



## SUBCONTRACTOR PRE-QUALIFICATION CHECKLIST

The following information is required by NashBuilt, Inc. in order to qualify your bid and/or enter into a Contract Agreement:

- Completed Subcontractor Pre-Qualification Form
- W-9
- Copy of your State Contractor/Professional License
- Business Licenses
- Safety Manual
- Certificates of Insurance evidencing your coverage for:
  - General Liability
  - Workers Compensation
  - Auto Liability

The timely return of this information will enable us to move forward in developing our business relationship. Please contact NashBuilt, Inc. if you have any questions, do not qualify, or choose not to complete the pre-qualification form.

Return only if this packet contains **ALL** of the required information.

Thank you,

**NashBuilt, Inc.**  
8180 Pensacola Blvd.  
Pensacola, Florida 32534  
Phone: 850-739-0393

# SUBCONTRACTOR PRE-QUALIFICATION FORM

Please complete this form with as much detail as possible to assist us in evaluating your company's qualifications.

Full Name of Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(check if same as above  )

Business Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Authorized Signer(s): \_\_\_\_\_

Contractors License Number and State: \_\_\_\_\_

Classification: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Type of Work Performed: \_\_\_\_\_

**Note: Please attach a copy of your State Contractor's License to this Form**

How long has your Company been in business? \_\_\_\_\_ years      With the same License Number? \_\_\_\_\_ years

If less than 5 years, please indicate former License Number and Classification:

\_\_\_\_\_

What, if any, are your Contract Limitations: \$ \_\_\_\_\_

Is your Company incorporated? \_\_\_\_\_ In what state? \_\_\_\_\_ Incorporated in what year? \_\_\_\_\_

Names and Addresses of Officers (attach additional sheets if necessary):

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

If not incorporated, is your company a Sole Proprietorship? \_\_\_\_\_

# SUBCONTRACTOR PRE-QUALIFICATION FORM

If a Partnership, please name partners:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

SSN: \_\_\_\_\_ SSN: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Bank: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

*As part of any possible negotiation and prior to the potential execution of any subcontract agreement with your firm, we will at that time request specific financial information that we can verify to satisfy our due diligence requirements.*

General Liability Insurance Carrier: \_\_\_\_\_

Insurance Agent Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Rating: \_\_\_\_\_ *Note: Insurance Company must have an A.M. Best rating of A IX or better.*

Auto Insurance Carrier: \_\_\_\_\_

Insurance Agent Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Rating: \_\_\_\_\_ *Note: Insurance Company must have an A.M. Best rating of A IX or better.*

Workers Compensation Insurance Carrier: \_\_\_\_\_

Insurance Agent Phone: \_\_\_\_\_ Effective State: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

Account Number: \_\_\_\_\_

Does your Company have Professional Liability Insurance?  Yes  No

Bonding Carrier (Performance/Payment): \_\_\_\_\_

Bonding Agent Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

Rating: \_\_\_\_\_ *Note: Bonding Company must have an A.M. Best rating of A IX or better.*

Main Suppliers (attach additional sheets if necessary):

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_ City, State ZIP: \_\_\_\_\_

Contact: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

# SUBCONTRACTOR PRE-QUALIFICATION FORM

Estimator: \_\_\_\_\_ Telephone: \_\_\_\_\_

Office Manager: \_\_\_\_\_ Telephone: \_\_\_\_\_

Accounting Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Are you signatory to a union agreement? \_\_\_\_\_

If yes, what local? \_\_\_\_\_

MBE:  Yes  No  
*Minority Business Enterprise*

WBE:  Yes  No  
*Women Business Enterprise*

DBE:  Yes  No  
*Disadvantage Business Enterprise*

Are you willing to do prevailing wage projects?  Yes  No

List your volume for the past three years: \_\_\_\_\_ 20\_\_ \_\_\_\_\_ 20\_\_ \_\_\_\_\_ 20\_\_  
Year Year Year

List significant projects completed in the last three (3) years (attach additional sheets if necessary):

Project Location	Size	Completion Date	Contact Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Primary geographical areas in which your Company holds an active Business License:

_____ (County or Municipality) License Number: _____ Expiration Date: _____	_____ (County or Municipality) License Number: _____ Expiration Date: _____
_____ (County or Municipality) License Number: _____ Expiration Date: _____	_____ (County or Municipality) License Number: _____ Expiration Date: _____
_____ (County or Municipality) License Number: _____ Expiration Date: _____	_____ (County or Municipality) License Number: _____ Expiration Date: _____

**Note: Please attach a copy of your Business License(s) to this Form**

# SUBCONTRACTOR PRE-QUALIFICATION FORM

List four (4) General Building Contractor references with their contact information.

*Please attach copies of any letters of recommendation.*

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_ City, State ZIP: \_\_\_\_\_

Contact: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_ City, State ZIP: \_\_\_\_\_

Contact: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Company Safety Program

*A copy of the Safety Program must accompany this qualification form.*

I hereby certify that \_\_\_\_\_ currently has a written Safety Program.  
(Company Name)

Emergency Contact: \_\_\_\_\_  
Name Phone

Can your organization provide E-Verification? YES: \_\_\_\_\_ NO: \_\_\_\_\_

Annual Revenue for the last five years: \_\_\_\_\_

Has your company had any judgments, claims, arbitration proceedings or suits against your firm or its officers within the last 1 years?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

If yes, please list on a separate sheet.

Has your firm filed any lawsuits or requested arbitration with regard to construction contracts within the last five years?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

If yes, please list on a separate sheet.

Has your company ever failed to complete any work it has been awarded? YES: \_\_\_\_\_ NO: \_\_\_\_\_

Signed By: \_\_\_\_\_ Notarized By: \_\_\_\_\_

Name (Print): \_\_\_\_\_ Name (Print): \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Stamp: \_\_\_\_\_

Please email a copy of this requested information to: [admin@nashbuiltinc.com](mailto:admin@nashbuiltinc.com) as a PDF file.

To the best of my knowledge, the information provided on this form, including attachments, is accurate.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Internal Use Only

GL: \_\_\_\_\_

Contact: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Auto: \_\_\_\_\_

Contact: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

WC: \_\_\_\_\_

Contact: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Supplier: \_\_\_\_\_

Contact: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

GC: \_\_\_\_\_

Contact: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Bonding: \_\_\_\_\_

Contact: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Estimating/Division Manager:

Final Approval:

# NON-EXCLUSION CONFIRMATION FORM

IT IS ESSENTIAL THAT YOU HAVE YOUR AGENT COMPLETE THE ENCLOSED FORM AND RETURN IT ALONG WITH YOUR CERTIFICATES AND ENDORSEMENTS. YOUR PROMPT ATTENTION TO THIS MATTER IS GREATLY APPRECIATED.

As the insurance agent of record for the below stated policy, I certify that said policy does not contain any of the following exclusions:

Subcontractor/Policy Owner: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

General Liability Policy Number: \_\_\_\_\_

## INITIAL

\_\_\_\_\_ If Residential Operations Project: the policy does not contain any exclusions or limitations for residential construction.

\_\_\_\_\_ If Condominium Operations Project: the policy does not contain any exclusions or limitations for condominium or Multi-family residential construction.

\_\_\_\_\_ Subsidence Coverage: No exclusions or limitations for subsidence

\_\_\_\_\_ Broad Form Property Damage

\_\_\_\_\_ Contractual Liability

\_\_\_\_\_ Explosion-Collapse-Underground Operations (X-C-U)

Explain Exceptions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency: \_\_\_\_\_

Address \_\_\_\_\_

City State Zip: \_\_\_\_\_

## INSURANCE REQUIREMENTS

The following is a list of insurance requirements, which are mandatory for all subcontractors. Please contact your agent as soon as possible to ensure that your company has proper coverage.

### General Liability

#### Minimum Coverage

\$1,000,000 Each Occurrence  
\$2,000,000 General Aggregate  
\$2,000,000 Products Comp/Op Agg

### Auto Liability

#### Minimum Coverage

\$1,000,000 Combined Single Limit

**Workers Compensation** \*Coverage A Statutory  
\*Coverage B Employer Liability

#### Minimum Coverage

\$500,000

In **Description of Operations** section of certificate, insert the following required wording:  
*“Project (insert specific project name/number). Certificate Holder is included as an Additional Insured for Contractor NashBuilt, Inc., and Project Owner with respects to General Liability and Auto, Products and Completed Operations provided with respects to General Liability. Primary and Noncontributory coverage applies with respects to General Liability and Auto. Waiver of subrogation provided with respects to General Liability, Auto, and Workers Compensation.. See attached per project aggregate endorsement, and additional insured endorsement. \*30 days notice of cancellation for non-payment of premium.”*

In **Certificate Holder** area, insert:

NashBuilt, Inc.  
8180 Pensacola Blvd.  
Pensacola, Florida 32834

**Additional Insured and Per Project General Aggregate Endorsement** should be issued on a separate form referencing company and policy number and shall be provided in addition with the certificate of insurance. **NOTE: Each time you issue a renewal or job-specific certificate, new endorsements must be provided. If the per project aggregate endorsement is not available, we require at least a \$2,000,000 umbrella or excess liability policy.**

Your prompt attention and response will help to avoid delays in releasing funds due to you. It will also prevent our superintendents from issuing a work cessation order until such renewals or infractions are rectified.