

Subcontractor Pre-Qualification

Company Name:	Street Address:
Mailing Address:	City, State, Zip:
Telephone No.:	Contact Name:
Fax No.:	Title:
E-Mail Address:	

Scope Of Work You Provide:	
Construction Division /CSI Code	
Does your firm qualify as a minority contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> HUB Other:

Structure of Company: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> L.L.C. <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture
Date of Incorporation or Establishment: _____ State of Incorporation or Establishment: _____
What other Names has Your Company Operated Under: _____

Officers of Firm:	
President:	Number of Office Employees:
Vice President:	Number of Field Employees:
CFO:	Number of Seasonal Employees:

Historically, What percentage of your firm's work has been associated with the following building types and what is the average value of those contracts?

%	Building Type	Average \$ Value	Number of Projects Completed in the Past 5 Years
	Schools		
	Churches		
	Jails		
	Renovations		
	Hospitals		
	Hotel		
	Retail		
	Residential		

Total Value of work Under Contract Currently:
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How Many Major Construction Projects are Currently Under Contract:

List up to five (5) of the Major Construction Projects that are Currently Under Contract:

Project Name	Owners Contact	Architects Contact	Contract Amount	Estimated Completion
1.				
2.				
3.				
4.				
5.				

Are you listed with Dun & Bradstreet: Yes No If Yes, What's Your Rating:

I have attached a current company financial statement. Yes No
If yes, Audited? Yes No

If preceding answer is no you MUST complete the following to be considered:

	Current Year	Previous Year
Current Assets		
Trade Receivables		
Retainage Receivables		
Cost in Excess of Billings		
Current Assets Total:		
Current Liabilities:		
Trade Payables:		
Billings in Excess of Cost		
Long Tern Liabilities		
Current Liabilities Total:		
Total Revenue		
Net Profit Before Income Tax		

Are there currently any claims or suits filed against your company? Yes No

Has your organization used a 3rd party financial institution to factor any incoming receivable transactions in the past 18 months? Yes No

Has your organization ever failed to complete a project awarded to it? Yes No

If Yes Explain:

Does your company currently have a Bonding Agent/ Surety Company? Yes No

Bonding Information:		
Name of Bonding Agency:		
Bonding Contact Name:		
Phone No.:	Fax No.	Email:

Name of Surety Company:
Bonding Capacity for Single Project:
Amount of Work Currently Bonded:

List four (4) vendors/suppliers currently extending credit to your firm:

Vendor/Supplier	Telephone Number	Contact Person	Account #
1.			
2.			
3.			
4.			

List four (4) General Contractors who you have worked for in the past:

General Contractor	Telephone Number	Contact Person	Project Name
1.			
2.			
3.			
4.			

What is the Largest Single Contract Your Company had been awarded?

Please list your firms Workers Compensation Experience Modification Rate for the past 3 years:

Current Year:	Last Year:	2 years Ago:
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Does your firm have a written safety program: Yes No

Has your firm had any OSHA fines or Jobsite fatalities within the past 3 years: Yes N

Attach a copy of your companies W9 form

Attach a copy of your complains current insurance certificate

Additional Information or Comments:
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All information given herein will be considered privileged and confidential and the use of the information shall be limited for the purpose of qualifying your company as a subcontractor or supplier of Restoration Nation Inc. only; any other use is prohibited. This information will used and viewed by Restoration Nation Inc. only and will not be transmitted to or discussed with any third parties.

I hereby certify that I have prepared and/or reviewed this completed document in its entirety. Based on my knowledge, this document does not contain any misstatements, omissions, and all information provided is accurate, correct and true and fairly presents the condition and operations of the company:

Signed: _____ Title: _____ Date: _____.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Agency Name, Address, Phone, & Fax Number	CONTACT NAME: Agency Contact Info
	PHONE (A/C, No. Ext): _____ FAX (A/C, No): _____
	E-MAIL ADDRESS: Agency Contact E-mail Address
	INSURER(S) AFFORDING COVERAGE _____ NAIC # _____
INSURED Subcontractor Name Address City, ST, ZIP	INSURER A: Insurance Carrier *
	INSURER B: *Must be A-VII or better
	INSURER C: _____
	INSURER D: _____
	INSURER E: _____
	INSURER F: _____

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PRIMARY GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	MUST BE CURRENT			EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ _____ MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ _____
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	MUST BE CURRENT			COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____ \$ _____
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	MUST BE CURRENT			EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ _____
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below		<input checked="" type="checkbox"/>	MUST BE CURRENT			<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Re: Project Name and Job Number

Additional Insured endorsements CG 2010 07/04 and CG 2037 07/04 (OR EQUIVALENT) in favor of Restoration Nation Inc., Prime Contractor, and Owner MUST BE ATTACHED

CERTIFICATE HOLDER**CANCELLATION**

Restoration Nation Inc.
Prime Contractor and Owner
6727 Communications Pkwy
Plano, Texas 75024

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Signature of Authorized Carrier Representative

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