

## SUBCONTRACTOR PREQUALIFICATION PACKAGE

To Potential Subcontractors:

Thank you for your interest in joining the Foresight Construction team of quality subcontractors. We understand that our subcontractors are the reason why we are able to consistently deliver value and quality to our clients. To ensure that all team members meet our strict quality standards, we require all our subcontractors to be prequalified before working on our projects.

**The Subcontractor Prequalification Package consists of the following:**

1. Contractor Qualification Statement
2. Credit and Financial Information Authorization (to be considered for projects over 100K)
3. Company Signer Authorization
4. Letter of Bondability (to be considered for projects over 100K)
5. Insurance Requirements

Please fill out and return these documents as soon as possible to [kmcpherson@foresightcgi.com](mailto:kmcpherson@foresightcgi.com).

Please keep in mind that the processing time largely depends on the completeness of the application upon submission and the responsiveness of your references. Please indicated if this Prequalification Packages is being submitted in response to an Invitation to Bid.

Should you have any questions, please contact **Kendall McPherson** at [kmcpherson@foresightcgi.com](mailto:kmcpherson@foresightcgi.com) or **(352) 335-6352**.

Best Regards,



Juan M. Segarra  
President/CEO  
Foresight Construction Group, Inc.

HEADQUARTERS  
5080 W. Newberry Road, Suite 2A  
Gainesville, FL 32607  
T // 352.335.6352 F // 888.638.4790

BRANCH OFFICE  
6801 Roosevelt Blvd.,  
NAS Jacksonville, FL 32212  
T // 904.772.1066 F // 904.772.1067

BRANCH OFFICE  
5325 Primrose Lake Circle, Suite A  
Tampa, FL 33647  
T // 813.304.2620 F // 888.966.0285

[WWW.FORESIGHTCGI.COM](http://WWW.FORESIGHTCGI.COM)

# CONTRACTOR QUALIFICATION STATEMENT

## PREPARED FOR

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

Project Name N/A

**Foresight Construction Group, Inc.**  
5080 W. Newberry Road, Suite 2A  
Gainesville, FL 32607

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

Legal Company Name: \_\_\_\_\_

DBA Name (If Applicable): \_\_\_\_\_

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

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

Type of Business:  Corporation  Partnership  Individual  Joint Venture  Other \_\_\_\_\_

Principal of Firm: \_\_\_\_\_ Title: \_\_\_\_\_

Principal of Firm: \_\_\_\_\_ Title: \_\_\_\_\_

Number of Permanent Employees: \_\_\_\_\_ % of Work Done with own Forces: \_\_\_\_\_

Preferred Minimum and Maximum Size Project in Dollars: Minimum \$ \_\_\_\_\_ Maximum \$ \_\_\_\_\_

## WORK HISTORY

### List Two (2) Most Significant Projects worked on within last 12 months:

Project: _____	Project: _____
General Contractor: _____	General Contractor: _____
Address: _____	Address: _____
City: _____ Zip: _____	City: _____ Zip: _____
Contact: _____	Contact: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Amount: _____ % Complete: _____	Amount: _____ % Complete: _____

### List Two (2) Significant Suppliers:

Company: _____	Company: _____
Address: _____	Address: _____
City: _____ Zip: _____	City: _____ Zip: _____
Contact: _____	Contact: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____

## CONTACT INFORMATION

General Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Office Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Additional Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

# CONTRACTOR QUALIFICATION STATEMENT

## LICENSES

List jurisdictions and trade categories in which your organization is legally qualified to do business, and indicate registration or license numbers, if applicable, attach copy of licenses.

