



Subcontractor Pre-Qualification Application

Form can be downloaded from our website at www.macconstruction-inc.net.

1. Name of Company: _____ Contact Name: _____

Physical Address: _____ Phone Number: _____

_____ Fax Number: _____

_____ Cell Number: _____

(Circle One) Main Office or Branch Office

Email Address: (please print clearly) _____

2. Company Business License Information (provide where applicable).

Please attach copies of licenses.

State License #: _____ State you are licensed in: _____

County License #: _____ County you are licensed in: _____

Local License #: _____ City you are licensed in: _____

3. Can your company provide bonding? Yes or No

If yes, please provide the following information:

Bonding Agent: _____

Phone Number #: _____ Contact Person: _____

Bonding Company Name (Not the Agent) : _____

Phone #: _____ Contact Person: _____

Limits-Single: _____, Aggregate: _____ Bond Rate: _____

Please attach a letter from your bonding company confirming the information that you've provided.



4. List all trades that your company performs:

5. List of **CURRENT Educational** Projects: (Attach additional sheet(s) if necessary)

PROJECT	ADDRESS	GC/OWNER & CONTACT	DOLLAR AMOUNT
A)			
B)			
C)			
D)			

6. List of **Completed Educational** Projects (Attach additional sheet(s) if necessary)

PROJECT	ADDRESS	GC/OWNER & CONTACT	DOLLAR AMOUNT
A)			
B)			
C)			
D)			

7. List of **CURRENT Projects (Non School Board Work) in past three years:** (Attach additional sheet(s) if necessary)

PROJECT	ADDRESS	GC/OWNER & CONTACT	DOLLAR AMOUNT
A)			
B)			
C)			
D)			

8. List of **Completed Projects (Non School Board Work) in the past three years:** (Attach additional sheet(s) if necessary)

PROJECT	ADDRESS	GC/OWNER & CONTACT	DOLLAR AMOUNT
A)			
B)			
C)			
D)			



9. List of current suppliers:

PROJECT	ADDRESS	PHONE	CREDIT LIMIT
A)			
B)			
C)			
D)			

10. Have you ever failed to completed a project? Yes or No

If yes, why?

11. Has your company been involved in any litigation in the past 5 years? Yes or No

If yes, describe & indicate outcome?

12. Insurance Company: _____ Agent/Phone: _____

- Limits of Liability:

General Liability: \$ _____
 Excess/Umbrella: \$ _____
 Automobile: \$ _____
 Workers Comp: \$ _____

Please attach a copy of your company's certificate of insurance.

13. Is your company certified SBE, MBE, MWBE, CDBE, DVBE, CBE, etc. Yes or No

If yes, list the entities you are certified with & designation of certification:

- If you are a certified MWBE, please circle which one you are registered under:

Hispanic African American Asian
 Indian Women Other _____

Please attach copies of all certifications.

Dade County
 9500 NW 12 St. Suite 2
 Doral, FL 33172

Broward County
 2001 SW 100 Terr. Bay 1
 Miramar, FL 33025

Palm Beach County
 941 S. Military Trail #F4
 West Palm Beach, FL 3341



14. Identify the owners &/or key personnel individuals in your organization:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

All information provided in this pre-qualification statement will be kept **confidential**.

This form was completed by:

Print Name & Title

Date

**PLEASE READ THIS ENTIRE FORM****Subcontractor Pre-qualification Insurance Requirements**

Please see **attached insurance checklist** and **"sample" certificate** of insurance necessary to satisfy M.A.C Construction, Inc.'s insurance requirements for any and all work performed.

It is **important** that you submit these example pages to your insurance agent to see if your insurance policies have the required coverage, such as:

1. Under General Liability: "Waiver of Subrogation"
2. Under Automobile Liability: "Any auto" or "scheduled, hired and non-owned auto"
3. Workers Comp: "WC Statutory limits box checked"
4. Additional insured status to include:" M.A.C Construction, Inc. and the owner of the project"

These are all in addition to the limits that we require. Please refer to the insurance checklist to make sure you have the adequate coverage.

If you have any questions at all, please do not hesitate to call me to discuss any of these mentioned requirements.

