
SUBCONTRACTOR PRE-QUALIFICATION

Before contracting with D.H. Slater & Son, Inc., all subcontractors must complete a pre-qualification process. We consider our subcontractors and suppliers as partners on our projects and part of our team. We want to provide you with the best possible opportunity to be successful in working with us so that our customers receive the highest quality workmanship and outcome. Your success helps the entire project be a success. We employ this qualification process to ensure that you are competing against others with similar operational and financial capabilities, as well as making sure those capabilities are a match for the needs of each specific project.

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

- Completed Subcontractor Pre-Qualification Form
- Completed W-9 Form
- Copy of your State Contractor's License
- Completed Insurance Requirements
- 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 D.H. Slater & Son, 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,

D.H. Slater & Son, Inc.
3753 Morehead Ave.
Chico Ca. 95928
P- 530 893 3333
F- 530 893 1774
E- ashley@slaterandson.com

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: (same as above) _____

Business Phone: _____ Fax: _____

Email Address: _____ Type of Work Performed: _____

Authorized Signer(s): _____ Authorized Signer(s): _____

Authorized Signer(s): _____ Authorized Signer(s): _____

Contractors Lic. # _____ State: _____ Expiration: _____ Fed Tax ID: _____

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

How long has your company been in business? _____ With the same license number? _____

If less than (5) years, please indicate former license and classification(s) _____

What, if any, are your contract limitations? _____

Is your Company Incorporated? Yes No In what state? _____ Incorporated in what year? _____

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

Name:	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone:

If not incorporated, is your company a Sole Proprietorship? Yes No

If Sole Proprietorship, please provide Social Security Number:

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.

Bonding Information

Bonding Carrier Perf./Pay: _____ Bonding Agent Phone: _____
 Rating: _____ Contact: _____

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

Supplier References

Main Suppliers (attach additional sheets if necessary):

Name: _____	Name: _____
Address: _____	Address: _____
State, City, Zip: _____	State, City, Zip: _____
Contact: _____	Contact: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

Name: _____	Name: _____
Address: _____	Address: _____
State, City, Zip: _____	State, City, Zip: _____
Contact: _____	Contact: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

Name: _____	Name: _____
Address: _____	Address: _____
State, City, Zip: _____	State, City, Zip: _____
Contact: _____	Contact: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

Estimator:	Phone:
Office Manager:	Phone:
Financial Accountant:	Phone:

Are you signatory to a union(s)? Yes No

If yes, what local?

Number of employees?

Volume for the past (3) years? 20 20 20

Do you perform prevailing wage projects? Yes No

Safety Information (previous (3) years)	20_____	20_____	20_____
Employee Hours Worked			
Number of Recordable Injury & Illness- OSHA Recordable Totals			
Lost Day Work Cases			
No. of Fatalities on Jobsite			
Restricted Duty/Lost Work Day Incident Rate (LWDIR)			
Total Incident Rate (TIR)			
Workers Compensation Experience Modification Rate (EMR)			
Does your organization have a written Safety Program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you received any regulatory (EPA, OSHA, etc.) citations in the last (3) years, including Serious, Willful or Repeat Violations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please attach copies of violations.			

Past Performance Discloser

In the past (5) years, has your organization failed to complete any work awarded? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a written explanation.
In the last (5) years, have there been or are there currently any judgements, claims or arbitration proceedings or suits pending or outstanding against your organization or any of its officers? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a written explanation.
In the last (5) years, has your organization files any lawsuits, requested judicial reference or requested arbitration with regards to contracts? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a written explanation.
In the last (5) years, has any officer or principle of your organization ever been an officer or principle of another organization when it failed to complete a contract? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a written explanation.
In the last (10) years have any complaints been filed with the California State License Board (CSLB)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe and detail all such complaints & attach.
In the last (10) years has your organization or any of its officers been subject to disciplinary action imposed by the California State License Board (CSLB)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe and detail all such complaints & attach.
In the last (10) years has your organization or any of its officers filed for Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

Project Location	GFA	Value	Comp Date	Contact/Phone

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

Please attach copies of any letters of recommendation.