License #: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_ Category: \_\_\_\_\_  
License #: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_ Category: \_\_\_\_\_  
License #: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_ Category: \_\_\_\_\_

## INSURANCE AND BONDING

Value of Work Presently Bonded \$ \_\_\_\_\_ Bonding Capacity: \$ \_\_\_\_\_ / \$ \_\_\_\_\_  
Per Project Aggregate

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

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

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

(Attach Copy of Insurance Certificate for General Liability, Worker's Compensation and Automobile)

## SAFETY

In the previous three (3) years, has your firm been cited with any OSHA violations?  Yes  No

If Yes, list violations: \_\_\_\_\_  
\_\_\_\_\_

In the previous five (5) years, have you had any jobsite fatalities?  Yes  No

If Yes, provide explanation: \_\_\_\_\_  
\_\_\_\_\_

## FINANCIAL - Bank References

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

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

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

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

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

Account #: \_\_\_\_\_ Account #: \_\_\_\_\_

Do you have a Line of Credit? \_\_\_\_\_ If yes, with whom: \_\_\_\_\_

Amount of Line of Credit: \_\_\_\_\_ Annual Average of Sales Last Three (3) Years \$ \_\_\_\_\_

To be considered for projects over \$100K, the following attachments are required:

- » **Financial Statements** – Please attach financial statements for the most current year. A current interim financial statement is required if last fiscal year end is over six months old.
- » **Letter of Surety from Bonding Company** – Please attach a letter from your bonding company to include name of bonding company, bonding company rating, per project single limit and aggregate bonding capacity.

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

## MUST BE PLACED ON YOUR COMPANY LETTERHEAD

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Date - *(Date of preparation)*

Name - *(Indicate the Name of the company that you are listing as a reference)*

Address - *(Please indicate the address of the company that you are listing as a reference)*

To Whom It May Concern:

You are hereby authorized to provide to Foresight Construction Group, Inc. with verification of our credit and financial information including but not limited to: payment history, high and low credit balances, amount of credit lines, bonding capabilities and insurance coverages as part of their prequalification process.

Print Company Name: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

State of: \_\_\_\_\_

County of: \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

By: \_\_\_\_\_ as: \_\_\_\_\_

for: \_\_\_\_\_

Personally Known or  Provided the following identification: \_\_\_\_\_

Notary: \_\_\_\_\_ Notary Seal:

My Commission Expires: \_\_\_\_\_

# MUST BE PLACED ON YOUR COMPANY LETTERHEAD

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## COMPANY SIGNER AUTHORIZATION

The following individuals are authorized to sign all legal documents on behalf of

Company Name of Subcontractor: \_\_\_\_\_

1. \_\_\_\_\_  
Name (Print) Title E-mail Address

2. \_\_\_\_\_  
Name (Print) Title E-mail Address

3. \_\_\_\_\_  
Name (Print) Title E-mail Address

**Please note: if more than one authorized signer is listed, all subcontracts and change orders will be issued to the first signer listed.**

Signature of Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

State of: \_\_\_\_\_

County of: \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

By: \_\_\_\_\_ as: \_\_\_\_\_

for: \_\_\_\_\_

Personally Known or  Provided the following identification: \_\_\_\_\_

Notary: \_\_\_\_\_ Notary Seal:

My Commission Expires: \_\_\_\_\_

## General Liability, Auto Liability, and Worker's Compensation

### General Liability:

1. General Liability should be on a per 'Project' General Aggregate basis.
2. Add Additional Insured and provide a copy of the endorsement (needs to indicate it covers On-Going and Completed Operations, we recommend form CG2010 1185, or a combination of: CG2010 10 01 and CG2037 10 01; CG2010 07 04 and CG2037 07 04; or CG2010 04 13 and CG2037 04 13).
3. Add Waiver of Subrogation and provide a copy of the endorsement.
4. Limits need to be at least the following:
  - a. EACH OCCURRENCE - \$1,000,000
  - b. GENERAL AGGREGATE - \$2,000,000
  - c. PRODUCTS - COMP/OP AGG - \$2,000,000
5. General Liability needs to be Primary and Non-Contributory.
6. Provide a 30-Day Cancellation Notice.
7. List Certificate Holder as follows:

D&M Construction Group, Inc. DBA  
Foresight Construction Group, Inc.  
5080 W. Newberry Road, Suite 2-A  
Gainesville, FL 32607
8. Certificates need to be submitted on an Acord 25 (2016/03), the current version of the Acord form.

