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- ENTERED INTO PROLOG DATABASE
- ENTERED INTO PUBLIC OUTLOOK CONTACTS
- ENTERED INTO SUB BID LIST

# Subcontractor Prequalification Statement

## General Information

Company Name			
DBA			
Address		City	State Zip
PO Box		City	State Zip
Main Phone	Main Fax	Website	E-Mail

## Contact Information

Principal Contact & Title	Phone	Fax	Cell	E-Mail
President / Owner	Phone	Fax	Cell	E-Mail
Vice President	Phone	Fax	Cell	E-Mail
Controller / Accounting Manager	Phone	Fax	Cell	E-Mail
Estimator	Phone	Fax	Cell	E-Mail
Safety Officer	Phone	Fax	Cell	E-Mail

## Legal / Financial Information

<input type="checkbox"/> Corporation <input type="checkbox"/> Incorporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC				
Type of Business				
Yrs in Business	Number of Employees	Federal Identification No.	Incorporated Place	Incorporated Date
<input type="checkbox"/> Subcontractor <input type="checkbox"/> Supplier		Dun Bradstreet Number	Dun Bradstreet Rating	Contractor's License No. & Exp.
<input type="checkbox"/> Yes <input type="checkbox"/> No		Bonding Company	Bonding Capacity	Bonding Co. A.M. Best Rating
<input type="checkbox"/> Union <input type="checkbox"/> Open Shop		<input type="checkbox"/> MBE <input type="checkbox"/> SBE <input type="checkbox"/> DVBE <input type="checkbox"/> WBE <input type="checkbox"/> DBE <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Labor Affiliation		Certifications	Design / Build Experience	Regions of Work other than California
<input type="checkbox"/> Airports <input type="checkbox"/> Bridges <input type="checkbox"/> Condominiums <input type="checkbox"/> Heavy Civil <input type="checkbox"/> Heavy Industrial		<input type="checkbox"/> High-Rise Buildings <input type="checkbox"/> Highways <input type="checkbox"/> Hospitals <input type="checkbox"/> Light Commercial <input type="checkbox"/> Light Industrial	<input type="checkbox"/> Low-Rise Buildings <input type="checkbox"/> Marine <input type="checkbox"/> Medical Office Buildings <input type="checkbox"/> Office Towers <input type="checkbox"/> Parking Structures	<input type="checkbox"/> Prisons <input type="checkbox"/> Retail <input type="checkbox"/> Schools <input type="checkbox"/> Shopping Malls <input type="checkbox"/> Telecommunications
Types of Work. Please check all boxes that apply				
<input type="checkbox"/> 01 - Engineering & Design <input type="checkbox"/> 02 - Site Construction <input type="checkbox"/> 03 - Concrete	<input type="checkbox"/> 04 - Masonry <input type="checkbox"/> 05 - Metals <input type="checkbox"/> 06 - Wood & Plastics	<input type="checkbox"/> 07 - Thermal & Moisture Protection <input type="checkbox"/> 08 - Doors & Windows <input type="checkbox"/> 09 - Finishes	<input type="checkbox"/> 10 - Specialties <input type="checkbox"/> 11 - Equipment <input type="checkbox"/> 12 - Furnishings	<input type="checkbox"/> 13 - Specialty Equip. <input type="checkbox"/> 14 - Conveying Equip. <input type="checkbox"/> 15 - Mechanical <input type="checkbox"/> 16 - Electrical
Bid Item Categories. Please check all boxes that apply				

## Safety

Experience Modification Rate (EMR)	Does your firm have a written Safety Plan?
Does your firm comply with the Drug Free Work Act?	OSHA Recordable Incident Rate (Current Year)
OSHA Lost day Incident (Current Year)	Medical Treatments (Last Year)

