

Subject: Prequalification Application

Dear Future Team Member,

Thanks for considering Master Contractors of VA, Inc., as a potential Subcontractor and Team Member. We look forward to potentially working with you on future projects. Through this **prequalification application** we approve **Subcontractors** to be placed on our preferred bidders list. We would like to know more about your firm and the scope of work that you perform. Please let us know **all** of your areas of expertise.

Master Contractors performs as a team to provide our clients with the best end product and we show mutual **respect, integrity, and professionalism** among our Team Members when constructing the projects. Our clients return to us with subsequent projects because our entire Team collaborates with the clients to provide them with a turnkey project that is cost effective, architecturally pleasing, structurally sound and completed on time.

Our Subcontractors continue to work for Master Contractors because of the mutual "respect, integrity, and professionalism" that the team provides. We follow up with requests for information, provide timely answers to proposals and work together towards our common goal. Communication is key and we do this in a timely fashion so our Subcontractors can plan efficiently and finish on schedule. Finally, we pay accordingly and on time within the process of our projects to promote trust and loyalty to the team. We want to partner with our Subcontractors as a team not just for the project ongoing but for the future projects to come.

Please take the time to provide us with the following information and attached documents.

Sincerely,

David Johnson - Marketing



## **Commercial General Contractor**

Thank you for your interest in working with Master Contractors of VA Inc. Please email your Prequalification Information and Certificate of Insurance to Dave Johnson at <a href="mailto:info@mastercontractors.net">info@mastercontractors.net</a>. Please call me if you have any questions 757-480-7777 or cell 757-813-7723

## **Company Information**

Company Name					
Owner/President					
Mailing Address					
Physical Address					
Website					
Main Phone Number					
Estimating Contact Name					
Estimating Cell					
Estimating email					
Area(s) Served					
List Trades:					
Additional Trades					
Additional Trades					
	(1.0.110.00.00.00.12				
What is your organization	onal structure (LLC, INC, S Corp)?				
How long have you been	n in business?				
How many workers/crews do you have?					
What is your typical project value?					



## **Commercial General Contractor**

Experience:				
List self-performed work:				
List contracted work:				
Bonding:				
Are you bondable?				
List your per project/aggregate limits				
Bonding Company				
Bonding Contact/Information				
Financials:				
Indicate your company's projected revenue for the current year				
Indicate your company's revenue for the prior year				
Indicate your current company's current backlog of work				
Indicate your current company's credit limit				
Indicate the percentage of your credit limit currently in use				
Claims and Suits				
Has your organization ever failed to complete work assigned to it? Yes or No				
Are there any judgements, claims, arbitration proceedings or suites pending or outstanding against your organization or it's officers? <b>Yes or No</b>				
(if any of the above "Claims and Suits" are yes please attach an explanation and/or details concerning)				
Safety				
Does your company require safety training for its employees? Yes or No				
Does your company employ a Safety Coordinator? Yes or No				

Indicate your company's Experience Modification Rate for the past 3 years. Your Insurance Provider can

assist with this.



#### **Commercial General Contractor**

Year 1	Year 2	Year 3
		9/05/05/05/05/05/05/05/05/05/05/05/05/05/

#### Insurance

Attached you will find a copy of our standard minimum insurance requirements. Please refer to this when answering the below questions.

Is your company capable of meeting our minimum insurance requirements? Yes or No

Not meeting these requirements does **NOT** mean you cannot work with Master Contractors of VA Inc. We will review on a case-by-case basis. **Provide a Certificate of Insurance listing Master Contractors of VA as additional insured with this application.** 

Acknowledgement: The undersigned certifies the information provided herein is true and sufficiently complete so as not to be misleading.

