



1351 Joliet Road  
 P.O. Box 242  
 Valparaiso, IN 46384  
 Phone 219-462-3415  
 Fax 219-462-3964  
 info@gemarshall.com

**SUBCONTRACTOR  
 PRE-QUALIFICATION FORM**

**COMPANY INFORMATION**

Company Name: \_\_\_\_\_  
 Federal Identification # \_\_\_\_\_

Corporate Headquarters Information	Address		
	City	State	Zip Code
	Phone:	Fax:	Website:
	Contact Name: _____		
	Contact Phone: _____		
Contact Email: _____			

Company Type     Corporation     Sole Proprietor     Joint Venture     LLC  
                           Partnership     DBA     Individual

List Company Officers:

Chairman: \_\_\_\_\_  
 President: \_\_\_\_\_  
 Vice President: \_\_\_\_\_  
 Secretary: \_\_\_\_\_  
 Treasurer: \_\_\_\_\_

**OWNERSHIP TYPE (Check ALL that Apply)**  
 Include a copy of all certifications relative to the ownership type(s) indicated.

MBE- Minority Owner Business Enterprise     WBE- Women Owner Business Enterprise

**BUSINESS TYPE**

List the trade work your company performs: \_\_\_\_\_

Total Number of Employees:    Office: \_\_\_\_\_    Shop: \_\_\_\_\_    Field: \_\_\_\_\_

Are you directly or indirectly signatory to any labor union agreements:     Yes     No

If Yes, which Unions: \_\_\_\_\_

**FINANCIAL**

Annual sales volume for the last three (3) years:

Year	Sales	Year	Sales	Year	Sales
20 _____	\$ _____	20 _____	\$ _____	20 _____	\$ _____

Largest single contract awarded in the last three years:    \$ \_\_\_\_\_

Description: \_\_\_\_\_

Current backlog:    \$ \_\_\_\_\_

**Please fill out and return W-9 form if you have not previously worked for G.E.Marshall, Inc.  
 PLEASE ATTACH LAST THREE (3) YEARS OF AUDITED FINANCIAL STATEMENTS.**



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**BANKING**

Bank Name: \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
 Does your company have a line of credit?  Secured  Unsecured  None  
 If Yes, what is the amount of the line of credit? \$ \_\_\_\_\_  
 Amount of available line of credit? \$ \_\_\_\_\_

**BONDING**

Is your company bondable?  Yes  No  
 If Yes, bonding company's name: \_\_\_\_\_  
 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?  Yes  No  
 (If Yes, attach explanation)  
 Are there any Judgments, Claims, Arbitration Proceedings or Suits pending or outstanding against your organization or its Officers?  Yes  No  
 (If Yes, attach explanation)  
 Has your Organization filed any lawsuits or requested Arbitration with regard to Construction Contracts within the last five (5) years?  Yes  No  
 (If Yes, attach explanation)  
 Has your Organization or its Principals ever filed for Bankruptcy?  Yes  No  
 (If Yes, attach explanation)

**SAFETY PROGRAM**

Please state your Experience Modification Rating (EMR) for the last three (3) years.

Year	EMR	Year	EMR	Year	EMR
2005	_____	2006	_____	2007	_____

How many OSHA violations were recorded for the most recent year completed? \_\_\_\_\_  
 Were any violations willful?  Yes  No (If Yes, attach explanation)

**INSURANCE**

EXHIBIT 1 contains G.E.Marshall Inc.'s minimum insurance requirements. Kindly read these insurance requirements in the their entirety.  
 Does your company currently maintain insurance that meets these requirements?  Yes  No  
**ATTACH A SAMPLE OF YOUR COMPANY'S INSURANCE CERTIFICATION SHOWING COVERAGES REQUIRED BY G.E.MARSHALL, INC.**



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REFERENCES		
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: \_\_\_\_\_

- Attachments:
- |                                                |                                                           |                                                    |
|------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Bonding Letter        | <input type="checkbox"/> Financial Statements (3 years)   | <input type="checkbox"/> W-9 Form                  |
| <input type="checkbox"/> Insurance Certificate | <input type="checkbox"/> Minority Certifications (if any) | <input type="checkbox"/> Explanations if necessary |

## **EXHIBIT 1**

### **SUBCONTRACT AGREEMENT**

#### **Subcontractors Insurance Requirements Form SIR-1 Request for a Certificate of Insurance**

You are required to provide us with a Certificate of Insurance prior to the start of work and under the following provisions:

##### **COMMERCIAL GENERAL LIABILITY**

1. **Limits of Liability Per Project Aggregate (CG2503)**

General Aggregate	\$2,000,000
Products/Completed Operations Aggregate	\$2,000,000
Personal and Advertising Injury	\$1,000,000
Each Occurrence	\$1,000,000
Fire Damage	\$ 100,000
Medical Payments	\$ 10,000

2. Limits include a Per Project Aggregate (CG2503).
3. Coverage shall also include Contractual and XCU.
4. Architect (CG 2031) Owner (CG2010), General Contractor and G. E. Marshall, Inc. (CG 2010 & CG 2037) shall be named as an additional insured.
5. Your insurance protection shall be primary and noncontributory.
6. You shall waive your rights of subrogation against Architect, Owner, General Contractor and G. E. Marshall, Inc.
7. You shall agree to continue products/completed operations coverage for two years after project completion.
8. No standard coverage such as explosion, collapse or underground shall be excluded or limited.

##### **BUSINESS AUTOMOBILE POLICY**

1. **Limits of Liability (Minimum)**

Each Accident Bodily Injury or Property Damage	\$1,000,000
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2. Architect, Owner, General Contractor and G. E. Marshall, Inc. shall be named as an additional insured. (CA 2048)
3. Your insurance protection shall be primary and noncontributory.
4. You shall waive your right to subrogation against Architect, Owner, General Contractor and G. E. Marshall, Inc.
5. No standard coverage shall be eliminated or removed.

##### **WORKER'S COMPENSATION**

1. Statutory Workers Compensation with Employer Liability.
2. Waiver of Subrogation Endorsement in favor of G. E. Marshall, Inc., Architect, Owner and General Contractor will be required.

##### **UMBRELLA EXCESS LIABILITY (MINIMUM)**

1. Bodily Injury or Property Damage \$1,000,000
2. Architect, Owner, General Contractor and G. E. Marshall, Inc. shall be included as an additional insured on this policy.

You shall maintain insurance policies comparable to in coverage and limits of insurance (at a minimum) to the previously listed requirements or those required by the owner, whichever provides the highest coverage, limits or enhancements. The referenced policies shall provide such coverage to fulfill the subcontractor's obligations with regard to the indemnification requirements contained in this document and any claim, damage, loss or expense described in this subcontract. Liability insurance shall be carried on an occurrence basis. Additional insured status shall include our firm and all entities required by contract and the respective officers, directors, consultants, agents and employees of each. Prior to commencing the work and in no event later than 14 days after execution of the subcontract, subcontractors shall deliver a Certificate of Insurance from insurance companies acceptable to our firm. Said Certificate shall confirm compliance with all insurance requirements and shall stipulate that no cancellation of any of the policies shall be effective until 30 days after written notice by certified mail has been received. Payment to Subcontractor will be withheld until evidence of insurance is received and approved by G. E. Marshall, Inc. Subcontractor shall require all sub-subcontractors to furnish a certificate of insurance to G. E. Marshall, Inc. showing evidence of the same insurance and indemnity requirements listed above and included in this contract.

**If your insurance policies require endorsements to meet these requirements please forward a confirming copy when received.**