Name:	Name:
Address:	Address:
State, City, Zip:	State, City, Zip:
Contact:	Contact:
Phone:	Phone:
Email:	Email:

Name:	Name:
Address:	Address:
State, City, Zip:	State, City, Zip:
Contact:	Contact:
Phone:	Phone:
Email:	Email:

Please return this completed form, and a copy of requested information to:

D.H. Slater & Son, Inc.
3753 Morehead Ave
Chico Ca. 95928
Email:ashley@slaterandson.com

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

Signed: _____ Title: _____

Print: _____ Date: _____

Company Name: _____

Insurance Requirements

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.

Any deviation from the following insurance requirements shall require a written explanation from sub-contractor's broker explaining what requirements the underwriting carrier will not allow in regard to contractor's certificate of insurance requirements.

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

Commercial General Liability Insurance

All Insurance Companies should have an A- Rating or better as Assigned by A.M. Best Company. Risk Retention Groups are not acceptable

All policies should be written on Occurrence Form. Claims Made form is not acceptable. No policy shall contain a "Sunset Clause Endorsement" or use a "manifestation" policy form that limits product / completed operations coverage without prior written consent of contractor.

General liability limits shall be required as follows:

Commercial General Liability:	General Aggregate Limit:	\$2,000,000
	Products Comp/Ops Aggr:	\$2,000,000
	Personal & Each Occurrence:	\$1,000,000
Advertising Injury:		\$1,000,000

General Liability Limits shall apply on a "Per Project Aggregate" basis.

All commercial general liability policies shall include the following coverages:

- i. Premises & Operations
- ii. Product Completed Operations
- iii. Contractual Liability
- iv. Broad Form Property Damage
- v. Explosion Collapse and Underground Hazard
- vi. Personal Injury Liability

Additional Insured Endorsement: A separate endorsement shall be attached to all certificates of insurance naming the Contractor, Owner, and any other entities as identified in the subcontract agreement as additional insured. If possible, the certificate shall state "for all California operations." The endorsement supplied shall be the CG 2010 11/85 endorsement when available, or an alternative form acceptable to contractor.

Primary & Non-Contributory Clause: There must be a provision stating that such insurance afforded by the policy shall be primary and shall not contribute with the insurance carried by the additional insured. The primary and non-contributory wording may be added to the endorsement, or a separate endorsement can be attached to the certificate of insurance.

Notice of Cancellation: 30-day cancellation is required. The wording "will endeavor to"..." "but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives" should be crossed out.

Waiver of Subrogation: There must be a clause or endorsement attached to the General Liability certificate waiving all rights of recovery against Contractor, Owner, and any other entities identified in the subcontract agreement.

Workers Compensation: Requires bodily injury limits as required by statute
\$1,000,000 Employers Liability
Limit 30-day notice of
cancellation

A Waiver of Subrogation endorsement is required to be attached to the workers compensation insurance certificate favoring Contractor, Owner, and any other parties identified in the subcontract agreement.

Automobile Liability:

All owned, non-owned and hired vehicles are required to have commercial auto liability. Any of the following three types of auto policies are acceptable and the appropriate boxes must be checked on the insurance certificate:

“Any Auto”
“All owned, hired and non-owned autos”
“Scheduled, hired and non-owned autos”

All auto coverage is required to be written with \$1,000,000 combined single limit and must include coverage for bodily injury and property damage.

All auto policies must require 30 day written notice of cancellation.

Aircraft Liability:

If Subcontractor or its lower tier subcontractors use any owned, chartered, leased or hired aircraft of any type in the performance of this Subcontract, they shall maintain aircraft liability insurance in an amount of not less than \$2,000,000 per occurrence, including passenger liability. The policy shall include an Additional Insured Endorsement naming Contractor and Owner and any other entities identified in the subcontract as additional insured.

Professional Liability / Errors and Omissions Insurance /Design/Build

If Subcontractor, or Consultant is providing design/build services, surveying, testing, consulting, engineering or any other professional services as part of their scope of work, Subcontractor is required to provide evidence of Professional Liability Insurance meeting the following criteria:

- \$1,000,000 liability limits
- 30 day written notice of cancellation
- Policy may not have a self-insured retention exceeding \$25,000 without written consent of Contractor.

Subcontractor, or Consultant, shall furnish to Contractor and Owner a certificate of insurance evidencing such coverage. This insurance shall be maintained for not less than the duration of the project. Retroactive date of such coverage must be on or before the date Subcontractor, or Consultant began offering professional services.

