

SUBCONTRACTOR/VENDOR PROFILE - (Part A).040617 Part A is required to qualify for bid solicitation. Part B is required to qualify for contracting.

Agreements awarded will be negotiated in accordance with Section 725.06, Florida Statutes.

E-mail the completed form in one .pdf file to purchasing@welbro.com

COMPANY INFORMATION (Type or Print Clearly - complete in the line above the requested information)												
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↑ Legal Organization Name (this must match your corporate records, should an agreement be written)									↑ Federal ID Number			
↑ Fictitious name this company is doing business as (dba), (if applicable)									↑ Website Address			
↑ Address					↑ City ↑ S		↑ State	↑ Zip Cod	le	↑ Phone Number		
↑ Type of Firm (Corp, LLC	C, etc)	↑ State	e Founded	ded	↑ Geographical Region of Operations (list states, nationwide, counties)							
↑ Estimating Contact Name/Title			↑ Cell Phone Number				↑ E-Mail Address					
Relationship Type:	Subco	l .		or)	Vendor (no labor provided)							
· · · · · · · · · · · · · · · · · · ·									,	Minority Ownership		
Minority Status: N/A Certification Type/Authority: % of Minority Ownership												
DESCRIPTION OF TRADES PERFORMED/MATERIALS SUPPLIED: (Bid CSI Code Descriptions)												
SUBCONTRACTORS ONLY BEYOND THIS POINT												
WELBRO requires evidence of occurrence based insurance that covers the work included in the agreement, including documentation that policies cover the work of subcontractors/independent contractors, products/completed operations, the state, type (e.g., residential) and height of the project, and the trade(s) included in your												
agreement. Minimum coverage limits are: a) Commercial General Liability: \$1 MM Ea. Occ./\$2 MM Aggr./\$2 MM Prod-Compl. Ops. Aggr.; b) Excess Liability: \$1 MM Ea. Occ./\$2 MM Aggr., and c) Workers Comp: \$500K/\$500K. If in a PEO, you must have a minimum premium policy. Additional insureds on a primary and non-contributory												
basis for both ongoing and completed operations and waivers of subrogation on ISO forms are required. All bids submitted must include the cost of these coverages.												
COMMERCIAL PROJECT EXPERIENCE/WORK CAPACITY												
\$			\$ ↑ Largest Project Size (in dollar				A. .					
↑ Average Project Size (in dollars) \$			T Largest F	dollars) 	Year L	argest Job	Finished \tau Workers Comp EMR				
Today's Backlog (in dollars)			Backlog (1)	ollars)	↑# Offic	↑# Office Employees + Field ↑% work performed by your own workforce						
↑ Today's Backlog (in dollars)												
↑ Annual Volume - Prior Ye			Years F	Prior								
\$		\$		\$								
↑ Bonding Capacity - Total			↑ Bon	– Per Pı	Project							
↑ Surety Company Name/F	nail		1 Bon	nding Agent Name/Phone/Email								
↑ Look Board Louised Date												
↑ Last Bond Issued Date ↑ Last Bond Amount												
1. Has your firm failed to complete any work awarded during the past three (3) years? Yes (please explain)												
2. Are there any pending	g or outs	tanding	g claims, art	oitrations, or I	awsuit	s against y	our firm?	Yes (p	lease exp	lain) [□ No □	
3. Has your firm filed any lawsuits or requested arbitration/mediation in the past three (3) years? Yes (please explain)												
SUPPLIER REFERE			erences	Not required for "labor only" sul								
↓ Company Name			Contact Name		↓ Phone		<u>_</u>	↓ Email				
PERFORMANCE REFERENCE ↓ Project Name/Location ↓ GC Comp						rmance references of comparably s ↓ Contact Phone No						
VI TOJECT NATHE/LOCATION V GC COMP			Dairy Name V Contact Nam				→ Contac	STEHOLIE INC	./LIIIdii	↓ 10	nai Cuillact Alliquiil	