



SUBCONTRACTOR PREQUALIFICATION FORM

INSTRUCTIONS: Please fill out all information requested and return via email to Offmgr@dsconstructors.com or mail to DS Constructors, LLC 3780 N. Garfield Ave., Ste 206 Loveland 80538, Attention: Prequalification

Company Name			
Federal Identification No.			
Corporate Headquarters Information	Address		
	City	State	Zip Code
	Corporate Phone:		Website:
	Contact Name ¹		
	Contact Phone:		Contact Fax:
	Contact Email:		
	Company Type <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> DBA <input type="checkbox"/> Individual		
If company is a subsidiary, list Parent Company name _____			
Year business was established _____			
List Company Officers:	Chairman _____		
	President(s) _____		
	Vice President(s) _____		

	Secretary _____		
	Treasurer _____		
OWNERSHIP TYPE (Check ALL That Apply)			
<i>Include a copy of all certifications relative to the ownership type(s) indicated.</i>			
<input type="checkbox"/> Minority Owned Business Enterprise <input type="checkbox"/> Women Owned Business Enterprise <input type="checkbox"/> Small Business <input type="checkbox"/> Small Disadvantaged Business		<input type="checkbox"/> Small Women Owned Business <input type="checkbox"/> HUBZone Small Business <input type="checkbox"/> Veteran Owned Small Business <input type="checkbox"/> Service Disabled Veteran Owned Small Business	
BUSINESS TYPE			
List the trade work your company performs:			
Total Number of Employees: _____		Office: _____	Shop: _____
		Field: _____	

¹ This should be the person to contact for questions regarding this prequalification form.



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FINANCIAL						
Annual sales volume for the last three (3) years:						
Year 20	Sales \$	Year 20	Sales \$	Year 20	Sales \$	
Largest single contract awarded in the last three (3) years: \$						
Description:						
Current backlog: \$						
BANKING						
Bank Name						
Bank Address						
City , State Zip						
Contact Name:					Contact Phone:	
BONDING						
Is your company bondable? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If Yes, bonding company name:						
Bonding company AM Best Rating:						
Contact Name:					Contact Phone:	
ATTACH A LETTER FROM YOUR SURETY STATING TOTAL AND PER PROJECT BONDING CAPACITY.						
LEGAL						
Has your Organization ever failed to complete any work awarded to it?					<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, attach explanation)</i>	
Are there any Judgments, Claims, Arbitration Proceedings or Suits pending or outstanding against Your Organization or its Officers?					<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, attach explanation)</i>	
Has your Organization filed any Lawsuits or requested Arbitration with regard to Construction Contracts within the last five (5) years?					<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, attach explanation)</i>	
Has your Organization or Its Principals ever filed for Bankruptcy?					<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, attach explanation)</i>	



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SAFETY PROGRAM

Please answer the following questions about your safety program:

1. Is your company part of an OSHA partnership? Yes No
 If Yes, please provide program title and your level (if applicable) _____
2. Does your company conduct weekly, documented safety audits? Yes No
3. Does your company have a safety management program & safety manual? Yes No
4. Do your trades people begin each day with a safety meeting?
 (Examples: safety huddle, task hazard analysis or job safety analysis) Yes No
5. Does your company have full-time field safety manager/director? Yes No
 If Yes, please provide contact information: _____
6. Does your company use project specific safety plans? Yes No

DS Constructors, LLC may request documentation relating to questions 2, 3 and 6.

Attachment A contains DS Constructors, LLC current Insurance regulations relating to Subcontractors. Kindly read these regulations in their entirety.

Does your company agree to meet the DS Constructors, LLC Insurance regulations? Yes No

REFERENCES

Three (3) client References are required. Please fill out the following section:

Company	Contact	Phone

The undersigned certifies under oath that the information provided herein is true and sufficiently complete so as not to be misleading.

Completed by: _____
 (Print or Type)

 (Signature)

