



SUBCONTRACTOR PRE-QUALIFICATION Form

DOMINION BUILDERS, LLC requires that all subcontractors interested in working with us, complete this pre-qualification form.

- Complete the form below and email or fax (both the form and all attachments) to info@dominionbuild.com or fax to 305.397.1188.
- **PLEASE ENSURE THAT THE FORM IS COMPLETELY FILLED OUT AND THAT ALL NECESSARY ATTACHEMENTS ARE INCLUDED.** Incomplete submissions will significantly delay approval or your pre-qualification could be rejected.
- *Please note that this is a preliminary prequalification form and includes only our minimum requirements. Additional information may be requested by the job owner or due to the type of work to be performed.*

(If you need additional space, please attach a separate sheet of paper)

WHAT'S INCLUDED?

You will need to have all of the following information to complete the packet:

- General Information Form (Contact Info, Business Structure, Certifications and Licenses, CSI Codes, Litigation Information, etc.)
- Project History and References
- Insurance Certificate
- Copies of all certifications regarding your MBE Status *(if applicable)*
- Copies of all Contractor's Licenses *(if applicable)*





SUBCONTRACTOR PRE-QUALIFICATION Form

General Company Information

Contact Information	
Company's Legal Name	
Mailing Address	
Street Address	
Phone	Fax
Website	
Estimating Contact	Title
E--Mail Address	Age of Company
Business Structure and Scope	
Type of Company	<input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Other
Are there any subsidiaries?	<input type="checkbox"/> Yes <i>If yes, please name them:</i> <input type="checkbox"/> No
Is your firm owned or controlled by another organization?	<input type="checkbox"/> Yes <i>If yes, please enter the name of the parent company:</i> <input type="checkbox"/> No
Preferred Project Size:	<input type="checkbox"/> \$10k-\$250k <input type="checkbox"/> \$251k-\$500k <input type="checkbox"/> \$1M <input type="checkbox"/> \$2M <input type="checkbox"/> \$5M+
List the geographical areas in which you work: <i>(States and Counties)</i>	
In which of the following sectors does the company perform work?	<input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Government <input type="checkbox"/> Other
List the trades you normally perform with your own forces:	
What % of the Company's work is normally subcontracted?	% <i>Please describe:</i>
EMPLOYEE INFORMATION	
Total Number of Employees:	
Company's Principals	
Name:	Title:
Name:	Title:
Name:	Title:
Name:	Title:
Name:	Title:
Name:	Title:



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General Company Information

LITIGATION INFORMATION

In the past five (5) years has your company been involved with any of the following:
(If yes, please explain in the space provided to the right of the question)

Any Active litigation with Owners/contractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any judgments against you in the last three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your company ever been assessed liquidated damages?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any labor law violations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever defaulted or failed to complete a contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been terminated from a contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had your license revoked or suspended?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Work History



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General Company Information

CERTIFICATE OF INSURANCE REQUIREMENTS

Dominion Builders, LLC is pleased to forge a long-term relationship with your firm. Our subcontractors and vendors are our teammates. Dominion is committed to partnering with the best for the best to service its clients. Our certificate of insurance requirements are outline below (same as per our Master Subcontract Agreement "MSA").

Policies. Before commencing Subcontractor's Work, Subcontractor shall procure and maintain at its own expense until final acceptance of Subcontractor's Work by Owner and Contractor, upon all of its operations and the operation of any of its subcontractors suppliers or materialism on the Project, the following policies of insurance (and any additional policies or coverages required of the Contractor under the Prime Contract) with insurers licensed to do business in the jurisdiction wherein the Project is located and acceptable to Contractor and under forms of policies satisfactory to Contractor and containing waivers of subrogation in favor of Contractor and Owner:

(a) Worker's Compensation and Employer's Liability. Subcontractor shall procure and maintain Worker's Compensation and Employer's Liability Insurance covering all of its employees in conformance with the laws of any state, district or territory of the United States of America in which Subcontractor's Work is to be performed, except that such insurance shall not have a limit of liability less than \$100,000 for any one accident.

(b) Comprehensive General Liability. Subcontractor shall procure and maintain Comprehensive General Liability Insurance with coverages including, Premises/operations, Independent Contractors, Completed Operations for a period of two (2) years following the acceptance of Subcontractor's Work, Broad Form Contractual Liability in support of the section of this Master Agreement entitled "INDEMNIFICATION ", Broad Form Property Damage, and Personal Injury liability with employee and contractual exclusion removed, with the following per occurrence limits:

Each Occurrence	\$1,000,000
General Aggregate	\$2,000,000
Products/Completed Operations Aggregate	\$2,000,000
Personal Injury	\$1,000,000
And Medical Expense	\$5,000

Your blanket certificate of insurance shall include Dominion Builders, LLC as additional insured with respect to general liability coverage.

This policy shall be endorsed to include Contractor and Owner as additional insureds during the term of the Subcontract and shall state that this insurance is primary insurance as regards any other insurance carried by Contractor or Owner. Insurance coverage is Primary an Non-Contributory to any other insurance of the above-mentioned entities.

(c) Comprehensive Automobile Liability. Subcontractor shall procure and maintain Comprehensive Automobile Liability Insurance with the following limits:

Combined Single Limit of \$1,000,000 per occurrence, including bodily injury and property damage. This policy shall be on a standard form written to cover all owned, hired, and non-owned automobiles.

(d) Umbrella Excess Liability. Subcontractor shall procure and maintain an Umbrella Excess Liability policy on an excess basis above the coverages described in (a), (b) and (c) above with per occurrence and aggregate limits of:

\$3 Million

15.2 Notice and Right to Pay Premiums. Subcontractor shall provide Contractor with copies of certificates of insurance coverage for all required coverages and proof of payment of all premiums. Insurance policies shall provide for notification to Contractor non-payment of any premium and shall give Contractor the right to make the premium payment thereunder within a reasonable time. Any premium payments made by Contractor shall be deducted from amounts due Subcontractor under the Subcontract. Insurance policies shall provide for thirty (30) days prior written notice to Contractor of cancellation or modification.



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Submission Page

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PLEASE ENSURE THAT THE FORM IS COMPLETELY FILLED OUT AND THAT ALL NECESSARY ATTACHEMENTS ARE INCLUDED.

Incomplete submissions will significantly delay approval or your pre-qualification could be rejected.

Person Authorized to Sign on Behalf of the Organization

Name:			
Title:			
Phone:		Email	
Signature		Date	

