



2301 MAITLAND  
CENTER PARKWAY,  
SUITE 250  
MAITLAND, FL 32751  
(407) 475-0800

# SUBCONTRACTOR PROFILE.072321

Page 1, enter firm name and any updated content since completion of prior profile (or all info if no prior profile) + Page 2 and supporting docs.

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

**E-mail completed form, W-9, and sample COI (subs only) to [purchasing@welbro.com](mailto:purchasing@welbro.com).** To receive incoming messages from WELBRO's online software, add the following sites to the accepted site list of your spam filter: \*.welbro.com, \*autodesk.com, \*.certificatesnow.com.

COMPANY INFORMATION (Type or Print Clearly - complete in the line above the requested information)					
↑ Legal Organization Name (this must match your corporate records, should an agreement be written)				↑ Federal ID Number (Attach W-9)	
↑ Fictitious name this company is doing business as (dba), (if applicable)				↑ Website Address	
↑ Address		↑ City	↑ State	↑ Zip Code	↑ Phone Number
↑ Type of Firm (Corp, LLC, etc)	↑ State Founded	↑ Yr Founded	↑ Geographical Region of Operations (list states, nationwide, counties)		
↑ Estimating Contact Name/Title		↑ Cell Phone Number		↑ E-Mail Address	

**Relationship Type:**  Subcontractor (includes jobsite labor)  Supplier

**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 \*\* All bids submitted must include the cost of these required insurance coverages \*\*

WELBRO requires evidence of occurrence-based insurance that covers the work of your contract, with evidence that ALL policies cover the work of subs/independent contractors, products/completed operations, the state, type (e.g., residential) and height of the project, and the trade(s) included in your agreement and as follows: **Commercial General Liability:** \$1 MM Each Occurrence \$2 MM Aggregate \$2 MM Products-Completed Operations Aggregate Additional Insured Ongoing Ops (CG2010 1185 or 2001) Additional Insured Completed Ops (CG2037 2001) Primary and Non-Contributory for both Ongoing and Completed Operations (CG2001) Waiver of Subrogation (CG2404). **Workers Comp/Employers Liability:** \$500K/\$500K/\$500K. Waiver of Subrogation. If in a PEO (using payroll company's insurance/co-employment), you must also have a Minimum Premium Policy. **Excess Liability (MEP, envelope, structural trades):** \$1 MM Each Occurrence \$1 MM Aggregate Follow-form or Additional Insured and Waiver of Subrogation

By initialing here, I acknowledge my intent to comply with these insurance requirements and include the cost of the coverages in my bid: \_\_\_\_\_ (attach COI).

COMMERCIAL PROJECT EXPERIENCE/WORK CAPACITY					
↑ Average Project Size \$ (in dollars)		↑ Largest Project Size \$ (in dollars)		↑ Year Largest Job Finished	↑ Workers Comp EMR
↑ Today's Backlog \$ (in dollars)		↑ Backlog (1) Year Ago \$ (in dollars)	+      =	↑ # Office Employees + Field	↑ % work performed by your own workforce
↑ Annual Volume \$ - Prior Year		↑ Available Balance Bank Line of Credit \$		↑ Desired Project Size Bid Range \$ (in dollars)	
↑ Bonding Capacity \$ - Total		↑ Bonding Capacity \$ - Per Project		↑ Bonding Capacity \$ - Available	

- Has your firm failed to complete any work awarded during the past three (3) years? Yes (please explain)  No
- Are there any pending or outstanding claims, arbitrations, or lawsuits against your firm? Yes (please explain)  No
- Has your firm filed any lawsuits or requested arbitration/mediation in the past three (3) years? Yes (please explain)  No
- Does your firm have a written safety program? Yes  No
- Does your firm have a written quality program? Yes  No

Select Typical Market Sectors Experience
<input type="checkbox"/> Health Care <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Industrial <input type="checkbox"/> Office <input type="checkbox"/> Public Sector <input type="checkbox"/> Residential <input type="checkbox"/> Retail <input type="checkbox"/> Schools K-12

SUPPLIER REFERENCES (Provide 2 major supplier trade references. Not required for "labor only" subcontractors)			
↓ Company Name	↓ Contact Name	↓ Phone	↓ Email

List Type of Work Your Firm Normally Subcontracts to Second Tier Subcontractors:

