



## **Subcontractor Forms & Requirements**

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## Subcontractor Pre-Qualification Form

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### Company Information

Name of Person Completing Form: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name: \_\_\_\_\_ DBA  
 (If Applicable): \_\_\_\_\_

Structure of Company (Sole Proprietor, Partnership, LLC, etc): \_\_\_\_\_

Date of Establishment: \_\_\_\_\_ State Established: \_\_\_\_\_

Contact Name/Title: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Estimator's name/  
 Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ Suite# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(If Different from the Above Address)  
 Mailing Street Address: \_\_\_\_\_ Suite# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Type of Company:

Subcontractor (Furnish & Install)	<input type="checkbox"/>	Subcontractor (Install Only)	<input type="checkbox"/>	Supplier/Vendor (Materials Only)	<input type="checkbox"/>
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Specify Trade: \_\_\_\_\_

TRADE/ CSI/SIC Number(s): \_\_\_\_\_

Project Sizes (\$ Amount Range) \_\_\_\_\_

Types of Projects: (Retail, Residential, Office, etc.) \_\_\_\_\_

\$ Amount of work currently under contract: \_\_\_\_\_ \$ Amount of work not completed: \_\_\_\_\_

Do you have any experience with LEED/green buildings? (Specify) \_\_\_\_\_

Service Area (States & Cities): \_\_\_\_\_ Service Area (States & Cities): \_\_\_\_\_



**Licensing:**

Type	State (City if Applicable)	License Number	Expiration Date
Federal ID #			
State Contractor License			

**Company Profile**

Parent Company (If Applicable):

# of Employees:

Trade Associations:

Union: (Y or N)

Bondable: (Y or N)

Insurance (Y or N)

**See Exhibit A for KZ Miller Insurance and Bond Requirements**

Does your company have a written safety program?

Has OSHA cited your company in the last 5 years?  
 (If yes, include an attachment with and explanation)

Are you currently involved in any lawsuits related to work in progress or completed work?  
 (If yes, include an attachment with and explanation)

Certified Minority Business Enterprise Contractor (MBE)?

Certified by:

Certified Woman Business Enterprise Contractor (WBE)?

Certified by:



## **Insurance & Bond Requirements (Exhibit A)**

### **Referenced from ARTICLE 7 of “KZM Subcontract Agreement Form” INSURANCE & BONDS**

**7.1 Commercial General Liability Insurance.** Prior to commencing the Work, Subcontractor and its subcontractors of every tier must submit to Contractor certificates of insurance showing in force commercial general liability policies on an occurrence basis on ISO Coverage Form CG 00 01 12 04 or broader policy, with a deductible not to exceed \$1,000 per occurrence, that includes coverage for liability assumed under any oral or written contract relating to the conduct of Subcontractors’ business, including this Agreement, and also including (1) broad form property damage liability coverage; (2) premises-operations coverage; (3) explosion, collapse, and underground hazard coverage (no exclusions for X, C, or U); (4) products and completed operations hazard coverage with no time limit on coverage, and (5) independent contractor coverage. The limit of liability shall be not less than \$1,000,000 for each occurrence, \$2,000,000 in the aggregate (per project), \$2,000,000 products/completed operations aggregate, and \$1,000,000 personal and advertising injury. The policy will not contain a subsidence or punitive damages exclusion.

Modified Occurrence Liability Policies are unacceptable. Claims made general liability policies are unacceptable.

**7.2 Automobile Liability Insurance.** Prior to commencing the Work, Subcontractor and its subcontractors of every tier must submit to Contractor certificates of insurance showing in force an automobile liability policy in comprehensive form affording coverage for owned, hired, and non-owned automobiles with limits not less than \$1,000,000 for bodily injury and property damage combined and \$1,000,000 for each accident (no aggregate on automobile insurance). If additional insurance coverage or greater policy limits are required by other provisions in the Contract Documents or by law, those provisions requiring greater policy limits shall control.

