SUPPLIER QUALIFICATION/INFORMATION FORM

Legal Firm Name: _____ Trade _____

Mailing Address: _____

Billing Address: _____

Telephone: _____ Fax: _____ Mobile: _____

Contact & Title: _____ Email: _____

Bid Invitations Contact: _____ Email: _____

Federal Employer Identification Number (FEIN): _____

Contractor's MN State License/Registration Number: _____ Expiration Date: _____

(REQUIRED if working in MN -Register online at no cost: <http://www.dli.mn.gov/CCLD/register.asp>)

Does your firm have union affiliations? Yes No

Is your firm a minority-owned business? Yes No DBE WBE MBE

What geographical regions are you interested in bidding? _____

Owners or Major Stockholders: _____

Name of President: _____ Years in Position: _____

Name of Vice President (s): _____ Years in Position: _____

Date the firm was organized in its present form: _____

Have there been any recent changes in ownership or management? Yes No *(if yes, explain on a separate sheet)*

Name of Bonding Company: _____

Name of Bonding Agent: _____ Telephone: _____

Address: _____

If required, can a payment and payment bond be received? Yes No

Bond Premium Rate: _____

Maximum Bonding Capacity: \$ _____ Single Project Bonding Capacity: \$ _____

Largest Bond obtained in the last three (3) years: \$ _____

Dun & Bradstreet Rating: _____

Bank Reference: _____

Contact Name: _____ Telephone: _____

Address: _____

Is the firm now, or has it ever been involved in bankruptcy proceedings? Yes No

Is the firm now, or has it ever been involved in reorganization proceedings? Yes No

Are there any pending or outstanding judgements, claims, or suits? Yes No

Are there any outstanding tax liens? Yes No

Has your firm ever failed to complete a contract? Yes No

(if the answer is yes to any of the above questions, please explain on a separate sheet)

Annual sales and work in place volume for last three (3) years:

<u>Year</u>	<u>Work in Place</u>	<u>Sales</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Explain any limits on your firm's license: _____

Worker's Compensation Experience Modification Rate (EMR) for the past three (3) years:

Year/EMR ____/____ Year/EMR ____/____ Year/EMR ____/____

If any EMR listed above is greater than 1.00, explain cause and remedial action implemented on separate sheet.

Any OSHA (Federal or State) Serious, Willful, and/or Repeat violations within the last three years? Yes No

If yes, explain: _____

Total Recordable Incident Rate & Days Away From Work Rate _____

Current Number of Employees on Payroll (total): _____

_____ Office Employees _____ Field Superintendents _____ Field Craftsmen

INSURANCE REQUIREMENTS: Prior to the start and for the duration of Subcontractor's work, Subcontractor shall obtain, maintain, and pay for such insurance as may be required by General Contract or by law, as specified below with limit in amounts at least equal the greater of those specified below or those specified in General Contract:

A. General Liability – ISO FORM CG 0001 (12-04 Version) or Equivalent providing coverage including, without limitation, for property damage, bodily injury, personal and advertising injury, contractual liability (including, without limitation, Subcontractor's indemnification obligations pursuant to the Subcontract and other Contract Documents).

1. Minimum limits required for each Project in each Work Order:

- a. Per Occurrence Limit: \$1,000,000
- b. General Aggregate: \$2,000,000
- c. Products Completed Operations Aggregate: \$2,000,000
- d. Personal Injury & Advertising Injury: \$1,000,000
- e. Damage to Rented Premises (Each Occurrence) \$ 100,000
- f. Medical Expense (Any One Person) \$ 5,000
- g. Per Project Aggregate Limit Included

2. Additional Insured Endorsement including

- a. Primary and Non-Contributory Coverage
- b. Coverage for the Contractor, Owner, and other parties required to be named as additional insured per the Contract Documents, and for their wholly owned subsidiaries, agents, affiliates, owner, officers, directors and employees
- c. Coverage for both Ongoing Operations and Products/Completed Operations (ISO forms CG2010 – 10/1/01 version and CG2037 – 10/1/01 version, or equivalents)

3. Waiver of Subrogation

- a. In favor of the Contractor and Owner and for their wholly owned subsidiaries, agents, affiliates, owner, officers, directors and employees

B. Business Auto

1. Minimum Combined Single Limit for each Project in each Work Order: \$1,000,000

2. Additional Insured –

- a. Primary and Non Contributory Coverage
- b. Coverage for the Contractor, Owner, and other parties required to be named as additional insured per the Contract Documents, and for their wholly owned subsidiaries, agents, affiliates, owner, officers, directors and employees

3. Waiver of Subrogation

- a. In favor of the Contractor and Owner and for their wholly owned subsidiaries, agents, affiliates, owner, officers, directors and employees

C. Workers Compensation – Statutory Coverage

1. Employers Liability Limits

- a. Bodily Injury by Accident \$ 500,000
- b. Bodily Injury by Disease (Each Employee) \$ 500,000
- c. Bodily Injury by Disease (Policy Limit) \$ 500,000

- 2. Waiver of Subrogation
 - a. In favor of the Contractor and Owner and for their wholly owned subsidiaries, agents, affiliates, owner, officers, directors and employees
- D. Excess/Umbrella
 - 1. Minimum Limits per Project and Work Order – Per Occurrence and Aggregate - Minimum \$5,000,000
 - 2. Coverage shall be form following.
- E. Professional Liability where Subcontractor’s services include the provision of professional services including, without limitation, architecture, engineering, surveying, or any other such services. To be provided during the course of the Project and for a period not less than the period of time Contractor faces exposure to liability based on Subcontractor’s professional errors and omissions. \$1,000,000
- F. Cyber Liability where required by the Contract Documents.
- G. Pollution Liability to be provided during the course of the Project and for a period not less than the period of time Contractor faces exposure to liability based on Subcontractor’s errors and omissions. \$1,000,000
- H. Minimum of 30 Days Notice of Cancellation or Change
- I. Insurance Company Rating – “A” by AM Best’s Insurance
- J. Surety Bond in an amount equal to Subcontract price required: Yes No
- K. Builder’s Risk for Subcontractor’s work in progress, and materials stored on site awaiting installation, and to cover materials in transit or stored off site. Subcontractor shall be responsible for all property insurance for its equipment, scaffolding, and tools.
- L. Third Tier Contractors – The Subcontractor is responsible to ensure that a third-tier contractor abides by all terms of this Subcontract Agreement, including the above listed insurance requirements.

**PLEASE REMEMBER TO CONTACT YOUR INSURANCE AGENT AND HAVE THEM ISSUE A CERTIFICATE OF INSURANCE TO:
WIESER BROTHERS GENERAL CONTRACTOR, INC. VIA FAX: 507-895-8438 OR E-MAIL: AUBREYB@WIESERBROTHERS.COM**

Describe recent project experience (past 3 years) including contacts, addresses, and telephone numbers:

Project Name/Location: _____
Description of Work: _____
Your Contract Amount: \$ _____
General Contractor: _____
Contact: _____ Telephone: _____
Address: _____

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General Contractor: _____
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Address: _____

Project Name/Location: _____
Description of Work: _____
Your Contract Amount: \$ _____
General Contractor: _____
Contact: _____ Telephone: _____
Address: _____

By signing this statement, I, _____, duly authorized as _____
(Name) (Title)

of _____, affirm and certify that the information
(Company)

contained herein is accurate, and also entitles Wieser Brothers General Contractor, Inc. to contact references and names contained in this questionnaire.

Date Signature

***NOTE: Issuance and completion of this qualification form does not award any project being bid.**

