Trade Contractor And Vendor Qualification Form

COMPANY INFORMATION

Company Name: _____

Address: _____ City: _____

County: _____ State: _____ Zip Code: _____ Website: _____

Company Type: ☐ Corporation ☐ LLC ☐ Partnership ☐ Sole Prop. ☐ State Incorporated/Filed: _____

EIN or Social Security #: _____ Please attach W9

List all states you are able to perform work in: _____

Which areas of Michigan are you able to work in: ☐ West ☐ East ☐ Central
☐ Southwest ☐ Southeast ☐ Northern ☐ Upper Peninsula

Scopes/Trades you self perform (see attached CSI coding for reference): _____

_____

Workforce: ☐ Union ☐ Non-Union _____# of office staff

_____# of field staff Percentage of self-performed work _____%

List any affiliated or related businesses and their relationship to the Company above: _____

_____

Number of years company has been in business or date business started: _____

Has the Company gone through an ownership change in the last year? ☐ Yes ☐ No

COMPANY CONTACTS

Main contact name: _____ Email: _____ Phone: _____

Estimating contact name: _____ Email: _____ Phone: _____

Email address for bid invitations (☐ check box if same as above): _____

Accounting contact name: _____ Email: _____ Phone: _____

* We utilize Procore as our construction management software. Contacts will be inserted into your company profile we create

Is Company already a member of Procore's Network? ☐ Yes ☐ No

INSURANCE AND SURETY & BONDING

Reference Journey Construction Group's insurance requirments included in this packet. Will your company's existing insurance policies meet the requirements? ☐ Yes ☐ No

If no, please explain: _____

Please attach a sample of your insurance certificate

Surety company (Insert N/A if none): _____ Surety agent name: _____

Phone: _____ Email: _____ Total bonding capacity: _____

Bonding capacity per job: _____

SAFETY INFORMATION

Please provide worker's compensation experience modification rate (EMR) for the last three years:

Current: _____ Last year: _____ Prior two years:_____

In the past three years, has your company or any key personnel been investigated for or found to have committed an OSHA violation?

☐ Yes ☐ No If yes, please explain: _____

Are there any open or aggregate liability claims that would hinder your ability to insure any project? ☐ Yes ☐ No

If yes, please explain: _____

Does Company have a written employee safety policy and program? ☐ Yes ☐ No

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FINANCIAL INFORMATION

Primary Financial Institution: _____ Contact person: _____

Phone: _____ Email: _____ Line of credit amount _____ Unused _____

Largest contract in the past three years _____

Financial information for the last three years:

Year	Revenue	Ending backlog

Current year projections: Revenue _____ Current backlog _____ # of projects in progress _____

Has Company or any of its principals ever been involved in a bankruptcy or reorganization proceeding(s)?

☐ Yes ☐ No If yes, please provide a date _____

Has Company ever failed to complete a contract, defaulted, or had contract terminated?

☐ Yes ☐ No If yes, please provide a date and details _____

Has Company had any insurance claims in the last five years?

☐ Yes ☐ No If yes, please explain _____

Does Company have an pending judgements, claims, or suits?

☐ Yes ☐ No If yes, please explain _____

EXPERIENCE & REFERENCES

Trade references - Please list three of your subcontractors or supplies and include an email to contact them:

Company name	Address	Email

Client references - Please list three prior clients Company has worked with and include an email to contact them:

Company or client name	Address	Email

Project experience - Please list three projects Company has completed in the past three years:

Project Name	Scope performed	GC/CM Name	Phone	Contract Amount	Year

The undersigned, on behalf of the Company, certifies under oath that the information provided herein, including any attachments, is true and sufficiently complete so as to not be misleading.