**7.3 Workers’ Compensation and Employer’s Liability Insurance.** Prior to commencing the Work, Subcontractor and its subcontractors of every tier must submit to Contractor certificates of insurance showing in force (a) workers’ compensation insurance policy that complies with all applicable statutes and regulation, and (b) employer's liability insurance, including occupational disease coverage with minimum limits of the greater of statutory minimums or: (1) bodily injury by accident, \$500,000 each accident; (2) bodily injury by disease, \$500,000 each employee; and (3) bodily injury by disease, \$500,000 policy limit. If additional insurance coverage or greater policy limits are required by other provisions in the Contract Documents or by law, those provisions requiring greater policy limits shall control.

**7.4 Professional Liability Insurance.** If professional design services or certifications by a design professional related to systems, materials or equipment are specifically required by the Contract Documents, Subcontractor shall cause such services or certifications to be provided by a properly licensed design professional, whose signature and seal shall appear on all drawings, calculations, specifications, certifications, Shop Drawings and other submittals prepared by such professional. Each design professional providing such services shall carry professional liability insurance in an amount of at least \$1,000,000 per claim and \$2,000,000 annual aggregate with a deductible or self-insured retention of not greater than \$25,000.



**7.5 Pollution Liability Insurance.** If remediation or abatement is included in the Work, prior to commencing the Work, Subcontractor must submit to Contractor certificates of insurance showing in force a policy covering third-party injury and property damage claims, including cleanup costs, as a result of pollution conditions arising from Subcontractor's operation and completed operations. The policy will have a retroactive date before the start of the work. The limits of coverage will not be less than \$5,000,000 per occurrence and \$5,000,000 annual aggregate.

**7.6 Not Used.**

**7.7 Delivery of Insurance Certificates.** No work shall be performed by Subcontractor until certificates of insurance have been delivered to Contractor that comply with the requirements of Article 7 of this Agreement. The certificates shall provide that the insurers will give thirty (30) calendar days written notice to Contractor before cancellation or modification of any policy. Upon the modification, expiration, or cancellation of any policy, Subcontractor shall supply to Contractor a new certificate of insurance that complies with the requirements of this paragraph. In event of threatened or actual cancellation for nonpayment of premium, Contractor may procure such insurance on such terms as Contractor in its sole discretion may determine and deduct the premium from amounts then or subsequently owing to Subcontractor. If any of Subcontractor's insurance policies contain a pollution exclusion, asbestos exclusion, residential exclusion, EIFS exclusion, or any other exclusion relevant to the Work, such exclusion shall be stated on the certificate of insurance. If Subcontractor's insurance coverage is canceled prior to acceptance of the Work, such cancellation shall be a material breach of this Agreement and, at Contractor's direction, Subcontractor shall cease all activities until insurance coverage is provided at no additional cost to Contractor or Owner. If the Subcontractor is performing EIFS or synthetic stucco work, the Subcontractor's general liability and excess liability insurance policies must include coverage for EIFS or synthetic stucco work. Subcontractor shall indemnify Contractor and its insurance carriers for any failure to provide Contractor with the insurance required by this Agreement.

**7.8 Additional Insureds and Other Requirements.** The liability insurance policies, including commercial general liability, auto liability, and excess liability, shall be endorsed to provide: (1) that Contractor and Owner (and other entities identified in the Prime Contract) and their directors, officers, employees and agents and such other persons or entities as Contractor may require are additional insureds for work performed, utilizing ISO CG 20 10 11 85 (or CG 20 10 10 01 with CG 20 37 10 01 or equivalent endorsement forms); (2) that the insurance afforded by the policies shall apply to each insured as though a separate policy had been issued to each insured; (3) that the coverage afforded to each insured is primary and any other insurance in force for the Project will be excess and will not contribute to such policies; and (4) a complete waiver of subrogation in favor of Contractor and all other insureds. All insurance shall be placed with insurance carriers satisfactory to Contractor and shall have an A.M. Best rating of at least A-, VII. Subcontractor shall require the inclusion of similar insurance requirements in each sub-subcontract for any portion of the Work to be provided by any Sub-subcontractor. The additional insured endorsements required herein shall not exclude the additional insureds from the policies' products and completed operations hazard coverage, and the additional insureds' status shall continue without interruption through the statute of repose or statute of limitations in the state in which the construction occurs. If additional insurance coverage, requirements, or greater policy limits are required by other provisions in the Contract Documents or by law, those provisions shall control.