### Insurance Requirements

1. Do you have a financial rating of at least A-VII as defined by A.M. Best company?  Yes  No
2. Are you able to indicate 'per project', on the General Liability certificate of insurance?  Yes  No
3. Are you able to provide "completed operations or your work" endorsement or its equivalent? (CG 2010 11/85)  Yes  No
4. Are you able to provide General Liability with limits of \$1 Million each occurrence and \$2 Million aggregate?  Yes  No
5. Are you able to provide Business automobile liability with \$1 million for combined single liability limit, which must cover "all owned autos, hired autos and non-owned autos?"  Yes  No
6. On occasion the Owner of a project may exclude a blanket endorsement. Would you be able to arrange for the additional insured's to be written verbatim on the actual endorsement?  Yes  No
7. If you are self employed and/or have no employees, are you able to provide the Exemption from Worker's Compensation 13L-50 (6/04) form?  Yes  No
8. Are you able to provide a waiver's of subrogation for Workers Compensation Liability?  Yes  No
9. On occasion the Owner of a project may require Excess Liability in the amount of \$3,000,000, are you able to provide this limit?  Yes  No
10. Are you able to provide 'Primary and non-contributing' wording on the endorsement?  Yes  No
11. Are you able to provide a minimum of thirty- (30) day's written notice in the event of cancellation?  Yes  No

### References

#### GENERAL CONTRACTOR REFERENCES (LIST AT LEAST TWO)

First Company Name				Contact / Title	
Address			City	Zip	State
Main Phone	Main Fax	Website		E-Mail	

Second Company Name				Contact / Title	
Address			City	Zip	State
Main Phone	Main Fax	Website		E-Mail	

#### SUB-SUBCONTRACTOR / SUPPLIER REFERENCES (List at least two)

First Company Name				Contact / Title	
Address			City	Zip	State
Main Phone	Main Fax	Website		E-Mail	

Second Company Name				Contact / Title	
Address			City	Zip	State
Main Phone	Main Fax	Website		E-Mail	

#### BANKING REFERENCES (OPTIONAL)

First Company Name				Contact / Title	
Address			City	Zip	State
Main Phone	Main Fax	Website		E-Mail	
Second Company Name				Contact / Title	
Address			City	Zip	State
Main Phone	Main Fax	Website		E-Mail	

Once you have completed the above-mentioned Subcontractor Prequalification Statement please fax it directly to 916-473-4178 or e-mail it to [subprequal@m1b.com](mailto:subprequal@m1b.com).

I have also attached our standard Insurance Requirements for your review. An approved certificate of insurance must be furnished to our satisfaction before a subcontractor can begin their scope of work on all of our projects. If any of the insurance requirements are not available to you, would it be possible to obtain them at an additional cost? If so, would you please provide us with a quote so that we may include this additional cost to your bidding numbers?

We appreciate your cooperation with this process. Should you have any questions or concerns, please feel free to contact us.

Thank you.

Information Provided By:	
Signature	
Title	Date

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
01/01/00

<b>PRODUCER</b> Local Agent, Ltd. 1234 Local Drive Anytown, ST 30455	The insurance company affording coverage must have a financial rating of at least A-II as defined by A.M. Best Company.	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
		<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC Number</b>
<b>INSURED</b> Subcontractor Company Name Subcontractor Company Address Subcontractor City, State and Zip Code	<b>INSURER A:</b> (Insurance Carrier's Name)	A++	
	<b>INSURER B:</b> (Insurance Carrier's Name)	A+++	
	<b>INSURER C:</b> (Insurance Carrier's Name)	A+	
	<b>INSURER D:</b> (Insurance Carrier's Name)	A++	

