

Tucson: 700 E. Broadway Blvd., Tucson, AZ 85719 Phoenix: 6006 S. 30th St., Phoenix, AZ 85042

Office Phone: (520) 882-4800

### To Whom It May Concern:

**BUILT FOR LIFE** 

If you wish to be added to our bid list please provide the following documents:

- Completed Subcontractor Pre-Qualification Information Form (See Attached)
- Completed W-9 Form (See Attached)
- Current Bonding Letter from your Surety Company demonstrating your company's bonding capacity, per project aggregate bonding capacity, and the AM Best Rating of your bonding company.
- Proof of insurance with coverage limits that meet BFL's minimum insurance requirements. (See Attached for BFL's minimum insurance requirements)
- Bank Reference Letter including the length of relationship with the bank, your company standing and current line of credit.
- OSHA 300A logs for the past three years.
- Copy of current Contractor's License

We would appreciate receiving the above requested information as soon as possible. Please note that BFL Construction Companies must receive the requested information prior to being placed on our bid list and/or issuance of any subcontracts.

Please email the complete package to BFLphoenix@bflconstruction.com with the subject "BFL Pre-Qualification".

#### Attachments:

- Subcontractor Pre-Qualification Information Form
- W-9
- BFL minimum insurance requirements



## **Subcontractor Pre-Qualification Information**

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Email: BFLphoenix@bflconstruction.com

GENERAL INFORMATION:				Date Submitted:						
Company Legal Name:				DBA:						
Address/City/State/Zip	):									
Phone:					Fax:					
Primary Contract Nam	e:				Primary Contract Phone:					
Primary Contact Email	Address:				Company Website:					
Estimator Contact Name:					Estimator Contact Phone:					
Estimator Email Addre	ss:				Number o	of Full-Time Employees	:			
LICENSE INFORMAT	ION:									
Class / Type Number		Expires Class		Class	/ Type Number		Expires			
Class / Type	Number	Expires		Class / Type		Number	Exp	ires	1	
									•	
CONSTRUCTION / FI	INANCIAL / BIDDIN	G INFORM	MATION:							
Annual Gross Sales for	last 3 years	20 :			20 :		20 :			
List all Trades that you	want to bid:									
Has your organization	ever failed to comple	te any worl	k awarded to	it? (If so,	please ex	plain on a separate sh	eet)			
Are there any judgmer	nts, claims, arbitratior	n proceedin	gs or suits p	ending or	outstandi	ng against your compa	ny or office	ers? (If so, <sub>I</sub>	please	
explain on a separate s	sheet)									
<b>BONDING / INSURA</b>	NCE / BANKING IN	IFORMATI	ON:							
isuietv.	urrent bonding letter bonding capacity, and	-		-	_	your company's bondi pany.	ng capacity	, per proje	ct	
illisulalice.						nimum you must mee vith coverage limits to		ince requir	ements	
Bank: Attach a ba		o include th	ne length of t	the relation	nship with	n the bank, your comp	any standir	ng and the	current	
SAFETY INFORMATI	ON:									
Experience Mod Rate f	for last 3 years	20 :			20 :		20 :			
Recordable Incident Ra	ate for last 3 years	20 :			20 :		20 :			
Attach OSHA 300A log	s for the past three ye	ears to this	pre-qualifica	tion form	for review	v	_			
			•							

#### **BFL Construction Companies:**

BFL Construction AZ Lic.: 315343

BFL Projects Inc. DBA BFL Builders AZ Lic.: 322998 Urban Metro Builders Inc. AZ Lic.: 332174



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PROJECT EXPERIENCE:	
List 5 most significant proje	ects COMPLETED in the last two years; Attach separate sheet, if necessary.
Project #1:	
Location:	Contract Amount:
Owner Name:	Brief Description of Scope:
GC Name:	
GC Contact:	
Project #2:	•
Location:	Contract Amount:
Owner Name:	Brief Description of Scope:
GC Name:	
GC Contact:	
Project #3:	•
Location:	Contract Amount:
Owner Name:	Brief Description of Scope:
GC Name:	
GC Contact:	
Project #4:	
Location:	Contract Amount:
Owner Name:	Brief Description of Scope:
GC Name:	
GC Contact:	
Project #5:	
Location:	Contract Amount:
Owner Name:	Brief Description of Scope:
GC Name:	
GC Contact:	

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VENDOR / SUPPLIER REFERENCES:	
Reference #1:	Contact:
Phone:	Email:
Reference #2:	Contact:
Phone:	Email:
Reference #3:	Contact:
Phone:	Email:
Reference #4:	Contact:
Phone:	Email:
Reference #5:	Contact:
Phone:	Email:

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I attest that I have the authority to do so on behalf of the firm. In addition, by submitting this document I have given BFL Construction Companies permission to contact references, sureties, insurance providers, and others named in this pre-qualification in order to verify the information submitted. BFL Construction Companies also reserves the right to request financial statements.

Printed Name:		Signature:	
Title:		Date:	
Return completed form to:	BFLphoenix@bflconstruction.com	Subcontracto	or Pre-Qualification will not be processed if

not completed, including Surety Letter, Insurance Certificate, Bank Letter, Copy of current Contractor's Lic., and completed W-9.