**7.8 Waiver of Subrogation.** Subcontractor waive all rights against Contractor, Owner, and all of their subcontractors, sub-subcontractors, agents and employees for damages caused by fire or other causes of loss to the extent covered by property insurance applicable to the Work, except such rights to proceeds of such insurance held by the Owner as a fiduciary. Subcontractor shall require of its subcontractors of every tier similar waivers in favor of the parties enumerated herein. A waiver of subrogation shall be effective as to a person or entity even though that person or entity would otherwise have a duty of indemnification, contractual or otherwise, did not pay the insurance premium directly or indirectly, and whether or not the person or entity had an insurable interest in the property damaged.

**7.9 Bonds Required.** Payment and or performance bonds may be required by Contractor and, if so required, shall comply with the requirements of the Prime Contract.



## KZM Diversity Form

### Company Information

All categories marked with an asterisk (\*) are required during registration.

Company Name*			Principle's Name and Title*	
Address*			Principle's E-mail*	
Additional Address or P.O. Box			Contact Person and Title*	
City*	State/Province*	Zip/Postal Code*	Contact Person's E-mail*	Contact Person's Phone No.
Telephone Number*	Fax Number*		Year Established* (xxxx)	Approx. Number of Employees
Internet Site Address			Tax ID Number*	Dun & Bradstreet Number

### Organizational/Ownership Data

Legal Structure* (Select Only One)				
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Joint Venture <input type="checkbox"/> Franchise <input type="checkbox"/> Non-Profit				
If your company is a partnership or corporation, please list each person owning more than 10 percent.				
Name _____ % _____		Name _____ % _____		
Name _____ % _____		Name _____ % _____		
Is your company a subsidiary or division of another company? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you plan to subcontract any portion of your contract(s) with KZ Miller Construction? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes: Company Name _____			If yes: Company Name _____	
Address _____			Address _____	
City _____ State _____ Zip _____			City _____ State _____ Zip _____	
Diversity Category:			Percentage of Minority, Women or Disabled Veteran Ownership* %	
<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> DVBE <input type="checkbox"/> SBE <input type="checkbox"/> SDB <input type="checkbox"/> HUBZone <input type="checkbox"/> DOBE <input type="checkbox"/> None				
Diversity Group*				
<input type="checkbox"/> Hispanic American <input type="checkbox"/> African American <input type="checkbox"/> Asian American <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> Woman Owned <input type="checkbox"/> Minority Woman Owned <input type="checkbox"/> Asian/Pacific Island American <input type="checkbox"/> Subcontinent Asian American				
U.S. Citizen?*		Veteran?		Disabled Veteran?
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Vietnam Veteran?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Does your company currently have a vendor/supplier diversity program?			If yes, list the program administrator.	
<input type="checkbox"/> Yes <input type="checkbox"/> No			Name _____ Phone# _____	
Quality Assurance Standards* (ISO 9000, etc.)			I.S. capabilities? (Electronic Data Interchange, CXML transactions, etc.)	
Product(s)/Service(s) Description*				



