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SUBCONTRACTOR QUALIFICATION FORM

Date: _____

Company Name: _____

Name

Street City State Zip

Phone Fax Web Address

Contact: _____

Name Position

Cell E-mail

Type of Work / Service Performed: _____

License Number(s): _____

Type of Business:

Corporation If Corporation, year company was established _____

Partnership If Partnership, date of organization _____

Sole Proprietorship

Have you ever done business under any other name? Yes No

If yes, list name(s): _____

Tax ID #: _____

Insurance: (attach current Certificate of Insurance)	<table border="0"> <tr> <td style="text-align: left;"><u>Coverage</u></td> <td style="text-align: left;"><u>Limits</u></td> </tr> <tr> <td>Workmen's Compensation</td> <td>_____</td> </tr> <tr> <td>General Liability</td> <td>_____</td> </tr> <tr> <td>Excess / Umbrella Liability</td> <td>_____</td> </tr> <tr> <td>Automobile Liability</td> <td>_____</td> </tr> </table>	<u>Coverage</u>	<u>Limits</u>	Workmen's Compensation	_____	General Liability	_____	Excess / Umbrella Liability	_____	Automobile Liability	_____
<u>Coverage</u>	<u>Limits</u>										
Workmen's Compensation	_____										
General Liability	_____										
Excess / Umbrella Liability	_____										
Automobile Liability	_____										

Bonding Capabilities:

Company	Agent	Phone	Limits
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Supplier References:

Company	Contact	Phone	Amount

Largest Contracts in Last 12 Months:

Company	Contact	Phone	Amount

Number of full-time Employees:

Annual Dollar Volume for past three (3) years:

Year	_____	\$	_____
Year	_____	\$	_____
Year	_____	\$	_____

Bank Reference:

Company	Contact	Phone

Does your company have a written safety program?

Yes No

Is your company

certified as:

(check as appropriate)

Disadvantaged Minority Owned Woman Owned Handicap Owned
 Small Business Historically Underutilized

Describe any work awarded your company which it failed to complete:

Describe any lawsuits or arbitration requested by your company in the past 5 years:

Describe the circumstances if your organization, or any predecessor to it, have filed for relief in bankruptcy court during the past 5 years:

Completed Major Projects - last 5 years

Owner	Job Name	Scope of Work / Sq Ft	Contract Amount	Completion Date



Insurance Requirements

- 1) Statutory **Workers Compensation and Employers Liability Insurance** with minimum limits of not less than **\$500,000**. A **Waiver of Subrogation** in favor of Cofield Group LLC is required on all Workers Compensation policies and may be indicated on insurance certificates.
- 2) **Commercial General Liability Insurance** with minimum occurrence limit of **\$1,000,000** and aggregate limits of **\$2,000,000**.
The Commercial General Liability policy will include the following types of coverage:
 - (1) Bodily Injury & Property Damage on an "Occurrence" Basis
 - (2) Premises/Operations
 - (3) Independent Contractors
 - (4) Contractual Liability and Explosion
 - (5) Products/Completed Operations
 - (6) Collapse and Underground Coverage
 - (7) Personal and Advertising Injury Liability
- 3) **Commercial Automobile Insurance** for all owned, non-owned, and hired vehicles **with minimum limits of \$1,000,000 Combined Single Limit – Bodily Injury & Property Damage**.
- 4) **Umbrella Liability** – Such insurance shall follow form on concurrent terms with and provide coverage with limits of not less than \$3,000,000 per occurrence and \$3,000,000 in the aggregate per statement of work in excess of the underlying coverages in section 1, 2, and 3.
- 5) **Policy Requirements**. All insurance policies shall be in customary forms and shall be issued by companies licensed to do business in the states where the Facilities are located, and rated "A-," FSC Class VIII or better by the most current Best's Insurance Reports. Service Provider shall provide at least thirty (30) days' written notice to COFIELD GROUP prior to any reduction, cancellation or expiration of insurance coverage required herein. Service Provider shall deliver compliant certificates of insurance meeting the foregoing requirements in accordance with the requirements before commencement of performance under any Statement of Work or as otherwise requested from COFIELD GROUP or Owner from time to time. The certificate(s) shall include copies of endorsements to Service Provider's commercial general liability, workers compensation and automobile liability policies that include Owner and COFIELD GROUP (including all participating affiliates) as additional insured(s) on ISO Form CG 20 10 11 85 or ISO Forms CG 20 10 07 04 (Premises/Operations) and CG 20 37 07 04 (Completed Operations) or equivalent forms, covering the additional named insureds from liability arising from all operations and completed operations of Service Provider for as long as the additional insureds may be exposed to liability arising from Service Provider's work. The failure of COFIELD GROUP to demand such certificate of insurance or failure of COFIELD GROUP to identify a deficiency shall not be construed as a waiver of Service Provider's obligation to maintain the insurance required under this Agreement. Service Provider shall be responsible for the amount of any deductible contained in any of the above-described insurance policies and certificates of insurance, which deductible for each liability policy shall not exceed \$25,000 without the express written approval of COFIELD GROUP. Service Provider's insurance shall be deemed primary with respect to coverage extended to the additional insureds, whose insurance shall be excess and non-contributory with that required of Service Provider hereunder and the Commercial General Liability and Auto Liability policies shall

contain a Severability of Interests provision. To the fullest extent permitted by law, all insurance policies shall contain provisions that the insurance companies waive the rights of recovery or subrogation against Owner, COFIELD GROUP, their respective affiliates, and each of their and their affiliates' respective agents, officers, directors, shareholders, invitees, nominees, employees, co-lessees, co-ventures, contractors, subcontractors, insurers, successors and assigns (collectively, the "Indemnified Parties"). The failure to secure and maintain or add by endorsement the Indemnified Parties shall not act as a defense to the enforcement of the terms of this Agreement. Any failure to provide the agreed endorsements shall entitle COFIELD GROUP to terminate this agreement or to acquire coverage necessary to protect Owner and COFIELD GROUP from the failure and charge the cost thereof to the Service Provider. COFIELD GROUP may require additional coverage if the work to be performed is, in COFIELD GROUP's or Owner's judgment, sufficiently hazardous. Service Provider shall require or provide the same minimum insurance requirements as listed above from all of its subcontractors unless otherwise agreed by COFIELD GROUP in writing.