All contractors and subcontractors are required to complete this application. The contents of this questionnaire will be considered and used solely to determine your firm’s qualification to perform work for FOND LLC (“The FOND Development Group”). Return completed form to: *bella@fondllc.com, Subject Line: Subcontractor Prequalification*

**PLEASE NOTE: This form must be filled out completely. Missing information may result in disqualification of consideration.**

**Application Date: Date of Prequal Expiration:** April 30th **2018**

**Background**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Company Name | | | | Type of Company | | Type of Work Performed | |
| Street Address | | | | | | Phone Number | Fax Number |
| City/State/Zip | | Principal Contact | | | | Email Address | |
| Year Business was Established | States We Do Work In | |  | | | Previous Name of Company (if applicable) | |
| Contractor’s License # | D&B # | | | | Qualified Minority?MBEWBEDBE | | |

**Safety**

|  |  |  |  |
| --- | --- | --- | --- |
| **List your Company’s # of Injuries/Illnesses from your OSHA 300 Logs as follows:** | **Last Year** | **1st Prior Year** | **2nd Prior Year** |
| Experience Modification Rate (EMR). |  |  |  |
| Total # of Fatalities. (From Column G on the OSHA 300 Log) |  |  |  |
| Total # of OSHA Recordable Incidents. (Total of Columns H, I, and J on the OSHA 300 Log) |  |  |  |
| Total # of Lost Work Day Incidents. (Column H on the OSHA 300 Log) |  |  |  |
| Total # of other recordable cases. (Column J on the OSHA 300 Log) |  |  |  |
| Total # of Annual Man-Hours Worked. |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please check if your Company implements the following safety controls:** | **Yes** | | **No** | |
| Written Safety Program. |  | |  | |
| Implemented Drug Screening Policy for all Employees. |  | |  | |
| Performs Safety Orientation & Training for all Employees. |  |  |  |  |
| Performs Continuing Safety Education for all Employees. |  | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Safety/Health Professional Contact:** | | | |
| Name | Title | Phone Number | Email Address |

**Schedule**

|  |  |  |  |
| --- | --- | --- | --- |
| **Provide summary of three largest projects presently under construction.** | **Location** | **Start/Completion** | **Contract Amount** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Provide summary of all projects under consideration for award.** | **Location** | **Start/Completion** | **Contract Amount** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Provide the following information regarding your present personnel:** | | | | |
| **Current Number of Employees** | **Full-Time** | **Part-Time** | **Contract** | **Temp** |
| Executives |  |  |  |  |
| Project Managers |  |  |  |  |
| Estimators |  |  |  |  |
| Administrative |  |  |  |  |
| Superintendents |  |  |  |  |
| Foreman |  |  |  |  |
| Journeymen |  |  |  |  |
| Laborers |  |  |  |  |
| Other |  |  |  |  |
| **Totals** |  |  |  |  |

**Financial History**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Please provide the following information for the past three fiscal years:** | | | | | | |
|  | **Gross Revenue ($)** | | **Gross Margin (%)** | **Net Profit/Loss ($)** | **# of Projects Completed** | **Largest Single Project ($)** |
| **2nd Prior Year** |  | |  |  |  |  |
| **1st Prior Year** |  | |  |  |  |  |
| **Last Year** |  | |  |  |  |  |
| What is your backlog as of today? | | $ | | As of December 31st Last Year: | | $ |
| Please attach your firm’s current financial statements (Your financial statements must be audited by a 3rd party if the proposed contract value is greater than $500,000). In lieu of providing financial statements, FOND will accept a Letter of Bondability from your Surety company (NOT your surety agent) on its letterhead. The letter should include your single job and aggregate parameters. | | | | | | |

|  |  |  |
| --- | --- | --- |
| **Please provide answers to the following questions and attach explanations where necessary:** | **Yes** | **No** |
| Are there any judgments, claims, arbitrations, proceedings or suite pending/outstanding against your firm or its officers or principals? |  |  |
| Has your firm ever filed bankruptcy? |  |  |
| Has your firm filed any lawsuits or requested arbitration or mediation with regard to construction contracts within the last three (3) years? |  |  |
| Has your firm or any other organization, with which of the officers or partners were involved during the past three (3) years, ever failed to complete any work awarded? If yes, please provide further details. |  |  |
| Submit a listing of all litigation or formal arbitration to which your organization has been a party involving amounts in excess of $10,000 for the past five years including any unsettled litigation or arbitration. | | |

**Insurance & Bonding**

|  |  |  |
| --- | --- | --- |
| **Please read Exhibit A in its entirety.** | | |
| Does your company currently maintain insurance that meets FOND's requirements? |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Please provide the following bonding information:** | | | | | | |
| Can you provide a Performance Bond? | Bond Rating | Bonding Capacity | Single Project | Aggregate | | Bond Cost (% or $/1000) |
| Name of Bonding Company | | | Contact | | Phone Number | |
| Last Type of Bond Issued | | | Date | | Amount ($) | |

**References (The below references may be contacted by FOND for verification purposes.)**

|  |  |  |
| --- | --- | --- |
| **Provide three client references.** | | |
| Company Name | Contact | Phone Number |
| Company Name | Contact | Phone Number |
| Company Name | Contact | Phone Number |

|  |  |  |
| --- | --- | --- |
| **Provide financial references.** | | |
| Name of Bank | Contact | Phone Number |
| Name of Bank | Contact | Phone Number |

|  |  |  |
| --- | --- | --- |
| **Provide three supplier references.** | | |
| Company Name | Contact | Phone Number |
| Company Name | Contact | Phone Number |
| Company Name | Contact | Phone Number |

# I hereby certify that the information submitted herein, including any attachments is true and sufficiently complete so as not to be misleading.