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 with respect to General Liability subject to policy conditions. See attached per project aggregate endorsement, and additional insured endorsement. *10 days’ notice of cancellation for non-payment of premium.”

In **Certificate Holder** area, insert:

D.H. Slater & Son, Inc.
3753 Morehead Ave.
Chico Ca. 95928

Insurance Requirements Checklist

Have your insurance agent attest to the insurance requirements listed below.
Provide insurance certificates. See sample certificates attached.

Name of Sub-Contractor _____ Trade or Lic # _____

General Liability Certificate of Insurance Requirements

- Liability renewal date _____ / Coverage is in force (i.e. not expired) Yes No
- Occurrence coverage Yes No
- Are the liability limits sufficient Yes No
- Primary wording requirement fulfilled: Yes No
- Waiver of subrogation endorsement attached: Yes No
- Per project aggregate requirement fulfilled: Yes No
- Additional insured endorsement attached: Yes No
- CG2010 11/85 or equivalent (completed ops wording) endorsement: Yes No
- Insurance carrier A.M. Best concern/comment/or rating _____
- Are the proper names shown on the certificate and endorsement as certificate holders: Yes No
(General Contractor’s Entity Name & Owner’s Entity Name)
- Coverage concern with Subsidence or Explosion/Collapse/Underground Yes No

Deficiency Notes:

Worker Compensation Certificate of Insurance Requirements

- Workers Comp Renewal Date: _____ / Coverage is in force (i.e. not expired) Yes No
- Is the waiver of subrogation endorsement attached: Yes No

Deficiency Notes:

Commercial Auto Liability Certificate of Insurance Requirements

- Auto Liability Renewal Date: _____ / Coverage is in force (i.e. not expired) Yes No
 - Are limits at least \$1,000,000: Yes No
- Any one of these three combinations must be checked on the certificate to be compliant:
- Any Auto: Yes No
 - All Owned, Hired and Non-Owned Autos: Yes No
 - Scheduled, Hired and Non-Owned Autos: Yes No

Deficiency Notes:

Trade Specific Insurance Requirements

- Professional Liability for Architects, Engineers & Consultants - Evidence of \$1,000,000 Liability coverage: Yes No
- Pollution Liability for environmental consulting, pollution remediation, etc. – Evidence of \$1,000,000 Liability coverage:
 Yes No

Deficiency Notes:

Authorized Signature:

Date:

Print Name:

Agency:

Address:

City, State, Zip:



CERTIFICATE OF LIABILITY INSURANCE

OP ID KP

DATE (MM/DD/YYYY)

01/01/13

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 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).

PRODUCER Beach & O'Neill Insurance License #0E22542 7520 Greenback Ln Citrus Heights CA 95610 Phone: 916-676-0844 Fax: 916-676-0860		CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: TESTC-1		FAX (A/C, No):	
INSURED Named Insured Mailing Address City, State, Zip Code		INSURER(S) AFFORDING COVERAGE		NAIC #	
		INSURER A: Insurance Coverage A			
		INSURER B: Insurance Coverage B			
		INSURER C: Insurance Coverage C			
		INSURER D: Insurance Coverage D			
		INSURER E:			
		INSURER F:			

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			POLICY NUMBER	01/01/13	01/01/14	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000
		X	X				PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
B	AUTOMOBILE LIABILITY			POLICY NUMBER	01/01/13	01/01/14	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS							\$
	<input type="checkbox"/> NON-OWNED AUTOS							\$
								\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
	DEDUCTIBLE							\$
	RETENTION \$							\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			POLICY NUMBER	01/01/13	01/01/14	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				X	E.L. EACH ACCIDENT
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Owner/Contractor is named as additional insured per attached endorsement.
Primary wording, per project aggregate & waiver of subrogation apply per attached endorsements.

*Certificate must reference each specific job or all California operations.

CERTIFICATE HOLDER**CANCELLATION**

Owner/Contractor Mailing Address City, State Zip Code	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Agent Signature
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POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – (FORM B)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

Any person or organization to which you are obligated by virtue of written contract to provide insurance such as is afforded by this policy, but only with respect to (1) occurrences taking place after such written contract has been executed and (2) occurrences resulting from work performed by you during the policy period, or occurrences resulting from the conduct of your business during the policy period.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of your work for that insured by or for you.

