



Rogers-O'Brien's Procedures for Subcontractor Qualification

Frequently asked questions and answers:

- **What is Subcontractor Qualification?**
Subcontractor Qualification allows R-O to review the structure of the Subcontractor's company and verify the capability to complete all Contractual obligations or qualify to bid future projects.
- **Why is it necessary to go through the Qualification process?**
A Subguard Insurance Policy is purchased on all R-O's projects, which protects the Owners and R-O from Subcontractors who might not be able to complete a job due to issues involving finances, manpower or other unforeseen reasons. As such, the Surety for that coverage requires that all Subcontractors go through a thorough qualification process prior to entering into any Subcontract Agreements with R-O. It does not preclude you from bidding, however.
- **Do all Subcontractors have to go through the Qualification Processes?**
Any Subcontractor that has not worked previously with R-O and who will be performing labor on a project must be qualified. No Subcontract will be awarded until approved. Bid proposals will continue to be accepted however; could slow down the awarding process if the Subcontractor is not already qualified.
- **How long does the process take?**
The qualification process can take anywhere from two to three weeks or, in some cases longer. All paperwork is processed in the order in which it is received unless there is a Subcontract waiting to be issued.
- **What are the requirements for a Subcontractor to be considered?**
Subcontractor must have been in business for a minimum of one year, (with the same Tax Identification Number) and carry the required insurance.
- **What documentation is required in addition to the Qualification Packet?**
The Qualification Packet must be completely filled out and submitted along with a Balance Sheet listing your Assets and Liabilities, a Profit and Loss Statement and a current Insurance Certificate with the certificate holder left blank.
- **Who will be reviewing the documentation?**
All information is for R-O's use only and will be kept strictly confidential. The Qualification packet is reviewed and completed by Karen Elms, Qualification Administrator and passed on to Mike Orr, CFO. Please keep in mind that all Qualification files are subject to yearly audits by the Surety provider.
- **Where can I get a Qualification Packet?**
Qualification packets, along with a sample of the required Insurance, can be found at www.rogers-obrien.com. Double click on the Subcontractors tab and then click on the Subcontractor Qualification form. Once the packet has been completed please mail it to the attention of Karen Elms, marked confidential.



ROGERS-O'BRIEN CONSTRUCTION COMPANY

Dallas – Corp. Office

1901 Regal Row
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214.962.3000 Fax 214.962.3001
Confidential Fax 214.962.3013
kelms@rogers-obrien.com

Austin

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Austin, TX 78704
512.486.3800 Fax 512.486.3701
Confidential Fax 214.962.3013
kelms@rogers-obrien.com

SUBCONTRACTOR QUALIFICATION

Company name: _____

Corporation Individual L.L.C. Partnership Joint Venture

Mailing address: _____

City, State, Zip: _____

Telephone no: _____

Fax no: _____

Physical address: _____

City, State, Zip: _____

Scope of work: _____

Type of Minority Contractor: MBE WBE N/A

Certified by which agency: _____

HUB Certified Contractor: No Yes N/A

Date founded: _____ State: _____

Number of Office Employees: _____ Number of Field Employees: _____

Federal Employer ID Number: _____

Dun & Bradstreet number: _____

Other Name(s) company operate(s)ed under? _____

Contact name: _____

Title: _____

E-Mail address: _____

Web address: _____

Name of Owner and Percentage: _____

President: _____

Vice President: _____

CFO/Controller: _____

Percentage of work completed in the following:

_____ Churches	_____ Low Rise Office
_____ Heavy Industrial	_____ Retail
_____ High Rise Office	_____ Renovation
_____ Hospitals	_____ Schools
_____ Hotel	_____ Tenant Finish
_____ Jails	_____ Other (Specify)
_____ Lt. Industrial	

Value of Current Backlog: _____

List four General Contractors you currently do business with:

Company Name: _____

Address: _____

City, State, Zip: _____

Contact: _____

Phone: _____

Company Name: _____

Address: _____

City, State, Zip: _____

Contact: _____

Phone: _____

Company Name: _____

Address: _____

City, State, Zip: _____

Contact: _____

Phone: _____

Company Name: _____

Address: _____

City, State, Zip: _____

Contact: _____

Phone: _____

*****Current work in progress or contract in progress schedule
must be attached*****

Largest projects your firm has been involved in during the last two (2) years:

