



SUBCONTRACTOR/VENDOR PROFILE - (Part B).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 <i>(Type or Print Clearly - complete in the line above the requested information)</i>		
↑ Legal Organization Name <i>(this must match your corporate records, should an agreement be written)</i>	↑ Federal ID Number	
<input type="checkbox"/> Yes <i>(attach listing)</i> <input type="checkbox"/> No	\$	\$
↑ Labor Agreements	↑ Today's Backlog <i>(in dollars)</i>	↑ Backlog (1) Year Ago <i>(in dollars)</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

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

SAFETY
<p>Drug-Free Workplace Policy Letter <i>(See page 3 for instructions)</i></p> <p>WELBRO is a drug free workplace and therefore requires evidence of 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. Please include the Letter of Certification of Drug-Free Workplace, on your letterhead, using the language provided on the next page, executed by a corporate officer, and notarized when returning this completed profile.</p>
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? Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Does your firm hold site safety meetings for Field Supervisors? Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Does your firm hold site safety meetings for Field Employees? Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Does your firm hold site safety meetings for New Hires? Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Does your firm hold site safety meetings for Subcontractors? Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Does your firm conduct project site safety inspections? Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Name of the person who conducts the inspections: _____
9. Do you have a full-time safety representative? Yes <input type="checkbox"/> No <input type="checkbox"/>
10. If yes to 9, list the full-time safety representative full name and cell phone no.: _____
11. Do you have a program recognizing your employees for safety excellence? Yes <input type="checkbox"/> No <input type="checkbox"/>
12. How many OSHA citations have you received in the past three (3) years? _____
13. Describe any OSHA citations received: _____

QUALITY1. Does your firm have a written quality manual? Yes No 2. Will you provide a copy if requested? Yes No **Required Attachments:** *(Utilize checklist to ensure a complete submission prior to returning)*

Completed Subcontractor/Vendor Profile (Part A)

Completed Subcontractor/Vendor Profile (Part B)

Completed W-9 (*see irs.gov/pub/irs-pdf/fw9.pdf for latest version of form*)State, County, or 3rd Party Minority Certificates, if applicable

State Contractors Licenses, if required for trade

OSHA 300A Reports for the Last Three Years

Year-end financial statements (both income statement and balance sheet and most recent month-end financials if year-end is over 6 months old. If you wish to send these directly to our CFO, Larry, his email address is lnelson@welbro.com.)Drug-Free Workplace Letter (*see pg. 3*)

Certificate of insurance showing liability and workers comp coverages with WELBRO Building Corporation 2301 Maitland Center Pkwy., Suite 250 Maitland, FL 32751 shown as the certificate holder. Also include the Forms Schedule for the General Liability policy and the Declarations page for the Workers Comp policy so we can verify coverage is valid for this work.

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: _____

NOTE: To insure you receive e-mail notifications from our on-line applications please add the following sites to the white list of your spam filter to allow incoming messages from WELBRO: *.welbro.com, *.autodesk.com, *.constructware.com, *.certificatesnow.com.

DRUG-FREE WORKPLACE POLICY INSTRUCTIONS

As part of our sincere interest in providing a safe workplace, WELBRO Building Corporation is committed to a Drug Free Workplace and requires all subcontractors to have a formal written Drug Free Workplace Policy that conforms to the statutes and regulations of every state in which you perform work with us and the federal regulations for any federal work you perform with us.

Please provide a letter **on your company letterhead** stating the following (*use the language in the sample below*). The letter must be signed by a corporate officer and properly notarized.

.....

LETTER OF CERTIFICATION OF DRUG FREE WORKPLACE

Our company has a written Drug Free Workplace Policy that conforms to the requirements listed in the statutes and regulations of every state in which we perform work with WELBRO and the federal regulations for any federal work we perform with WELBRO including proper written notice to employees and applicants.

By signing below, INSERT COMPANY NAME states that our policy contains provisions for pre-employment testing, testing for cause, and testing after an accident involving an injury and that our company shall provide supporting documentation of the policy if requested.

Corporate Officer Signature _____ Date _____

Print Name & Title _____

State of _____ County of _____

Before me the undersigned, a Notary Public in and for the State of _____, personally appeared _____, and acknowledged his/her execution of the foregoing this _____ day of _____, _____.

Notary Signature _____ Date _____

Print Name _____

SEAL:

Personally Known OR Produced Identification
Type of Identification Produced: _____

INSURANCE COVERAGE REQUIREMENTS

** All bids submitted must include the cost of these coverages. **
Highlighted requirements must be returned with profile.

032416.102015

Insurance Requirements – in accordance with the insurance articles of the Agreement, procure and maintain the following insurance coverages and limits as described below. Provide insurance certificates and endorsements, prior to starting the Work, and meeting all requirements. Certificates without the requisite endorsements are not acceptable to satisfy the requirements. YOU CANNOT COMMENCE OR BE PAID FOR ANY WORK UNTIL YOUR INSURANCE DOCUMENTATION HAS BEEN APPROVED BY CONTRACTOR. Documentation approval does not alter your insurance obligations under this Agreement. It is our desire to require only one certificate per policy period that will provide evidence showing coverage for all operations and meeting all requirements shown below. If all requirements cannot be met we will need to change to a project-specific certificate for every project. In that case, please request a project-specific insurance requirements document from email address shown below.

