

Welcome to Hollis Construction Management - We look forward to partnering with you!

Thank you for your interest in working with HCM. We trully value the expertise and skillset our local subcontractors and suppliers bring to our projects, and look forward to developing long lasting and valuable partnerships. Please complete the following form to begin your pre-qualification process.

SUBCONTRACTOR INFORMATION

1. Company Name: (as it appears on line 2 of your W-9) _____

President: _____
Address: _____
City, State, & Zip: _____
Fed ID#: (**if you report business activity via a SSN - STOP. Please contact HCM for required steps. Do not enter personal SSN on this form) _____
Website: _____
Telephone #: _____ Fax #: _____
Type of Work _____
Performed: _____ Division: _____ CSI Code #: _____
Email Address: _____
2. Mailing Address, if different from above:
Address: _____
City, State, & Zip: _____
3. Estimating Contact:
Name: _____ Title: _____
Email: _____ Mobile #: _____
4. Number of years in business: _____ years
Under present name: Yes No
If no, please list previous name: _____
5. Diversity Status: DBE MBE WBE
If yes, please specify in what state: _____

SAFETY

- 6. Safety Rating (EMR): _____
 - 7. Please forward safety manual/program.
 - 8. If 2nd tier contractors are to be used, are they expected to adhere to your company safety program?
Yes No
 - 9. Does your company have a full-time safety officer or 3rd party vendor? If so, please provide information. _____
 - 10. Have you received an OSHA violation in the past 2 years? If so, what were the circumstances? _____
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STAFFING & AFFILIATIONS

- 11. Affiliation: Union Open Shop
Local Union #: _____
- 12. Are you willing to do prevailing wage projects: Yes No

QUALIFICATION STATEMENT

- 13. Size project most competitive in performing: (please check one)
 Under \$50,000 \$50,000 to \$100,000
 \$100,000 to \$500,000 \$500,000+
- 14. Types of construction your company specializes in:
 Residential Industrial Commercial Life Science Academic
 Other: _____
- 15. Last (3) Medium / Large Projects:
Project Name _____ Location _____
Description _____
Project Name _____ Location _____
Description _____
Project Name _____ Location _____
Description _____

Please attach the following documents and submit with this application:

- W9
- Certificate of Insurance (Please refer to attached insurance requirements)
- Proof of Current EMR (Experience Mod Rate)
- List of Current Backlog Estimate

****SUBMIT FORM AND DOCUMENTS VIA "CONTACT US" PORTAL AT HOLLISCM.COM**

Subcontractor Insurance Requirements

Commercial General Liability

\$1,000,000	Each occurrence
\$2,000,000	General aggregate with per project aggregate endorsement
\$2,000,000	Products/completed operations
\$1,000,000	Personal injury and Advertising Injury
\$ 50,000	Damage to rented premises
\$ 5,000	Medical expense
	Per project aggregate endorsement

Automobile Liability

\$1,000,000	Combined Single Limit for Bodily Injury and Property Damage Covering “any auto” –CA9948, MCS 90
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Workers’ Compensation

Statutory Limits including Employers Liability
 3A – State of Work, listed on certificate
 Excluded Officers must be listed
 If using temporary labor Alternate Employer Endorsement
 Is required name Contractor and Subcontractor as insured

Commercial Umbrella – must follow form over all coverages above

\$1,000,000	Each Occurrence
\$1,000,000	Personal & Advertising Injury
\$1,000,000	General aggregate
\$1,000,000	Products/completed operations aggregate.

Pollution and/or Professional Liability (if applicable to type/scope of work)

\$1,000,000 each occurrence/claim; \$1,000,000 aggregate; Maximum retention: \$5,000 Pollution:
 Additional Insured for ongoing and completed operations; waiver of subrogation and coverage shall be on primary, non-contributory basis and will not seek contribution from any other coverage available to Additional Insured. Additional insureds shall be any and all parties designated by the Contractor or the project owner

Material, Tools and Equipment

Each subcontractor is responsible for their job materials and their tools and equipment.

Additional Provisions

All deductibles shall be the responsibility of the subcontractor/vendor

On all projects and work completed by the Subcontractor for the Contractor, the Subcontractor shall name as additional insureds any and all parties designated by the Contractor or the project owner. Additional insured provisions shall apply to all liability policies except workers compensation and shall apply to both ongoing and completed operations. Under General liability, additional Insured forms shall be **CG2010 10 01** and **CG 2037 10 01** or carrier equivalent. The coverage provided by the Subcontractor shall be written on a primary, non-contributory basis and will not seek contribution from any other insurance available to an additional insured, with the exception of workers' compensation coverage. Completed operations coverage with additional insured status shall be maintained for a minimum of Five (5) years. Waiver of subrogation in favor of the Contractor and all other parties designated by the Contractor in writing must be provided on all policies including Workers Compensation except where prohibited by state statute. All policies shall provide a minimum of a 30-day notice of cancellation or non-renewal to the Contractor, except for 10 days for nonpayment of premium. The Subcontractor shall furnish to Contractor satisfactory evidence of compliance with the above requirements on the "Acord" Form of Certificate of Insurance coverages, to include copies of the Additional Insured forms/endorsements. Subcontractor is obligated to provide notice of cancellation or non-renewal to Contractor. The Certificate of Insurance provided shall state the project location and type of work being provided by the Subcontractor. Subcontractor's policies for Commercial General Liability Insurance (CGL) and other liability insurance may be arranged under either a single policy for the full limits set forth above or by a combination of underlying and excess or umbrella policies satisfying the required coverage limits.

The Subcontractor shall require that any contractors, subcontractors, vendors, material men or other third-party service providers hired by Subcontractor with respect to services benefitting Contractor, also purchase and maintain insurance of the type and amount specified in this Agreement.

By requiring the above limits, Contractor does not represent that such coverage or limits will necessarily be adequate to protect the Subcontractor from all risks, or that such coverage will meet the requirements of every project undertaken by the Subcontractor. Contractor reserves the right to increase these limits if required by its contract with a particular owner, or to address other reasonable issues or concerns.