Title: _____

Date Completed: _____



ATTACHMENT A

DS Constructors, LLC Safety Regulations

1. A DS Constructors representative is required to be on site any time Work is being performed by Subcontractor. The Subcontractor, its agents, employees, materialmen and sub-subcontractors will comply with all laws and ordinances and will perform all work on the Project in a safe and responsible manner. In particular, Subcontractor shall, at its own expense, conform to the safety policies and regulations established by DS Constructors as listed within this Subcontract Agreement and the "Jobsite Safety Handbook", and shall comply with all specific safety requirements promulgated by any government authority, including, without limitation, the requirements of the Occupational Safety and Health Act of 1970 and the Construction Safety Act of 1969 and all standards and regulations which have been or shall be promulgated by the parties or agencies which administer the Acts. Subcontractor shall comply with said requirements, standards and regulations and require and be directly responsible for compliance therewith on the part of its agents, employees, materialmen and subcontractors, and shall directly receive, respond to, defend and be responsible for all citations, assessments, fines or penalties which may be incurred by reason of its failure on the part of its agents, employees, materialmen or subcontractors to so comply.
 - A. The Subcontractor must develop a pre-job safety plan outlining any hazards and the procedures it will use to eliminate those hazards. Subcontractor will review its plan with PEPPER's field supervisory personnel and crews. This plan is to be submitted to the PEPPER Superintendent at least two (2) weeks prior to commencing the Work.
 - B. The Subcontractor's field personnel assigned to this Project, including subs of the Subcontractor, will abide by the PEPPER **Drug & Alcohol Policy** as further detailed in the Jobsite Safety Handbook. In addition, Subcontractor will commit to no drug or alcohol use by its employees over the lunch period or any other break time. Subcontractor agrees to remove from the jobsite any of its employees or sub-subcontractor employees who violate this policy.
 - C. Subcontractor shall report immediately to PEPPER any injuries suffered by its employees or any injuries to other persons or property damage arising out of its operation. PEPPER shall be furnished two (2) copies of the written accident report within four (4) hours of the injury or damage.
 - D. Subcontractor will equip its personnel with all necessary personal protective equipment required by law or PEPPER. This includes, but is not limited to, hard hats, eye protection, foot and hand protection, ear protection, fall protection and respiratory protection.
 - E. Subcontractor will protect all of its employees when using electric power equipment by utilizing Ground Fault Circuit Interrupters **at all times**. As supplemental protection, the Assured Equipment Grounding Program may be implemented. As stated in the Jobsite Safety Handbook, all branch circuit conductors shall be permitted only within cable assemblies or be multi-conductor cord or cable of a type identified for *hard usage* or *extra hard usage*. NEC Table 400-4 lists "hard" and "extra hard" usage wire types.
 - F. All of the Subcontractor's scaffolds and ladders shall be in compliance with all required safety regulations and manufacturers' requirements.
 - G. Subcontractor will comply with all applicable standards contained within OSHA's Construction Industry Regulations, Subpart M. With regard to steel erection and decking, Subcontractor and its employees shall comply with **specific fall protection guidelines** as contained within the PEPPER Project Safety Plan for Steel Erection and within the Instructions to Bidders. In addition, those Subcontractors engaged in the steel erection process will comply with all requirements of the revised Subpart R Standard, except where the requirements of PEPPER's Steel Erection Plan are more stringent. In such cases, the Subcontractor will abide by the stricter standard.
 - H. Subcontractor agrees to require all of its employees and sub-subcontractor's employees to abide by OSHA regulations and PEPPER's Jobsite Safety Handbook on all PEPPER Projects. Subcontractor shall provide training to all of its employees with regard to the possible hazards associated with the tasks each employee performs and each employee must know and understand all of these safety regulations. Prior to entering the PEPPER jobsite, ALL PERSONS performing Work must attend the PEPPER jobsite safety orientation training.
 - I. Subcontractor's employees are required to attend PEPPER's Jobsite Orientation, including viewing of the orientation video, prior to beginning Work on the site. Subcontractor shall coordinate and schedule the orientation with PEPPER's Superintendent in a timely manner for all personnel for this Project. This mandatory orientation consists of a general safety orientation and a Project-specific orientation for each person entering a PEPPER jobsite.
 - J. Subcontractor shall ensure that its jobsite supervisor has completed the 10-hour OSHA Construction Safety Course and Subcontractor shall provide PEPPER with certification of such training prior to the start of its Work.
 - K. Subcontractor will hold weekly Tool Box Safety Meetings, led by its jobsite supervisor. Minutes of the Tool Box Safety Meetings, as well as a signature sheet of all attendees, are to be turned in to the PEPPER jobsite Superintendent weekly.
 - L. Subcontractor must provide first aid equipment to be made accessible to its employees.
 - M. Subcontractor agrees to submit all necessary Material Safety Data Sheets, MSDS-OSHA Form 20, or equivalent for all hazardous substances introduced on the job site and shall inform PEPPER's office prior to its introduction to the jobsite. Subcontractor must be in compliance with the OSHA Hazard Communication Standard 1926.59. It is imperative that the Material Safety Data Sheets be on file in PEPPER's office prior to Subcontractor's starting work on the site.



ATTACHMENT A

DS Constructors, LLC Insurance Requirements

A. INSURANCE

A.1 Before commencing the Subcontract work and as a condition of payment, the Subcontractor shall purchase and maintain in effect all of the insurance required under the Prime Contract with the Owner or the insurance with minimum limits of liability and coverage's as stated below, whichever is greater.