Primary Wording

→ Coverage provided by this policy to the Additional Insured(s) shown in the Schedule shall be primary insurance and any other insurance maintained by the Additional Insured(s) shall be excess and non-contributory, but only as respects any claim or liability determined to be the result of the sole negligence or responsibility of the Named Insured and only if required of the Named Insured by written contract.

SAMPLE

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 24 04 10 93

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

As required by contract, provided the contract was executed prior to loss.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

The TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US condition (Section IV - COMMERCIAL GENERAL LIABILITY CONDITIONS) is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

SAMPLE

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**AMENDMENT – AGGREGATE LIMITS OF INSURANCE
(PER PROJECT)**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

The General Aggregate Limit under LIMITS OF INSURANCE (SECTION III) applies separately to each of your projects away from premises owned by or rented to you.

SAMPLE

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT - CALIFORNIA

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be _____ % of the California workers' compensation premium otherwise due on such remuneration.

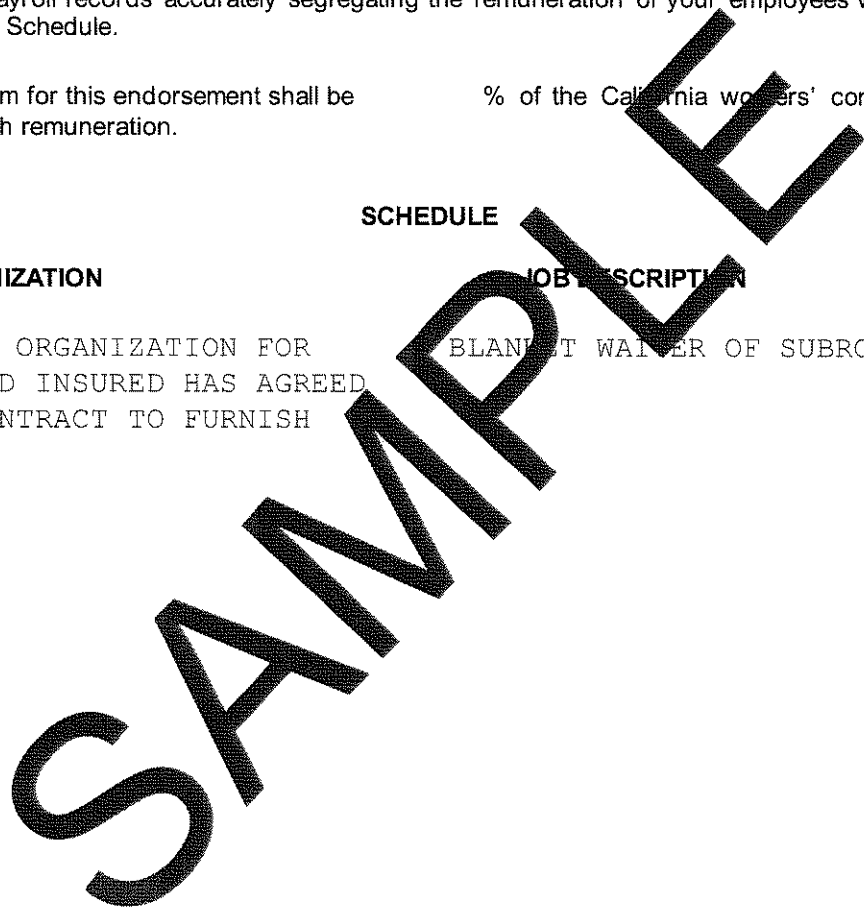
SCHEDULE

PERSON OR ORGANIZATION

JOB DESCRIPTION

ANY PERSON OR ORGANIZATION FOR WHOM THE NAMED INSURED HAS AGREED BY WRITTEN CONTRACT TO FURNISH THIS WAIVER

BLANKET WAIVER OF SUBROGATION



This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated. (The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective _____ Policy No. _____ Endorsement No. _____
Insured _____ Premium \$ _____
Insurance Company _____

Countersigned By _____

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From the WCIRB's California Workers' Compensation Insurance Forms Manual - 1999.