PERFORMANCE REFERENCES (Provide 3 general contractor performance references of comparably sized work and scope)					
↓ Project Name/Location	↓ GC Company Name	↓ Contact Name	↓ Contact Email/Phone	↓ Trades Performed	↓ Total Contract \$

<b>CONTACT INFORMATION</b> <i>(Type or Print Clearly - complete in the line above the requested information)</i>		
↑ President Contact Name	↑ Cell Phone Number	↑ E-Mail Address
↑ Operations Contact Name/Title	↑ Cell Phone Number	↑ E-Mail Address
↑ Safety Contact Name/Title	↑ Cell Phone Number	↑ E-Mail Address
↑ Accounting Contact Name	↑ Title	↑ E-Mail Address
↑ Insurance Contact Name <i>(at your company)</i>	↑ Title	↑ E-Mail Address
↑ Insurance Agent Name <i>(if cc is desired)</i>	↑ Agency Name	↑ E-Mail Address

**SAFETY**

WELBRO is a drug free workplace and therefore requires an established drug free workplace policy that conforms to the requirements listed in state and federal statutes and regulations including proper written notice to employees and applicants from all subcontractors prior to contract execution.

- Does your firm have a written safety program? Yes  No
- Does your firm have new employee orientation? Yes  No
- Does your firm hold site safety meetings for Field Supervisors? Yes  No
- Does your firm hold site safety meetings for Field Employees? Yes  No
- Does your firm hold site safety meetings for New Hires? Yes  No
- Does your firm hold site safety meetings for Subcontractors? Yes  No
- Does your firm conduct project site safety inspections? Yes  No
- Name of the person who conducts the inspections: \_\_\_\_\_
- Do you have a full-time safety representative? Yes  No
- If yes to 9, list the full-time safety representative full name and cell phone no.: \_\_\_\_\_
- Do you have a program recognizing your employees for safety excellence? Yes  No
- How many OSHA citations have you received in the past three (3) years? \_\_\_\_\_
- Describe any OSHA citations received: \_\_\_\_\_

**QUALITY**

- Does your firm have a written quality manual? Yes  No
- Will you provide a copy if requested? Yes  No

WELBRO utilizes Subcontractor Default Insurance as an alternative to subcontractor performance and payment bonds which requires background info from all subs. Confidential info is maintained in a database accessible only by to executives and Contract Administration. [Purchasing@welbro.com](mailto:Purchasing@welbro.com) is a secure email and our CFO reviews financials. You may forward an NDA prior to submission of confidential attachments.

<b>Required Attachments:</b> <i>(Utilize checklist to ensure a complete submission prior to returning)</i>
Completed Subcontractor/Vendor Profile (Part B)
Completed W-9 <i>(see <a href="http://irs.gov/pub/irs-pdf/fw9.pdf">irs.gov/pub/irs-pdf/fw9.pdf</a> for latest version of form)</i>
State, County, or 3 <sup>rd</sup> Party Minority Certificates, if applicable
Completed Employment Eligibility Affidavit if bidding Florida public work.
Bank letter (within the last month) verifying line(s) of credit and either outstanding balance and/or available credit value(s) against the line. If using the term "current balance" in the letter, provide clarification whether this is the balance owed or the balance available.
Surety letter (within the last month) stating your company's single project, aggregate, and available bonding capacity. Letter must be addressed to WELBRO and signature must be signed as attorney-in-fact on the carrier's letterhead. Include the NAIC # and AM Best Rating of the carrier.
State Contractors Licenses, if required for trade
OSHA 300A Reports for the Last Three Years
Most recent year-end reviewed or audited financials (both income statement and balance sheet)
Most recent month-end financials (both income statement and balance sheet) if year-end is over 6 months old
Current work-in-place report with enough info to understand back-log and proposed completion dates for current work
Insurance COI with WELBRO as the certificate holder, the general liability Schedule of Forms, additional insured ongoing operations, additional insured completed operations, primary & non-contributory ongoing operations, primary & non-contributory completed operations, and waiver of subrogation endorsements, workers comp dec page and waiver of subrogation, and minimum premium policy if in a PEO.

I hereby represent that the information furnished in this Subcontractor/Vendor Profile is true and complete to the best of my knowledge. I understand that any incorrect, incomplete, or false statements or information furnished by me may void this application.

Date Profile Completed: \_\_\_\_\_

Signature of person completing profile: \_\_\_\_\_

Printed Name / Title of person completing profile: \_\_\_\_\_

Email Address of person completing profile: \_\_\_\_\_