

SUBCONTRACTOR PREQUALIFICATION FORM

Company Name: _____

Contractor's License #: _____ State: _____ Expiration: _____

Contractor's License #: _____ State: _____ Expiration: _____

DIR #: _____ FEIN: _____

Contact Information

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Website Address: _____

Contact Person Regarding this Application

Name: _____

Title: _____

Email Address: _____

Phone Number: _____

Organizational Certifications (check all that apply)

- Small Business (SB)
- Small Disadvantaged Business (SDB)
- Women-Owned Small Business (WOSB)
- Veteran-Owned Small Business (VOSB)
- Service-Disabled Veteran-Owned Small Business (SDVOSB)

Other Codes for Type of Ownership

- Disadvantaged Business Enterprise (DBE)
- Women's Business Enterprise (WBE)
- Minority Business Enterprise (MBE)

*Include a copy of all certifications relative to ownership type(s) indicated above.

Experience

Number of years applicant has been in business: _____

Union Affiliation(s), if any: _____

Safety Performance

1. Attach a copy of OSHA Logs for the past three (3) years.
2. List your company's experience modifier rate (EMR) for the past three (3) years.

20_____ 20_____ 20_____
3. Has the company received a citation from a regulatory agency (OSHA, EPA) within the past five years? Yes No *If yes, please attach copies and provide an explanation.
4. Does your company have a written Occupational Health and Safety Program? * Yes No

*Attach a copy of your company's Health and Safety Program.

Insurance Requirements

Subcontractor shall maintain the following insurance coverages. Subcontractor is also responsible for its subcontractors maintaining the same insurance coverage as noted below.

- a. Workers' compensation with Statutory limits for the state in which work is performed. This policy will also include limits for Employers Liability in limits no less than \$1,000,000 per occurrence, covering all persons employed by Subcontractor in connection with any work done for, or on behalf of Subcontractor or Contractor. Coverage shall contain a waiver of subrogation in favor of Contractor
- b. Commercial General Liability insurance with limits no less than \$1,000,000 each occurrence and \$2,000,000 in the Aggregate. Coverage shall include:
 - i) by "Additional Insured" endorsement, add as insureds, Contractor and all directors, officers, agents, and employees of Contractor and Owner with respect to liability arising out of Work performed under this Subcontract by Subcontractor; and
 - ii) specify that Subcontractor's insurance is primary, and that any insurance or self-insurance maintained by Contractor shall not contribute with it. Coverage for General Liability will include a waiver of subrogation in favor of the Contractor.
- c. Automobile Liability insurance, including coverage for all owned, hired and non-owned automobiles. The limits of liability shall be not less than \$1,000,000 combined single limit each accident for bodily injury and property damage. Coverage shall include:
 - i) by "Additional Insured" endorsement, add as insureds, Contractor and all directors, officers, agents, and employees of Contractor and Owner; and
 - ii) specify that Subcontractor's insurance is primary, and that any insurance or self-insurance maintained by Contractor shall not contribute with it. Coverage for Automobile Liability will include a waiver of subrogation in favor of the Contractor.

- d. Professional Liability/ Errors & Omissions insurance with limits no less than \$1,000,000 each occurrence and \$2,000,000 in the Aggregate.
- e. Commercial Umbrella or Excess Liability insurance with limits no less than \$5,000,000 each occurrence and \$5,000,000 in the Aggregate. Coverage shall contain:
 - i) by "Additional Insured" endorsement, add as insureds, Contractor and all directors, officers, agents, and employees of Contractor and Owner with respect to liability arising out of Work performed under this Subcontract by Subcontractor; and

Certificates of Insurance: Simultaneous with Subcontractor's execution of this Subcontract, Subcontractor shall furnish Contractor with certificates of insurance and endorsements of all required insurance. The documentation shall state that coverage shall not be modified or canceled except after 30 days' prior written notice has been given to Contractor. The documentation must be signed by a person authorized by that insured to bind coverage on its behalf and shall be submitted to Contractor. Contractor may inspect the original policies or require complete certified copies at any time, and the policies must be carried by companies reasonably acceptable to Contractor. Upon request, Subcontractor shall furnish Contractor the same evidence of insurance for its subcontractors as Contractor requires of Subcontractor.

Waiver of Subrogation: Contractor and Subcontractor waive all rights against each other and against all other subcontractors and Owner for loss or damage to the extent reimbursed by any insurance applicable to the Work, except such rights as they may have to the proceeds of such insurance. If any applicable policies of insurance referred to in this Section require an endorsement or consent of the insurance company to provide for continued coverage where there is a waiver of subrogation, the owners of such policies will cause them to be so endorsed or obtain such consent.

Bond: Upon the request of Contractor, Subcontractor shall furnish a performance and/or payment bond with respect to its Work performed pursuant to this Subcontract.

Subcontract Opportunities (check all that apply)

- San Francisco Public Utilities Commission
- City Palo Alto Utilities
- Truckee Donner Public Utilities
- Other _____

The City of San Francisco requires all subcontractors to register with PeopleSoft. Please register using this link <https://sfcitypartner.sfgov.org> and provide your Bidder or Supplier ID once complete.

Bidder ID #: _____



Certification of Prequalification Information

I certify that the above information is correct. I understand that any false information listed on this form could disqualify my company from being approved. I have also enclosed a copy of all requested documentation. My company agrees to follow all applicable regulatory standards and site procedures, as outlined by VIP Powerline Corp.

Signature

Date

Printed Name

The completed application should be returned to contracts@vippowerlinecorp.com.

If you have any questions, please contact us at (250) 475-3599 or contracts@vippowerlinecorp.com.