Geographical Service Area			
<input type="checkbox"/> Local	<input type="checkbox"/> Regional	<input type="checkbox"/> National	<input type="checkbox"/> International
Type of Business/Commodity/Service (Select the category that best describes your business)			
<input type="checkbox"/> Audit Services <input type="checkbox"/> Authorized Distributor <input type="checkbox"/> Benefits <input type="checkbox"/> Broker <input type="checkbox"/> Construction Firm <input type="checkbox"/> Consultant – Independent Contractor <input type="checkbox"/> Consultant – IT-Related <input type="checkbox"/> Consultant – Other <input type="checkbox"/> Consultant – Programmer <input type="checkbox"/> Consulting Firm <input type="checkbox"/> Copier/Multifunction Hardware <input type="checkbox"/> Copy Center Services <input type="checkbox"/> Document Retention/Shredding <input type="checkbox"/> Equipment Supplier	<input type="checkbox"/> Event/Conference Plng. <input type="checkbox"/> Facilities – Equipment <input type="checkbox"/> Facilities – Furniture <input type="checkbox"/> Facilities – Labor <input type="checkbox"/> Facilities – Other <input type="checkbox"/> Factory Representative <input type="checkbox"/> Finance <input type="checkbox"/> Fleet Management <input type="checkbox"/> Flight Svcs/Maint. <input type="checkbox"/> Food, Vending, Co. Store <input type="checkbox"/> Freight-Transportation <input type="checkbox"/> Hardware/Software <input type="checkbox"/> IT – All (HW, SW, Svcs) <input type="checkbox"/> IT – HW Only <input type="checkbox"/> IT – SW Only <input type="checkbox"/> Janitorial <input type="checkbox"/> Landscape/Interior Plant Management	<input type="checkbox"/> Legal <input type="checkbox"/> Mailroom Operations <input type="checkbox"/> Manufacturer <input type="checkbox"/> Marketing <input type="checkbox"/> Office Supply Dealer <input type="checkbox"/> Packaging <input type="checkbox"/> Pest Control <input type="checkbox"/> Pharmacy Equipment <input type="checkbox"/> Postage <input type="checkbox"/> Print and Fulfillment <input type="checkbox"/> Printer <input type="checkbox"/> Promotional Items <input type="checkbox"/> Relocation Services <input type="checkbox"/> Retailer <input type="checkbox"/> Security – Hardware <input type="checkbox"/> Security – Labor <input type="checkbox"/> Service Firm	<input type="checkbox"/> Subscriptions <input type="checkbox"/> Surplus Dealer <input type="checkbox"/> Telecom – All <input type="checkbox"/> Telecom – Conferencing <input type="checkbox"/> Telecom – Data Only <input type="checkbox"/> Telecom – Pagers Only <input type="checkbox"/> Telecom – Voice Only <input type="checkbox"/> Telecom – Wireless Only <input type="checkbox"/> Temp Svcs/Contingent Labor <input type="checkbox"/> Training <input type="checkbox"/> Travel <input type="checkbox"/> Utilities <input type="checkbox"/> Waste Management <input type="checkbox"/> Other:

SIC Codes (Standard Industrial Classification System)*	NAICS Codes (North American Industry Classification System)	UNSPSC Codes (United Nations Standard Products & Services Codes)

**Certification\***

MBE Certified <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify certifying authority	Certification Expiration Date / /
WBE Certified <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list your regional council	Certification Expiration Date / /
SBA Certified <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify certifying authority	Certification Expiration Date / /
State Certified (ME/WBE/Other) <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify certifying authority	Certification Expiration Date / /
DVBE Certified/Veteran Certified <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify certifying authority	Certification Expiration Date / /
HUBZone Certified <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify certifying authority	Certification Expiration Date / /
Other Certification(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify certifying authority	Certification Expiration Date / /

**Payment Information**

Method of Payment Accepted: <input type="checkbox"/> Credit Card <input type="checkbox"/> Credit Cards Not Accepted <input type="checkbox"/> Purchase Order <input type="checkbox"/> Check			
Payment Remit To Address:			
Additional Address or P.O. Box			Telephone Number
City	State	Zip	Fax Number
E-mail Address			1-800 Number



KZ Miller Construction  
LIC#1011565  
Subcontractor Pre-Qualification Form  
Updated 03/21/2018



### Taxation Information

Contact name for Sales and Use Tax Questions	Will your company be charging tax on items purchased by KZ Miller Construction? <input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone Number	E-mail Address