Please attach any additional information about your company that you wish to be reviewed by BFL Construction Companies.

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BFL Projects Inc. DBA BFL Builders AZ Lic.: 322998
Urban Metro Builders Inc. AZ Lic.: 332174



700 East Broadway Blvd, Suite 200, Tucson, AZ 85719-5753 Phone: 520.882.4800 Fax: 520.882.7685 Arizona ROC License #322998 #315343 #332174

# SUBCONTRACTOR CHECKLIST Insurance Requirements

## **Subcontractor Insurance Requirements and Evidence**

The insurance and risks identified below are required by your subcontract agreement. Subcontractors shall purchase such insurance covering the following risks from an insurance carrier(s) with at least an AM Best rating of A- VIII or better and acceptable to the Contractor:

List of Entities to be referenced in the Certificates/Endorsements, and Address Information for the "Certificate Holder" box in the Certificate of Liability Insurance.

- a) BFL Construction Co. Inc. ("Contractor")
- b) BFL Projects Inc. dba BFL Builders ("Contractor")
- c) Urban Metro Builders Inc. ("Contractor")

700 E. Broadway, Suite 200 Tucson, AZ 85719

#### **Commercial General Liability Insurance**

Commercial General Liability Insurance written on an occurrence basis (not claims basis) with minimum limits of liability of: \$1,000,000 Combined Single Limit each occurrence \$2,000,000 Combined Single Limit general aggregate \$2,000,000 Combined Single Limit product/completed operations aggregate
\$1,000,000 Combined Single Limit personal and advertising injury
Such insurance shall include coverage for Premises and Operations Liability, Products and Completed Operations Liability and Contractual Liability (including liability assumed under the indemnification provision set forth in the contract agreement).
Contractor, BFL and Project Owner are to be included as additional insureds for ongoing and completed operations using additional insured endorsement CG 20 10 11/85, or a CG 20 10 07/04 plus a CG 20 37 07/04 or their equivalents.
Waiver of Subrogation in favor of Contractor, BFL and Project Owner must be provided. Primary and Non-Contributory wording must be provided stating the Subcontractor's insurance is primary and any insurance maintained by the additional insureds shall not contribute.
Thirty (30) days advance notice of cancellation or ten (10) days in the event of cancellation for nonpayment of premium must be provided by the subcontractor to Contractor.
Certificates of Insurance with the above mentioned insurance requirements must be provided along with the Additional Insured, Waiver of Subrogation and Primary/Non-Contributory endorsements.



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	No endorsement limiting or excluding a required coverage is permitted without
	Contractor's written consent.  No exclusion for habitational construction defined as "apartments" or "rental homes" will be included in subcontractor's insurance.
Busin	ess Automobile Liability Insurance
	All claims for damages because of bodily injury, including death and property damage arising out of ownership, use, or maintenance of any owned and non-owned, hired, leased, assigned or borrowed motor vehicles, with business automobile liability coverage with minimum coverage of \$1,000,000 combined single limit per occurrence with respect to any vehicles used in performance of the work on or off the Project site.
	The Owner, BFL and Contractor shall be named as additional insureds in an endorsement(s) in addition to the COI.
	Thirty (30) days advance notice of cancellation or ten (10) days in the event of cancellation for nonpayment of premium must be provided by the subcontractor to Contractor.
Work □	Statutory Workers' Compensation Insurance and Employer's Liability insurance with a limit of not less than \$1,000,000 for Bodily Injury by Accident; \$1,000,000 for Bodily Injury by Disease per employee; \$1,000,000 for Bodily Injury by Disease policy limit.
	Workers' Compensation Waiver of Subrogation in favor of Contractor, BFL and Owner must be provided in an endorsement(s) in addition to the COI.
	Thirty (30) days advance notice of cancellation or ten (10) days in the event of cancellation for nonpayment of premium must be provided by the subcontractor to Contractor.

Certificates of Insurance disclosing policy numbers, policy periods, and limits of liability are to be in Contractor's office prior to the time subcontractor commences with work on the project. Said insurance coverages are not cancelable until Contractor has been given thirty (30) days advance notice of cancellation by its insurance carrier or 10 days in the event of cancellation for nonpayment of premium. Failure of Subcontractor or its Sub-subcontractors to keep the required insurance policies in force and in effect during and following completion of the work, as applicable, shall constitute a material breach of its contract agreement, and Contractor shall have the right, in addition to any other rights, to immediately terminate the contract agreement without further cost to Contractor and the Owner. Additionally, Contractor may reject the insurance carrier used by Subcontractor or its Sub-subcontractors if it is not sufficiently rated and take such other steps as deemed necessary to provide proper insurance protection and charge all costs incurred to Subcontractor. If Subcontractor or its Sub-subcontractors have or obtain insurance coverage in amounts in excess of those listed, such additional insurance coverage shall apply to the benefit of the Additional Insureds. These requirements shall survive the completion of the work.

Your insurance broker may assist you with these insurance requirements.