Completed by:

*(Print or Type) (Signature)*

Title: Date Completed:

***The FOND Development Group will use this documentation to pre-qualify contractors / subcontractors. Therefore, if you intend to service or continue to service our facilities and contracts, it is essential that you return the documentation as requested. This document should not be construed to constitute a commitment, or a request to perform any work. It does not represent an offer of employment, or any warranties or guaranties.***

***For Office Use Only***

Financial Review: Date:

Safety/Insurance Review: Date:

SQF Complete: Yes No

**INSURANCE EXHIBIT “A”**

**Contractor’s / Subcontractor’s Insurance**:

“The Insurance obligations under this agreement shall be: 1—all the Insurance coverage and/or limits carried by or available to the Contractor / Subcontractor; or 2—the minimum Insurance coverage requirements and/or limits shown in this agreement; whichever is greater. Any insurance proceeds in excess of or broader than the minimum required coverage and/or minimum required limits, which are applicable to a given loss, shall be available to the Entity. No representation is made that the minimum Insurance requirements of this agreement are sufficient to cover the obligations of the Contractor under this agreement.”

EXHIBIT A

INSURANCE REQUIREMENTS

**EXHIBIT A**

**Insurance Requirements for FOND LLC Contractors / Subcontractors and Vendors/Suppliers**

Contractor / Subcontractor shall maintain, at all times during the course of work at Contractor’s / Subcontractor’s expense, the coverages required by the Contract Documents and this attachment. Such insurance shall be maintained with companies both acceptable to FOND LLC and licensed to issue insurance in the State of Florida**. All Contractor / Subcontractor insurance carriers shall maintain an AM Best rating of "A-" or better.**

Prior to commencing Work, Contractor / Subcontractor shall have the insurance company prepare, execute and deliver to FOND LLC a Certificate of Insurance as indicated herein. This certificate shall indicate the insurance company name, policy number, effective and expiration dates and the limits of all coverages. In the event Contractor / Subcontractor fails or neglects to obtain or renew the required insurance and furnish evidence thereof, FOND LLC shall have the right, ***but not the obligation***, to procure such insurance and reduce the Subcontract amount by the cost thereof.

Contractor / Subcontractor shall carry commercial general liability insurance on ISO form CG 00 01 (10/01) (or a substitute form providing equivalent coverage). Subcontractor shall provide the following minimum limits of liability insurance:

Auto Liability: $1,000,000.00 CSL

General Liability: $2,000,000.00 General Aggregate Per Project

$2,000,000.00 Products/Completed Operations Aggregate  
 $1,000,000.00 Any One Occurrence  
 $1,000,000.00 Personal Injury  
 $ 50,000.00 Any One Fire  
 $ 5,000.00 Medical Payments

Contractor / Subcontractor shall maintain complete Workmen's Compensation Insurance for each and every employee, principal, officer representative, or agent of the Subcontractor who is performing any work under this Subcontract Agreement. In addition, the Subcontractor shall abide by the requirements of the Florida Statute Medical Fee Schedule.

Further, Contractor / Subcontractor shall maintain the following minimum limits of coverage:

Bodily Injury by Disease Each Employee: $100,000.00  
Bodily Injury Each Accident: $100,000.00  
Bodily Injury by Disease Policy Limit: $500,000.00

Contractors / Subcontractors shall name both FOND LLC and, if applicable, the Owner as additional insured on their liability policy.

Additional insured coverage is required to be per ISO GC2010 Ed 11/85 or its equivalent or a combination of CG2010 and CG2037 Ed 10/01 or 7/04 including completed operations. Additional insured coverage shall apply as primary insurance with respect to any other insurance afforded to Owner and FOND LLC.

Contractor / Subcontractor agrees to maintain the above insurance for the benefit of FOND LLC and, if applicable, the Owner for a period no shorter than the expiration of any warranties required by the Contract Documents, or expiration of any applicable statute of limitations relating to such Work, whichever is greater.

Additionally, any Umbrella Policy held in the Subcontractor’s name shall be provided by copy to FOND LLC, following all provisions listed herein or otherwise required by FOND LLC and, if applicable

Contractor / Subcontractor shall obtain from each of its insurers a Waiver of Subrogation on Commercial General Liability in favor of FOND LLC and, if applicable, the Owner with respect to losses arising out of or in connection with the Work.

Each Certificate of Insurance shall require that the insurer must give FOND LLC at least 30 days prior written notice of cancellation or termination of FOND's coverage thereunder. Not less than two weeks prior to the expiration, cancellation or termination of any such policy, the Subcontractor shall supply FOND LLC with a new and replacement Certificate of Insurance and Additional Insured endorsement.

Additionally, and prior to commencement of the work, the Contractor / Subcontractor shall provide FOND LLC with a Certificate of Insurance showing all coverages required herein for all Sub-Subcontractors of the Subcontractor. All insurance provisions stated in this attachment shall apply to all lower tier Sub-Subcontractors performing work for the Subcontractor under this agreement.

Acknowledgement of Attachment “A”: *Authorized Contractor / Subcontractor Representatives Only*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Typed)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Title Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature