



**To:** Prospective Subcontractor  
**Re:** Childers Prequalification Packet 2018

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The following packet contains pertinent policies, procedures, and forms required of any subcontractor intending to do work with Childers Construction Company. The purpose of this packet is to inform potential subcontractors of the standards held by Childers Construction Company, as well as gather contact information, insurances, etc. required by the state, insurance companies, and/or Childers Construction Company. The information gathered at this time is for pre-screening purposes only, thus it is necessary to provide us with all the items below.

Please review the attached, and return all forms and supplemental documents (listed below) to our office ASAP. **It is mandatory that this packet is fully completed and approved prior to commencement of work. Incomplete packets will NOT be approved.**

- 1  Subcontractor Data Form
  - a.  Copy of State of Florida Business License
  - b.  Copies of City/County/State Occupational License(s) (all that apply)
  - c.  Certification Certificate(s) (all that apply)
  - d.  OSHA Explanation Letter (if applicable)
  - e.  Additional Explanation Letters (if applicable)
- 2  References
- 3  List of Contacts & Approved Signatories
- 4  Signed W-9
- 5  General Liability COI
- 6  Workers' Compensation COI
- 7  Automobile COI

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**Please return completed packet to:**  
**Cassie Wells – [cassie@childers-construction.com](mailto:cassie@childers-construction.com)**



**Subcontractor Prequalification Insurance Requirements**

The policies and procedures listed below are subject to change.

**I. INSURANCE REQUIREMENTS**

Prior to the execution of a Subcontract Agreement and prior to commencement of any work, subcontractors must provide certificates of insurance (COI's) as proof of coverage for all insurance listed below. **No Worker's Comp exemptions.**

**A. Workers' Compensation and Employers' Liability Insurance** shall be purchased and maintained in force by the subcontractor during the term of this subcontract for all employees engaged in this work under this subcontract, in accordance with the laws of the State of Florida, and, if applicable to the work involved, shall include Federal Longshoremen's and Harbor Workers' Compensation Act Coverage, **the Jones Act, or under laws, regulations or statutes applicable to maritime employees, coverage shall be included for such injuries or claims.** The amount of Employers' Liability Insurance shall not be less than:

<b>Workers' Compensation Employers Liability</b>	<b>Statutory Requirements \$100,000 Limit Each Accident \$500,000 Limit Disease Aggregate \$100,000 Limit Disease Each Employee</b>
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**B. Commercial General Liability Insurance** shall be purchased and maintained by the subcontractor during the period of construction, and for two years following the owner's acceptance of the project. Coverage shall include but not be limited to Premises and Operation and Per Project Aggregate. Limits of Coverage shall be at least:

<b>Bodily Injury &amp; Property Damage Personal &amp; Advertising Injury Liab. Products &amp; Completed Operations Bodily Injury &amp; Property Damage</b>	<b>\$1,000,000 Comb. Each Occurrence \$1,000,000 \$2,000,000 Aggregate Limit \$2,000,000 General Aggregate</b>
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**C. Business Automobile Liability Insurance** shall be purchased and maintained by the subcontractor as to ownership, maintenance, and use of all owned, non-owned, leased or hired vehicles with limits of not less than:

<b>Bodily Injury Liability Property Damage Liability</b>	<b>\$1,000,000 Limit Each Person \$1,000,000 Limit Each Accident</b>
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Or

<b>Bodily Injury &amp; Property Damage Liability</b>	<b>\$1,000,000 Combined Single Limit Each Accident</b>
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**D. Installation Floater Insurance** shall be purchased and maintained by subcontractor on an "all risk" (including coverage for the perils of wind and flood) installation floater in the amount of \$150,000 or the initial subcontract price, plus the value of any subsequent modifications, whichever is greater. All deductibles under this coverage shall be paid by the subcontractor. This coverage shall be primary and non-contributory to any Builder's Risk coverage on the overall project that may be provided by the Owner or Contractor.



- E. **Excess Liability (Umbrella)** shall be purchased and maintained by the subcontractor with a minimum limit of \$1,000,000.

Subcontractors hired by Childers Construction Company are responsible for assuring that all sub-subcontractors hired to work on a Childers Construction Company project are properly licensed and carry the same limits of insurance as required of subcontractors.

## II. PAYMENT

### A. Application for Payment

This Subcontractor shall submit progress payment applications to the Contractor No Later Than the 20<sup>th</sup> day of each month for work performed up to and including the 25<sup>th</sup> day of each month. Ten Percent (10%) of each payment shall be retained until Final Completion. All payments are subject to receipt of release of liens, warranties and guarantees as required by the Contract Documents.

### B. Payment Restrictions

The Subcontractor understands and agrees that no payment (from Childers) shall be due (or owed) to the Subcontractor unless and until the Owner has paid Childers for the Subcontractor's work. Childers' receipt of payment from the Owner for the Subcontractor's work is a condition precedent to Childers' obligation to pay the Subcontractor. Subcontractor also agrees within seven working days from receipt of payment from Childers Construction, the subcontractor will pay each supplier, consultant and or lower tier subcontractor, the amount to which said supplier, consultant or lower tier subcontractor is entitled from said payment received from Childers Construction. Subcontractor will preserve all accounting and project records for a period of 4 years after final acceptance of work. Childers Construction reserves the right to audit the subcontractors accounting records if required by the owner.

### C. Final Payment

Application – Upon final acceptance of the Subcontractor's Work by the Owner, the Contractor and the Architect, the Subcontractor shall make application for final payment and shall submit to the Contractor:

1. An Affidavit that all labor, materials, equipment, and other indebtedness connected with the Work have been paid or otherwise satisfied;
2. Final Release of Lien
3. Consent of Surety to Final Payment, if required by the Contractor;
4. Close – Out Documents required by the Contract Documents.



**Subcontractor Prequalification  
General Data**

If planning to bid on a specific project, list that project name below:

\_\_\_\_\_

Legal Business Name: \_\_\_\_\_

Owner(s): \_\_\_\_\_

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

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

Phone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

Main Email: \_\_\_\_\_

Company Website: \_\_\_\_\_

Please write a brief description of the type of work or trade you perform:

\_\_\_\_\_

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

Years Performing Work: \_\_\_\_\_

Work consists of:  Labor Only  Labor & Materials  Materials Only

Percentage of work to be performed by: Own Workforce \_\_\_\_\_% Sub-Subcontractors \_\_\_\_\_%

FEIN or SSN: \_\_\_\_\_

***Provide a copy of the following licenses:***

City of Tallahassee Business Tax Certificate Account Number: \_\_\_\_\_

State of FL Contractors License Number: \_\_\_\_\_

<b><u>FOR CHILDERS USE ONLY</u></b>	
<input type="checkbox"/>	Project References
<input type="checkbox"/>	Financial References
<input type="checkbox"/>	Supplier References

<b><u>FOR CHILDERS USE ONLY</u></b>	
<input type="checkbox"/>	OSHA Review
<input type="checkbox"/>	Asst. PM Review
<input type="checkbox"/>	Approval _____ (Name)
	_____ (Date)



Are there any pending judgements against you or your company?  Yes  No  
*\* If yes, please attach explanation letter.*

**HAS FIRM EVER:**

Failed to Complete a Project  Yes  No  
*\* If yes, please attach explanation letter.*

Been Involved in Bankruptcy or Reorganization  Yes  No  
*\* If yes, please attach explanation letter.*

**SAFETY:**

Does Firm Have a Written Safety Program?  Yes  No

Does Firm Have a Written Hazardous Communication Program?  Yes  No

Has Firm Ever Been Cited by OSHA within the Last 3 Years?  Yes  No  
*\* If yes, please attach OSHA letter outlining violations.*

**W/M.B.E. or SERVICE DISABLED VETERAN CLASSIFICATION:**

Is Firm a Minority Business Enterprise (MBE)?  Yes  No  
*\* If yes, please attach copy of all certifications received by firm.*

Black/African American  Hispanic/Mexican  Other

Is Firm a Women/Minority Business Enterprise (W/MBE)?  Yes  No  
*\* If yes, please attach copy of all certifications received by firm.*

Is Firm a Service Disabled Veteran Owned Business?  Yes  No  
*\* If yes, please attach copy of all certifications received by firm.*

Are you Certified with either (i) the State of Florida, Department of Labor and Employment Security; (ii) a County in Florida; (iii) a City in Florida; or (iv) a school board in Florida?  Yes  No  
*\* If yes, please attach copy of all certifications received by firm.*

Is Firm a Certified W/MBE or Service Disabled Veteran Owned Business in another state?  
\*If yes, which state? \_\_\_\_\_  Yes  No  
*\* If yes, please attach copy of all certifications received by firm.*



**Subcontractor Prequalification  
Financial Data**

**FINANCIAL INFORMATION:**

Volume of Work Completed in the Last Three (3) Years:

2015: \$ \_\_\_\_\_ 2016: \$ \_\_\_\_\_ 2017: \$ \_\_\_\_\_

Work Currently Under Contract: \$ \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone No.: \_\_\_\_\_

**BONDING**

**Does Firm Have Bonding Capabilities?**  Yes  No

*\* If yes, please answer the following:*

Bonding Limit per Project: \$ \_\_\_\_\_

Total Aggregate Bonding Limit: \$ \_\_\_\_\_

Value of Work Presently Bonded: \$ \_\_\_\_\_

**Bonding Agent:**

Company: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_ Contact: \_\_\_\_\_

**Check Disbursement Option:**

Pick-up  Mail  FedEx FedEx Account No.: \_\_\_\_\_

I, HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE, THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND COMPLETE.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 201\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name & Title



**Subcontractor Prequalification  
References**

Please supply **TWO (2)** references for both Material Suppliers and General Contractors.

**REFERENCES**

**Material Suppliers:**

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

Phone No.: \_\_\_\_\_ Contact: \_\_\_\_\_ Email: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_ Contact: \_\_\_\_\_ Email: \_\_\_\_\_

**General Contractor:**

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

Phone No.: \_\_\_\_\_ Contact: \_\_\_\_\_ Email: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_ Contact: \_\_\_\_\_ Email: \_\_\_\_\_

**List your TWO (2) Largest Projects Currently Under Construction:**

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

Location: \_\_\_\_\_

General Contractor: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Contract Amount: \$ \_\_\_\_\_ Percent Complete: \_\_\_\_% Estimated Completion Date: \_\_\_\_\_

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

Location: \_\_\_\_\_

General Contractor: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Contract Amount: \$ \_\_\_\_\_ Percent Complete: \_\_\_\_% Estimated Completion Date: \_\_\_\_\_



**Subcontractor Prequalification  
Contacts & Approved Signatories**

Please provide the contact information below. If applicable, check all officers of your organization approved to sign documents. We will only accept the signature of an officer from those who are indicated below. Checks will be released only after lien waivers have been signed by an approved signatory.

**Owner:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Email: \_\_\_\_\_ Approved Signatory:  Yes  No

**Administrative Contact:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Email: \_\_\_\_\_ Approved Signatory:  Yes  No

**Accounts Receivable Contact:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Email: \_\_\_\_\_ Approved Signatory:  Yes  No

**Estimator/Bid Notification Contact:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Email: \_\_\_\_\_ Approved Signatory:  Yes  No

**Other Contact:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Email: \_\_\_\_\_ Approved Signatory:  Yes  No

**Other Contact:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Email: \_\_\_\_\_ Approved Signatory:  Yes  No

**To be signed by Owner:**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date