A.1.1 CERTIFICATES OF INSURANCE

The Subcontractor shall furnish an Acord form 25 Certificate of Insurance, evidencing insurance with conditions and with coverage as specified in this Attachment "C" including copies of Additional Insured, General Liability waiver of subrogation, Worker's Compensation waiver of subrogation, and Notice of Cancellation endorsements or coverage forms providing this coverage, prior to commencing Subcontractor's Work. Furnishing certificates of insurance does not, in any way, obligate Contractor or their agents to approve, evaluate, or notify Subcontractor of Subcontractor's compliance or non-compliance with terms and conditions as set forth in the Attachment "C". In no way shall receipt of certificate of insurance negate, reduce, limit or waive Contractor's right to enforce the terms and conditions of this Attachment "C". Contractor shall have the right to examine any policy for compliance under this agreement.

A.2 SUBCONTRACTOR'S INSURANCE

All policies required in this Agreement are to be written through a company duly entered and authorized to transact this class of insurance carriers with an A.M. Best rating of A- or better.

A.3 INSURANCE REQUIREMENTS

- General Liability - \$2,000,000
- Worker's Compensation \$500,000
- Automobile Liability \$1,000,000
- Umbrella Liability \$1,000,000

CERTIFICATE OF INSURANCE (Form #2)

xx/xx/xx

PRODUCER
**SAMPLE
 BLANKET CERTIFICATE**
 YOUR AGENT OR PRODUCER
 ADDRESS
 CITY, STATE, ZIP
 YOUR AGENT'S PHONE NUMBER

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.

COMPANIES AFFORDING COVERAGE

INSURED
 YOUR NAME
 YOUR ADDRESS
 YOUR CITY, STATE, ZIP

- COMPANY LETTER **A.** YOUR GENERAL LIABILITY CARRIER
- COMPANY LETTER **B.** YOUR AUTOMOBILE CARRIER
- COMPANY LETTER **C.** YOUR EXCESS/UMBRELLA CARRIER
- COMPANY LETTER **D.** YOUR W.C./EMPLOYERS' LIABILITY CARRIER
- COMPANY LETTER **E.**

COVERAGES

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 IS ISSUED.

CO. LTR.	TYPE OF INSURANCE	COVERAGES	LIMITS
A	GENERAL LIABILITY	Concrete, precast concrete, curtainwall, electrical, HVAC, plumbing, steel and elevator subs must have \$2 million each occurrence under General Liability. All other trades require \$1 million each occurrence under General Liability.	GENERAL AGGREGATE → 1000,000 or 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL		PRODUCTS-COMM/OP AGG.
	<input type="checkbox"/> CLAIMS MADE		PERSONAL & ADV. INJURY
	<input type="checkbox"/> OWNERS & CONTRACTOR		EACH OCCURRENCE → 1000,000 or 2,000,000
B	AUTOMOBILE LIABILITY	Any Auto or Hired/Non-Owned/Owned required	FIRE DAMAGE (Any one fire)
	<input checked="" type="checkbox"/> ANY AUTO		MED. EXPENSE (Any one person)
	<input checked="" type="checkbox"/> ALL OWNED AUTOS		COMBINED SINGLE LIMIT 1000,000
	<input checked="" type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person)
	<input checked="" type="checkbox"/> HIRED AUTOS		BODILY INJURY (PER ACCIDENT)
	<input checked="" type="checkbox"/> NON-OWNED AUTOS		PROPERTY DAMAGE
C	EXCESS LIABILITY	Concrete, precast concrete, curtainwall, electrical, HVAC, plumbing, steel and elevator subs must have \$5 million excess liability. All other trades require \$1 million Excess Liability.	EACH OCCURRENCE → 1000,000 or 5,000,000
	<input checked="" type="checkbox"/> UMBRELLA FORM		AGGREGATE → 1000,000 or 5,000,000
D	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY	YOUR	<input checked="" type="checkbox"/> STATUTORY LIMITS
			EACH ACCIDENT 500,000
			DISEASE-POLICY LIMIT 500,000
			DISEASE-EACH EMPLOYEE 500,000
OTHER			

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO RETENTIONS)

"All work performed by (Your Company Name) for all Pepper Construction Company Jobsites. Additional Insureds: Pepper Construction Company and all others identified in the subcontract agreement."

CERTIFICATE HOLDER

Pepper Construction Company
 643 North Orleans
 Chicago, Illinois 60654
 Attn: "Insurance Administrator"

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION.

AUTHORIZED REPRESENTATIVE

Must contain authorized representative's name (Does not have to be signed)

CERTIFICATE OF INSURANCE (Form #2)		ISSUE DATE																				
PRODUCER <div style="border: 2px solid black; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;"> SAMPLE JOB SPECIFIC </div> YOUR AGENT OR PRODUCER ADDRESS CITY, STATE, ZIP YOUR AGENT'S PHONE NUMBER	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.																					
INSURED YOUR NAME YOUR ADDRESS YOUR CITY, STATE, ZIP	COMPANIES AFFORDING COVERAGE																					
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ACORD 25-S (7/90)	ACORD CORPORATION 1990																					