

MASTER CONTRACTORS

OF • VA • INC.

Commercial General Contractor

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

Master Contractors of VA Inc. General Contractor
2500 Alameda Ave Ste 112 Norfolk VA. 23513
Office 757-480-7777
"respect, integrity & professionalism"



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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 info@mastercontractors.net.** 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	

What is your organizational structure (LLC, INC, S Corp)? _____

How long have you been in business? _____

How many workers/crews do you have? _____

What is your typical project value? _____



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? **Yes or No**

(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.



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Year 1 _____ Year 2 _____ Year 3 _____

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 _____

Title _____

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.

