



2301 MAITLAND
CENTER PARKWAY,
SUITE 250

WELBRO MAITLAND, FL 32751
BUILDING CORPORATION (407) 475-0800

SUBCONTRACTOR/VENDOR QUALIFICATION FORM.020322

Page 1, enter firm name and 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 to purchasing@welbro.com. If a subcontractor, include the requirements listed on page 2. To receive messages from WELBRO's online software, add these to your spam filter accepted site list: *.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 + Field Employees	↑ % 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	

1. Has your firm failed to complete any work awarded during the past three (3) years? Yes (please explain) No
2. Are there any pending or outstanding claims, arbitrations, or lawsuits against your firm? Yes (please explain) No
3. Has your firm filed any lawsuits or requested arbitration/mediation in the past three (3) years? Yes (please explain) No

Market Sector Experience
<input type="checkbox"/> Condo/Timeshare <input type="checkbox"/> Health Care <input type="checkbox"/> Hospitality <input type="checkbox"/> Industrial <input type="checkbox"/> Office <input type="checkbox"/> Public Sector <input type="checkbox"/> Retail <input type="checkbox"/> Schools [Higher Ed] <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 \$

CONTACTS (Type or Print Clearly - complete in the line above the requested information)		
↑ 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 (at your company)	↑ Title	↑ E-Mail Address
↑ Insurance Agent Name (if cc is desired)	↑ 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.
1. Does your firm have a written safety program? Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Does your firm have new employee orientation including safety orientation? Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Does your firm hold site safety meetings for field supervisors/employees? Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Does your firm hold site safety meetings for subcontractors? Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Does your firm conduct project site safety inspections? Yes <input type="checkbox"/> No <input type="checkbox"/>
6. If yes, name of the person who conducts the inspections: _____
7. Do you have a full-time safety representative? Yes <input type="checkbox"/> No <input type="checkbox"/>
8. If yes to 9, list the full-time safety representative full name and cell phone no.: _____
9. Do you have a program recognizing your employees for safety excellence? Yes <input type="checkbox"/> No <input type="checkbox"/>
10. How many OSHA citations have you received in the past three (3) years? _____

QUALITY
1. Does your firm have a written quality manual? Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Will you provide a copy if requested? Yes <input type="checkbox"/> No <input type="checkbox"/>

Required Attachments to become an Approved Bidder: (Utilize checklist to ensure a complete submission prior to returning)
Completed Subcontractor/Vendor Profile
Completed W-9 (see irs.gov/pub/irs-pdf/fw9.pdf for latest version of form)
State, County, or 3 rd Party Minority Certificates, if applicable
Completed Employment Eligibility Affidavit if bidding Florida public work (request form from purchasing@welbro.com if needed)
State Contractors Licenses, if required for trade
OSHA 300A Reports for the Last Three Years

WELBRO utilizes subcontractor default insurance as an alternative to subcontractor performance and payment bonds which requires background information from all subs. We carefully manage your confidential information and will execute an NDA or conduct a video conference review of financials to meet your company policies. Complete submission must be promptly submitted to avoid delay in subcontract award.

Requirements prior to Subcontract Award: (Utilize checklist to ensure a complete submission prior to returning)
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.
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 information 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 Qualification 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. **I acknowledge my intent to comply with the above subcontract award requirements and will promptly submit all required documentation when being considered for subcontract award.**

Date Profile Completed: _____

Signature of person completing profile: _____

Printed Name / Title of person completing profile: _____

Email Address of person completing profile: _____