Name _____ Signature _____

Date _____ Title _____

CSI CODING SPECIALITES

Check all that apply

01 - General Requirements

- ☐ Construction Staking
- ☐ Construction Testing
- ☐ Final Clean

02 - Site Construction

- ☐ Demolition
- ☐ Asbestos Abatement
- ☐ Water Remediation

03 - Concrete

- ☐ Foundations
- ☐ Concrete Curbs
- ☐ Concrete Polishing
- ☐ Precast
- ☐ Concrete Cutting

04- Masonry

- ☐ Masonry
- ☐ Fabricated Stone Panels
- ☐ Cast Stone

05 - Metals

- ☐ Structural Steel Supplier
- ☐ Steel Erector
- ☐ Metal Framing & Walls

06 - Woods & Plastics

- ☐ Lumber Supplier
- ☐ Wood Trusses
- ☐ Rough Carpentry
- ☐ Finish Carpentry

07 - Thermal & Moisture Protection

- ☐ Waterproofing
- ☐ Building Insulation
- ☐ E.I.F.S
- ☐ Roofing Supplier
- ☐ Shingle Roofing
- ☐ Siding
- ☐ Membrane Roofing
- ☐ Gutters & Downspouts
- ☐ Fireproofing
- ☐ Caulking & Sealants

08 - Doors & Windows

- ☐ HM Door & Hardware
- ☐ Wood Doors
- ☐ Access Doors
- ☐ Overhead Doors
- ☐ Entrances & Storefronts
- ☐ Curtain Walls
- ☐ Aluminum Windows
- ☐ Wood Windows
- ☐ Glass & Glazing

09 - Finishes

- ☐ Metal Stud Framing
- ☐ Drywall
- ☐ Metal Trusses
- ☐ Acoustical Ceilings
- ☐ Resilient Flooring
- ☐ Carpet
- ☐ Access Flooring
- ☐ Epoxy Flooring
- ☐ Paint

10 - Specialties

- ☐ Signage
- ☐ Partitions
- ☐ Toilet Accessories
- ☐ Fireplaces
- ☐ Metal Storage
- ☐ Closet Specialties
- ☐ Flagpoles
- ☐ Awnings & Canopies

11 - Equipment

- ☐ Loading Dock Equipment
- ☐ Appliances
- ☐ Food Service Equipment
- ☐ Theatre & Stage Equipment
- ☐ Athletci Equipment
- ☐ Playground Equipment

12 - Furnishings

- ☐ Window Treatments
- ☐ Casework
- ☐ Cabinetry/Millwork
- ☐ Countertops
- ☐ Furniture
- ☐ Site Furnishings

13 - Special Construction

- ☐ Metal Buildings (PEMB)
- ☐ Pools

14 - Conveying Systems

- ☐ Elevators
- ☐ Wheel Chair Lifts

14 - Conveying Systems (Cont)

- ☐ Vehicle Lifts
- ☐ Scaffolding

21 - Fire Suppression

- ☐ Fire Protection

22 - Plumbing

- ☐ Plumbing

23 - HVAC

- ☐ Mechanical
- ☐ Testing & Adjusting
- ☐ Controls
- ☐ Refrigeration

26 - Electrical

- ☐ Electrical
- ☐ Electrical Generators

27 - Communications

- ☐ Telecommunications
- ☐ Audio/Visual

28 - Safety & Security

- ☐ Fire Alarm & Security

31 - Earthwork

- ☐ Tree Clearing
- ☐ Excavation
- ☐ Dewatering
- ☐ Soil Stabilization
- ☐ Driven/Poured Piling

32 - Exterior Improvements

- ☐ HMA Paving
- ☐ Fencing
- ☐ Irrigation
- ☐ Landscaping

33 - Utilities

- ☐ Water Supply Installation
- ☐ Sanitary
- ☐ Electrical Utilities
- ☐ Railroad Work
- ☐ Transportation Lighting

41- Material Processing & Handling

- ☐ Cranes
- ☐ Processing Equipment

99 - Other

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

750 Chicago Drive Jenison, MI 49428 **616-855-5005** **www.journeyconstructiongroup.com**

Insurance Limits, Coverages, Requirements

The following below are the standard required insurance limits & coverages. Owners may have additional requirements or higher limits that are required within the prime agreement. Any additional requirements will be passed down to trade contractors through their agreements. Any failure to carry or secure the insurance coverages as specified may cause the trade contractor to be ineligible to bid.