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> OWNER'S & CONTRACTOR'S PROT <input checked="" type="checkbox"/> XCU HAZARDS GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	ABC 00 0001	01/01/00	01/01/00	GENERAL AGGREGATE	\$ 2,000,000
	PRODUCTS - COMP/OP AGG				\$ 2,000,000	
	PERSONAL & ADV INJURY				\$ 1,000,000	
	EACH OCCURRENCE				\$ 1,000,000	
	FIRE DAMAGE (Any one fire)				\$ 50,000	
	MED EXP (Any one person)				\$ 5,000	
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	BAP 000 0002	01/01/00	01/01/00	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	BODILY INJURY (Per person)				\$	
	BODILY INJURY (Per accident)				\$	
	PROPERTY DAMAGE				\$	
	AUTO ONLY-EA ACCIDENT				\$	
C	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> <input type="checkbox"/>				OTHER THAN AUTO ONLY:	\$
	EACH ACCIDENT				\$	
	AGGREGATE				\$	
D	EXCESS LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE	\$ 1,000,000
	AGGREGATE				\$ 1,000,000	
D	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR / PARTNER/EXECUTIVE OFFICER / MEMBER EXCLUDED? If YES, describe under SPECIAL PROVISIONS below	WC 00000 00003	01/01/00	01/01/00	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER
	E.L. EACH ACCIDENT				\$ 1,000,000	
	E.L. DISEASE - POLICY LIMIT				\$ 1,000,000	
	E.L. DISEASE EA EMPLOYEE				\$ 1,000,000	
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY/ENDORSEMENT/SPECIAL PROVISIONS

RE: (Project number, name and location)  
 Owner's name, MarketOne Builders, Inc., their officers, directors, agents and employees as additional insured's. Additional insured per attached CG 2010 11 85 endorsement. A **waiver of subrogation** in favor of MarketOne Builders, Inc. and its subsidiaries is applicable on Worker's Compensation and Employer's Liability policy endorsement is also attached.

<b>CERTIFICATE HOLDER</b> Attn: Project Administrator MarketOne Builders, Inc 1419 N. Market Blvd., Ste. 1 Sacramento, CA 95834	ADDITIONAL INSURED; INSURED LETTER: ____	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <b>30</b> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, IT'S AGENTS OR REPRESENTATIVES <b>AUTHORIZED REPRESENTATIVE</b>
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# Project Specific Sample Endorsement

1. The additional insured endorsement must ALWAYS be submitted with the certificate of liability.
2. Given that your agent might not be able to provide the CG 20 10 11 85, we will accept the CG 20 37 10 01 which provides the additional insured with coverage only for completed operations. Premises and operations coverage must still be arranged by using a separate additional insured endorsement, such as the CG 20 26 11/85. Please submit these together.
3. Under certain circumstances the Owner may exclude a blanket endorsement. You must be able to arrange for the additional insured's to be written verbatim on the actual Endorsement.
4. Primary wording is required on the CG 2010 11/85, or equivalent endorsement, it shall stipulate: "It is understood and agreed that this insurance is primary and any other insurance maintained by the additional insured shall be excess only and not contributing with this insurance." We will not accept the "sole negligence" portion of the primary wording. The following wording may be added when the endorsement has exceptions to primary wording: "...unless a contract specifically requires that this insurance be primary or you request that it apply on a primary basis."

**POLICY NUMBER:** (Subcontractors policy #)  
**INSURED:** (Name of subcontractor)

**COMMERCIAL GENERAL LIABILITY**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS FORM B

This endorsement modifies insurance provided under the following:

### COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### SCHEDULE

Name of Person or Organization: MarketOne Builders, Inc. (General Contractor)  
1419 N. Market Blvd., Ste. 1  
Sacramento, CA 95834

Owner (Owner)  
Address  
City State Zip

(Jobsite description and location)

**RE:**

(If no entry appears above, information required to complete this endorsement will be shown in the Declaration as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.

Insurance is primary insurance and any other insurance maintained by the Additional Insured is excess and not contributing insurance.

It is understood and agreed that the additional insured(s) will be given thirty (30) days written notice before any cancellation, non-renewal, expiration, or reduction in coverage. Cancellation for non-payment of premium can be ten (10) days prior to the effective date. However, such notice must be registered mail. All notices will specifically refer to the above project.

(Acceptable Specimen)

CG 20 10 11 85

1419 N. Market Blvd., Ste. 1  
Sacramento, CA 95834-1937  
916-928-7474 Office - 916-928-7475 Fax  
www.M1B.com

