

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. Letter of Bondability (to be considered for projects over 100K)
4. Insurance Requirements

Please fill out and return these documents as soon as possible to kmcperson@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 indicate if this Prequalification Packages is being submitted in response to an Invitation to Bid.

Should you have any questions, please contact **Kendall McPherson** at kmcperson@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

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

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: _____

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.

