



## VENDOR PREQUALIFICATION FORM

Please complete this form and return via email (info@orionbuilt.com) or fax (1-616-464-1742).

Name of Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

- |                                    |                                   |   |                                   |                                |
|------------------------------------|-----------------------------------|---|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Architect | <input type="checkbox"/> Engineer | <input type="checkbox"/> Subcontractor                      | <input type="checkbox"/> Supplier | <input type="checkbox"/> Other |
| Firm certified as?                 | <input type="checkbox"/> MBE      | <input type="checkbox"/> WBE (attach copy of certification) |                                   |                                |
| Workforce is?                      | <input type="checkbox"/> Union    | <input type="checkbox"/> Non-Union                          |                                   |                                |

Years in business under present name: \_\_\_\_\_ Total # of office staff: \_\_\_\_\_ Total # of field staff: \_\_\_\_\_

Average annual sales in last three (3) years: \$ \_\_\_\_\_ Self-performed work: \_\_\_\_\_ %

Bank Reference: \_\_\_\_\_ Contact Person/Phone: \_\_\_\_\_

Total bonding capacity: \$ \_\_\_\_\_ Bonding capacity job: \$ \_\_\_\_\_

Value of work currently bonded: \$ \_\_\_\_\_

Current Workers Compensation Experience Modification Rate: \_\_\_\_\_

Has your firm..? (select all that apply, submit detail on separate sheet/attachment):

- |  |   |
|--|---|
| <input type="checkbox"/> failed to complete a contract | <input type="checkbox"/> been involved in bankruptcy/reorganization |
| <input type="checkbox"/> any pending judgments         | <input type="checkbox"/> any claims or suits against                |

Specification Divisions Interested in Bidding:

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### Subcontractor Insurance Limits/Coverages/Requirements

1. The subcontractor shall provide Orion II Construction, Inc. (hereinafter referred to as "Orion Construction") with a Certificate of Insurance prior to commencing any work listing Orion Construction as an additional insured (in the forms ISO CF2026 0704 and CG2037 0704 or equivalent forms), to include the following minimum insurance limits:

Commercial General Liability  
1,000,000 Any one Occurrence  
1,000,000 Any one person Organization  
2,000,000 General Aggregate  
2,000,000 Products/Completed Operations Aggregate

Automobile Liability (Comprehensive Coverage)  
1,000,000 each Accident

Employers' Liability – (Coverage "B" on the Worker's Comp. Policy)  
500,000 Each Accident  
500,000 Each Employee for injury by Disease  
500,000 Aggregate for Injury by Disease

2. Insurance of the Subcontractor shall be primary.

3. Subcontractors shall further indemnify and hold Contractor and its surety, if any, completely harmless from and against any and all claims, suits, actions, demands, damages, judgements, liabilities, interest, attorney fees, including reasonable actual attorney fees incurred by Contractor, costs or expenses of any nature arising out of or relating to Subcontractor's failure to fully pay or discharge any debt of Subcontractor to any sub subcontractor or supplier for labor, equipment, materials or supplies furnished for performance of work hereunder.

4. Waiver of Subrogation: Subcontractor waives all rights against Contractor, Owner and Architect and their agents, officers, directors, and employees for recovery of damages to the extent these damages are covered by commercial general liability, commercial umbrella liability, business auto liability or workers compensation and employer's liability insurances maintained per requirements stated above.

5. Subcontractor shall have current Certificates of Insurance on file with Orion Construction before a contract can be issued and any Work is to be performed. Insurance required is: Worker's Compensation, Auto, Umbrella and General Liability, naming Orion Construction and its subsidiaries as an additional insured with respect to the General Liability coverage. Subcontractor insurance shall be primary and noncontributory with a 30-day notice of cancellation, completed operations coverage for itself and each additional insured for at least three (3) years after completion of work and a waiver of subrogation favoring Orion Construction. Subcontractor shall provide Orion Construction with Certificates of Insurance reflecting the requirements described herein.

This form must be signed by an officer of your company or individual authorized by the company.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Type of Company:     Corporation     Partnership     Sole Proprietor     LLC