Signed \_\_\_\_\_\_

Printed name \_\_\_\_\_

Date \_\_\_\_



### **Insurance Requirements**

INSURANCE - Prior to the start of the work (paragraph 2), subcontractor shall procure and maintain, from an "A" rated insurance carrier (by A.M. Best or Standard & Poor's) and for the duration of the work and warranty period, any and all insurances required by the Contractor under the "Prime Contract" specifications and to the limits required by the specifications, but in no ways less than:

- (a) Comprehensive General Liability Insurance per ISO form CG 00 01 10 01 (or equivalent) with limits not less than \$1,000,000 each occurrence, \$2,000,000 general aggregate (subject to "per project" general aggregate provision). Contactor and Owner shall be named as "additional insureds" per ISO form CG 20 10 11 85 or combination of ISO forms CG 20 10 01 and CG 20 37 10 01 (or substitute forms providing equivalent coverage), with any such additional insured coverage applying as "primary and noncontributory" with respect to any other insurance afforded to Contractor and Owner. A waiver of subrogation in favor of the Contractor shall likewise be provided. Subcontractor shall maintain completed operations coverage for itself and all additional insureds for at least three (3) years after completion and acceptance of its work;
- (b) **Auto Liability Insurance**, including coverage for all owned, non-owned and/or hired vehicles, with limits of not less than **\$1,000,000 combined** single limit applicable to bodily injury and/or property damage claims;
- (c) **Worker's Compensation Insurance** as required by law to cover all Subcontractor employees in all work performed, with Employers Liability limits of not less than \$100,000 bodily injury, each accident, \$100,000 bodily injury by disease each employee and \$500,000 bodily injury by disease policy limit;
- (d) Contractual Liability Insurance limit of not less than \$1,000,000;
- (e) **Umbrella Excess Liability** limit of not less than \$1,000,000. Policies may not be cancelled without adequate substitution before cancellation and Subcontractor and its carrier shall provide at least thirty (30) days written notice in the event of any policy cancellation or nonrenewal and a ten (10) day written notice of cancellation for non-payment of premium. Acknowledgement of these notification requirements shall be included on all certificates submitted.

The Subcontractor shall submit insurance certifications, with required limits and provisions, to the Contractor before beginning work, but in no event later than 20 days after signing subcontract, receipt of which is condition precedent to any and all payments to Subcontractor.

# (Rev. October 2018) Department of the Treasury Internal Revenue Service

# **Request for Taxpayer Identification Number and Certification**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	1 Na	ame (as shown on your income tax return). Name is required on this line; do not leave this	ine blank.	
	<b>2</b> Bu	usiness name/disregarded entity name, if different from above		
Print or type. See Specific Instructions on page 3.	5 Ac	heck appropriate box for federal tax classification of the person whose name is entered or illowing seven boxes.  Individual/sole proprietor or C Corporation S Corporation Partner single-member LLC  Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, Note: Check the appropriate box in the line above for the tax classification of the single-LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unanother LLC that is not disregarded from the owner for U.S. federal tax purposes. Other is disregarded from the owner should check the appropriate box for the tax classification Other (see instructions) didress (number, street, and apt. or suite no.) See instructions.	rship	certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any)  heck C is  code (if any)
reside entitie TIN, I	your your up with ent alides, it is ater.	Taxpayer Identification Number (TIN)  TIN in the appropriate box. The TIN provided must match the name given on lithholding. For individuals, this is generally your social security number (SSN). Here, sole proprietor, or disregarded entity, see the instructions for Part I, later. Fis your employer identification number (EIN). If you do not have a number, see the account is in more than one name, see the instructions for line 1. Also see With a Give the Requester for guidelines on whose number to enter.	or other dow to get a	ployer identification number
Par	tΠ	Certification		
		alties of perjury, I certify that:		
2. I a	m not rvice	nber shown on this form is my correct taxpayer identification number (or I am w subject to backup withholding because: (a) I am exempt from backup withhold (IRS) that I am subject to backup withholding as a result of a failure to report al er subject to backup withholding; and	ling, or (b) I have not b	peen notified by the Internal Revenue
		J.S. citizen or other U.S. person (defined below); and		
4. Th	e FAT	TCA code(s) entered on this form (if any) indicating that I am exempt from FATC	A reporting is correct.	
Certingou h	fication	on instructions. You must cross out item 2 above if you have been notified by the ailed to report all interest and dividends on your tax return. For real estate transaction of abandonment of secured property, cancellation of debt, contributions to an indicent interest and dividends, you are not required to sign the certification, but you must provided to sign the certification.	RS that you are current ons, item 2 does not ap vidual retirement arrang	tly subject to backup withholding because ply. For mortgage interest paid, gement (IRA), and generally, payments
Sign		Signature of U.S. person ▶	Date ►	
Ge	nei	ral Instructions  • Form 10	99-DIV (dividends, inc	luding those from stocks or mutual

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later