1. General Insurance Requirements

- Location of covered operations provided in the DESCRIPTION OF OPERATIONS: **All operations of the insured.**
- Certificate Holder: WELBRO Building Corporation 2301 Maitland Center Pkwy. Suite 250 Maitland, FL 32751**
- E-mail certificates, endorsements, notices, and correspondence to insurance@welbro.com.**
- The certificate must be dated with the current date and signed by an authorized representative.
- Show complete carrier name as listed in AM Best P&C Guide and supply the NAIC #. Carriers must have an AM Best rating of A- VI or better.
- Insurance coverages shall be maintained through the last applicable statute of repose.
- Endorsements must show the policy number and expiration unless the endorsement no. is referenced on the certificate.
- The policies must be endorsed to state that the carrier is responsible for notifying us, in writing, a minimum of thirty (30) days in advance of any reduction, lapse in, or termination of insurance coverage.
- All coverages must cover the Work of Agreements with us.
- Carriers for all policies must be a licensed insurer in the state of the project.

2. General Liability Insurance

- Commercial General Liability (supply copy of policy if other than form CG 00 01)
- Occurrence Based
- Each Occurrence Limit:..... \$1,000,000.00
- Fire Damage/Damage to Rented Premises Limit: \$ 50,000.00
- Personal/Advertising Injury Limit:..... \$1,000,000.00
- General Aggregate Limit: \$2,000,000.00 *(\$5MM for crane, hoist, and mast climber rental with operator)*
- Products – Completed Operations Aggregate Limit..... \$2,000,000.00
- Carrier must be a licensed insurer in the state of the project.
- In order to confirm coverage is valid for all our projects we must receive a copy of the Forms Page of your policy. If your carrier's Forms Page does not list the names of the endorsements along with the number, please provide us with copies of the endorsements at the same time.**

3. Automobile Liability Insurance

- Any Auto Combined Single Limit: \$1,000,000.00
- Coverage must provide for Any Autos; or (All Owned, Hired, and Non-Owned Autos); or (Scheduled, Hired, and Non-Owned Autos).

4. Excess / Umbrella Liability Insurance

- Each Occurrence Limit:..... \$1,000,000.00
- Aggregate Limit: \$1,000,000.00

5. Workers Compensation and Employer's Liability Insurance

- Workers Compensation Statutory
- E.L. Each Accident:..... \$500,000.00
- E.L. Disease – Ea. Employee: \$500,000.00
- E.L. Disease – Policy Limit: \$500,000.00
- Out of state agents or named insureds shall attach the declarations pages as evidence that coverage is valid in the state of the project.**
- If using leased employees/PEO provide (1) an Alternate Employer's Endorsement, (2) evidence of a minimum premium policy, and (3) execution of a Leased Employee Affidavit by an officer of the corporation (request affidavit form from Contractor at above email address).
- Note whether there are any officer exclusions on certificate and if so, provide list of excluded people or attach the endorsement.
- FLORIDA projects: Provide copies of exemption certificates issued by the State for all excluded officers.
- TENNESSEE projects: We must be able to verify proper exemption filing on the State's website for all excluded officers.

6. Additional Insured Entities: = **All persons or organizations as required by written contract with the Named Insured**

- Provide additional insured coverage for all claims on a primary and noncontributory basis, at no additional cost to Contractor, for the above listed entities. Evidence shall be provided by attachment of policy language or endorsements as listed below. Other endorsements accepted if there is no exclusionary language or limitation beyond the industry standard endorsements shown as required below.
- Attach endorsement for General Liability - Ongoing Operations. ISO CG 20 10 11 85 or a more current version.
 - Attach endorsement for General Liability - Completed Operations. ISO CG 20 10 11 85 or any version of the ISO CG 20 37.
 - Attach endorsement for Excess Liability Policy *(see below for follow-form option)*.
 - Attach endorsement for Primary and Non-Contributory coverage to the Additional Insureds for all claims arising from Insured's work (both ongoing and completed operations). The CG 00 01 is not noncontributory and this coverage must be added by endorsement. ISO CG 20 01.
- If the excess liability/umbrella policy is a follow-form policy, evidence of additional insureds can be provided with the following statement added to the DESCRIPTION OF OPERATIONS section of the certificate, "The excess liability policy follows the additional insured and waiver of subrogation endorsements of the underlying general liability policy." Otherwise, attach the endorsements.

7. Waiver of Subrogation Entities: = **All persons or organizations as required by written contract with the Named Insured**

- Provide waiver of subrogation coverage at no additional cost to Contractor as shown above. Evidence shall be provided by attachment of the endorsements. Other endorsements accepted if there is no exclusion or limitation beyond the endorsements shown as required below.
- Attach endorsement for General Liability Policy. ISO CG 24 04.
 - Attach endorsement for Workers Compensation Policy. WC 00 0313.
 - Attach endorsement for Excess Liability Policy *(see above for follow-form option)*.

8. Trade Specific Requirements (based upon scope of work)

- Sitework and Demolition work** must show XCU as a covered hazard under the General Liability policy.
- EIFS/ Stucco work** must attach the Declarations & Forms Pages of the general liability policy as evidence of coverage.
- Surveying, Testing, and Design Services** must provide evidence of Professional Liability Insurance coverage with the following limits:
 - Each Occurrence/Claim\$1,000,000.00
 - Aggregate\$1,000,000.00
- Trades with Pollution Liability exposure** must provide evidence of coverage.
 - Each Occurrence/Claim\$1,000,000.00
 - Aggregate\$2,000,000.00
 - Attach additional insured endorsement.
 - Attach waiver of subrogation endorsement.
 - Attach Declarations and Forms Pages as evidence of coverage.