### Auto Liability:

1. Provide coverage for 'Any Auto' or all of the following: 'Hired Autos' 'Scheduled Autos' and 'Non- Owned Autos'.
2. Add Additional Insured and provide a copy of the endorsement.
3. Add Waiver of Subrogation and provide a copy of the endorsement.
4. The 'Combined Single Limit' must be at least \$1,000,000.
5. Provide a 30-Day Cancellation Notice.
6. List Certificate Holder as follows:

D&M Construction Group, Inc. DBA  
Foresight Construction Group, Inc.  
5080 W. Newberry Road, Suite 2-A  
Gainesville, FL 32607
7. Certificates need to be submitted on an Acord 25 (2016/03), the current version of the Acord form.

### Workers Compensation:

1. Complete the exemption box with either a 'Y' or a 'N'. If yes, indicate who is exempt?
2. Add Waiver of Subrogation and provide a copy of the endorsement.
3. Limits need to be at least the following:
  - a. E.L. EACH ACCIDENT - \$500,000
  - b. E.L. DISEASE - EA EMPLOYEE - \$500,000
  - c. E.L. DISEASE - POLICY LIMIT - \$500,000
4. If the Worker's Compensation is through a Professional Employee Organization we will need to obtain a list of covered employees direct from the agent. Also, PEO companies do not cover subbed out work, therefore the subcontractor can not sub out any portion of their scope of work.
5. List Certificate Holder as follows:

D&M Construction Group, Inc. DBA  
Foresight Construction Group, Inc.  
5080 W. Newberry Road, Suite 2-A  
Gainesville, FL 32607
6. Certificates need to be submitted on an Acord 25 (2016/03), the current version of the Acord form.

### Professional Liability (when applicable):

1. Limits need to be at least \$1,000,000.
2. Provide a copy of the Professional Liability policy.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Contractors Agent Street City, State, Zip Code Phone Number	<b>CONTACT NAME:</b> PHONE (A/C, No. Ext): E-MAIL ADDRESS: FAX (A/C, No.):														
<b>INSURED</b> Contractor Street City, State, Zip Code Phone Number	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> </thead> <tbody> <tr><td>INSURER A : Name of Insurance Company</td><td>XXXXX</td></tr> <tr><td>INSURER B : Name of Insurance Company</td><td>XXXXX</td></tr> <tr><td>INSURER C : Name of Insurance Company</td><td>XXXXX</td></tr> <tr><td>INSURER D : Name of Insurance Company</td><td>XXXXX</td></tr> <tr><td>INSURER E : Name of Insurance Company</td><td>XXXXX</td></tr> <tr><td>INSURER F : Name of Insurance Company</td><td>XXXXX</td></tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Name of Insurance Company	XXXXX	INSURER B : Name of Insurance Company	XXXXX	INSURER C : Name of Insurance Company	XXXXX	INSURER D : Name of Insurance Company	XXXXX	INSURER E : Name of Insurance Company	XXXXX	INSURER F : Name of Insurance Company	XXXXX
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INSURER F : Name of Insurance Company	XXXXX														

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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 MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	Y	Y	Policy Number	Date	Date	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	Policy Number	Date	Date	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			Policy Number	Date	Date	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	Y	Policy Number	Date	Date	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate Holder is named as Additional Insured regarding General Liability (for On-Going & Completed Operations per attached form CG2010 (11/85) or its equivalent) and on Automobile Liability. General Liability on a "Per Project" General Aggregate basis. General & Auto Liability on a Primary and Non-Contributory basis as required by written contract. Waiver of Subrogation in favor of Certificate Holder applies to General Liability, Automobile Liability and Workers Compensation as required by written contract. Umbrella as required by written contract will follow form. 30 Day Notice of Cancellation for all applicable policies listed above as per written contract.

**CERTIFICATE HOLDER** **CANCELLATION**

D&M Construction Group, Inc. DBA Foresight Construction Group, Inc. 5080 W Newberry Road, Suite 2A Gainesville, FL 32607	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <hr/> AUTHORIZED REPRESENTATIVE
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