Certificate Holder: Journey Construction Group LLC, 750 Chicago Drive, Jenison, MI 49428

Before Subcontractor does any work or prepares or delivers material to the site of construction, the Subcontractor shall provide Certification of Insurance evidencing coverage in amounts not less than required by the specifications or as follows:

(a) Workers' Compensation Insurance: Required Limits: $1,000,000/$1,000,000/$1,000,000. Waiver of Subrogation must be listed in favor of Journey.

(b) Commercial General Liability Insurance: Covering Premises/Operations and Personal Injury and Advertising Injury, Blanket Contractual Liability, XCU, Independent Contractor and Completed Operations Coverage, Broad Form Property Damage including completed operations in the following minimum limits, or such higher limits as the Contract Documents may specify: Additional insured on a primary and non-contributory basis. Waiver of subrogation must be listed in favor of Journey.

Bodily Injury & Property Damage:	$1,000,000 Each Occurrence
	$1,000,000 Personal & Advertising Injury
	$2,000,000 Products and Completed Aggregate
	$2,000,000 General Aggregate
Excess/Umbrella Liability	$2,000,000 Umbrella Form
	Add Journey and Owner as Additional insured on a primary and non-contributory basis. Waiver of subrogation must be listed in favor of Journey.

(c) Automobile Liability: Covering all owned, co-owned and hired vehicles in the amount of $1,000,000 Combined Single Limit. Waiver of subrogation must be listed in favor of Journey.

(d) Pollution Liability: If Subcontractor and/or its subcontractors or suppliers, regardless of tier, perform remediation of hazardous materials or if their operations create an exposure to hazardous materials as those terms are defined in federal, state, or local law, Subcontractor and its subcontractors and suppliers must obtain a "Contractor's Pollution Liability" policy with limits not less than $1,000,000 per occurrence and not less than $2,000,000 aggregate for bodily injury, personal injury, and property damage, naming Journey as an additional insured. If Subcontractor and its subcontractors or suppliers haul hazardous materials or pollutants (including, without limitation, waste), the policy must extend pollution coverage to the transportation of hazardous materials or pollutants by waste hauling vehicles.

(e) Professional Liability: Any subcontractor performing work that includes any design/build work or services shall obtain a Professional Liability Insurance Policy. Design/Build work includes, without limitation, design/build work with respect to mechanical, electrical, structural, plumbing, masonry, and fire sprinkler systems. Evidence of coverage in the form of a Certificate of Insurance shall be provided prior to the start of the project. The subcontractor shall obtain coverage for a minimum of three years following the completion of the project, either through continued purchase of polices for such years or through purchase of an extended reporting period.

(f) Contractual Assumed Liability: Specifically covering Subcontractor for liability, loss, cost and damages, including attorney fees, assumed by Subcontractor under the provisions of this Agreement. It is hereby agreed and understood that completed operations Liability will be carried 2 years after the Project Completion Date.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Your Insurance Agency Name Address City, State Zip Code	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : ABC Insurance Company	12345
INSURED Your Business Name Address City, State Zip Code	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [ ] LOC [ ] OTHER:			123456	01/01/20xx	01/01/20xx	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
A	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY			456789	01/01/20xx	01/01/20xx	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
A	[X] UMBRELLA LIAB [X] OCCUR EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			678901	01/01/20xx	01/01/20xx	EACH OCCURRENCE AGGREGATE	$ 2,000,000 $ 2,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		654321	01/01/20xx	01/01/20xx	[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
A	Pollution (if applicable) Professional (if applicable)			543210	01/01/20xx	01/01/20xx		1,000,000 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Journey Construction Group LLC
750 Chicago Drive
Jenison, MI 49428

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Agent Signature

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