Sincerely,

Nicholas Ceavers

Vice President of Construction

Phone: (305) 598-4317 ext. 113

Email: nicholas@macconstruction.net

Fax: (305) 599-9626

www.macconstruction-inc.net



Insurance Checklist
For M.A.C. Construction, Inc. Requirements

Limits of Liability as follows:

- General liability, Occurrence Based, Including Products and Completed Operations \$1,000,000.00
- General liability Occurrence Based, General Aggregate \$2,000,000.00
- Umbrella/ Excess Liability, Occurrence Based, "Broad as Primary," \$2,000,000.00
- Auto liability Combined Single Limit \$ 1,000,000.00
- Workers' Compensation and Employers' Liability at statutory minimum.

Additional Insured Status

M.A.C. Construction, Inc and the owner of this project as shown on the fax cover page must be additional insured on the following policies and you must provide a copy of additional insured endorsement form on an ISO Additional Insured Endorsements CG 20 10 11 85 or a form providing equivalent coverage:

- General liability
- Auto liability
- Excess liability
- Additional Insured Endorsement form attached with policy number

Project Name:

- The insurance certificate must include the project name, location and project number.

General liability additional requirements:

- General liability policy must state that the limits apply per project. Please insert this wording or have agent check the appropriate box on COI.
- General liability must include a waiver of subrogation.

Auto liability Requirements:

- Any Auto MUST be checked- or these three must be checked
- Include a waiver of subrogation.

- All owned autos must be checked
- Hired autos must be checked
- Non – owned autos must be checked

Workers Comp Requirements:

- WVC Statutory Limits box must be checked
- Include a waiver of subrogation.

Cancellation Notice

- We require 30-day cancellation notice clause.



PLEASE SEND US A COPY OF YOUR COMPANY'S CERTIFICATE OF INSURANCE (COI)

ACORD CERTIFICATE OF LIABILITY INSURANCE				DATE (MM/DD/YY) 07/31/2001		
PRODUCER Your Insurance Broker Your Insurance Broker's Address Insurance Broker's Address		FAX _____		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.		
INSURED Your Company Name Your Address Your Address		INSURERS AFFORDING COVERAGE INSURER A: A.M. Best Rated A or Better Company INSURER B: A.M. Best Rated A or Better Company INSURER C: A.M. Best Rated A or Better Company INSURER D: INSURER E:				
COVERAGES THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
NO. / YR.	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY) Effective Date	POLICY EXPIRATION DATE (MM/DD/YY) Expiration Date	LIMITS	
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLASSIFICATION <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Waiver Subrogation <input checked="" type="checkbox"/> BROAD FORM INSURED GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO. ACC. <input type="checkbox"/> LOC	POLICY NUMBER	Effective Date	Expiration Date	EACH OCCURRENCE	\$ 1,000,000
					FIRE DAMAGE (Any one fire)	\$ 50,000
					MED EXP (Any one person)	\$ 5,000
					PERSONAL & ADV INJURY	\$ 1,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	POLICY NUMBER	Effective Date	Expiration Date	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
					BOODY INJURY (Per person)	\$
					BOODY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
C	<input checked="" type="checkbox"/> EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$ 0	POLICY NUMBER	Effective Date	Expiration Date	EACH OCCURRENCE	\$ 1,000,000
					AGGREGATE	\$ 1,000,000
						\$
B	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> OTHER	POLICY NUMBER	Effective Date	Expiration Date	<input checked="" type="checkbox"/> YES (STAT. TORY LIMITS) <input type="checkbox"/> OTHER	
					EACH ACCIDENT	\$ 500,000
					E.L. DISEASE - EA EMPLOYER	\$ 500,000
					E.L. DISEASE - POLICY LIMIT	\$ 500,000
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS *30 DAYS NOTICE OF CANCELLATION (PROJECT OWNER) ARE NAMED AS ADDITIONAL INSURED WITH RESPECTS TO GENERAL LIABILITY, AUTOMOBILE LIABILITY AND UMBRELLA/ EXCESS LIABILITY ***UMBRELLA IS EXCESS OVER GENERAL LIABILITY, AUTOMOBILE LIABILITY AND EMPLOYERS LIABILITY ***PROJECT NAME: _____						
CERTIFICATE HOLDER <input checked="" type="checkbox"/>		ADDITIONAL INSURED; INSURER LETTER		CANCELLATION		
M.A.C. Construction, Inc. 9500 NW 12 St Bay 2 Doral, FL 33172				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE		
ACORD 25-S (7/97)				©ACORD CORPORATION 1988		