Project: _____

Date: _____ **Contract Value:** _____

Contractor: _____

Phone no: _____ **Contact Person:** _____

Project: _____

Date: _____ **Contract Value:** _____

Contractor: _____

Phone no: _____ **Contact Person:** _____

Project: _____

Date: _____ **Contract Value:** _____

Contractor: _____

Phone no: _____ **Contact Person:** _____

Project: _____

Date: _____ **Contract Value:** _____

Contractor: _____

Phone no: _____ **Contact Person:** _____

Project: _____

Date: _____ **Contract Value:** _____

Contractor: _____

Phone no: _____ **Contact Person:** _____

Project: _____

Date: _____ **Contract Value:** _____

Contractor: _____

Phone no: _____ **Contact Person:** _____

Project: _____

Date: _____ **Contract Value:** _____

Contractor: _____

Phone no: _____ **Contact Person:** _____

Name of Bonding Company: _____

Contact person: _____

Phone no: _____

Fax no: _____

Name of Surety Company: _____

Bonding capacity for single job: _____ Aggregate: _____

Amount of work currently bonded: _____

Bank name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Account contact: _____

Existing Line of Credit: _____ Currently drawn: _____

**** *Current Interim Income Statement and Balance Sheet, as well as most recent Fiscal Year End Statements, must be attached or no further consideration will be made* ****

List five vendors currently extending credit to your company:

Company Name	Phone no.	Fax no.	Account no:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Subcontractor hereby authorizes any and all vendors listed above to release information requested by Rogers-O'Brien Construction Company as part of its financial due diligence process.

Signed: _____

Title: _____

Date: _____

Name of insurance agency: _____

Contact person: _____

Phone no: _____

Fax no: _____

General Liability carrier: _____

Automobile Liability carrier: _____

Excess or Umbrella Liability carrier: _____

Worker's Compensation carrier: _____

Must meet the following requirements:

- General Aggregate per project
- Certificate issued on standard ACORD form
- Coverage supplied on a primary and non-contributory basis (GL & Auto)
- Waiver of subrogation in favor of additional insureds (GL, Auto & W/C)
- Rogers-O'Brien shown as Certificate holder
- Rogers-O'Brien, project owner (and lender if required) shown as additional insured
- Cancellation requires 30 days written notice

General Liability coverage minimums:

General Aggregate	\$1,000,000	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Products-Comp/Op Agg.	\$1,000,000	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Personal & Adv Injury	\$1,000,000	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Each Occurrence	\$1,000,000	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Fire Damage	\$ 50,000	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Medical Expense	\$ 5,000	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____

Automobile Liability coverage minimums:

Combined single limit	\$1,000,000	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
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Excess or Umbrella coverage minimums:

Each occurrence	\$1,000,000	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
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Workers' Compensation minimums:

Each accident	\$ 500,000	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
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Disease policy limit	\$ 500,000	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
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Disease-each employee	\$ 500,000	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
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****Current Insurance Certificate showing your limits must be attached****
Please do not reference Rogers-O'Brien Construction Co.

Does your firm have a written Field Safety Program? Yes No

Copy available upon request? Yes No

Does your firm have a full time, on staff, Safety Director? Yes No

Name: _____

Certifications: _____

Does your firm hold site safety meetings for?

Field Supervisor(s) Yes No Frequency: _____

Field Employee(s) Yes No Frequency: _____

New hire(s) Yes No Frequency: _____

Subcontractor(s) Yes No Frequency: _____

Site safety inspections: Daily Weekly Other (describe): _____

Name of inspector: _____ Title: _____

Does your firm have on site safety supervisors? Yes No

Qualifications: _____

Training: _____

Certifications: _____

Workers' Compensation Experience Modifier Rate:

Current year: _____ Last year: _____ Two years ago: _____

Does your firm have a drug testing program? Yes No

(If not, you MUST comply with Rogers-O'Brien Construction's program)

Random Drug Testing Yes No Frequency: _____

Post incident testing Yes No

Additional information or comments:

Is your firm affiliated with any other contracting firm? Yes No

Firm Names: _____

Address: _____

City, State and Zip: _____

Contact person: _____

Phone no: _____

Is your firm a party to any labor agreements? Yes No

List labor agreement(s)

Is your firm currently involved in any lawsuits? Yes No

Explain:

All information given herein will be considered privileged and confidential, and the use of the information shall be limited for the purpose of qualifying your company as a Subcontractor of Rogers-O'Brien Construction Co. only. Any other use is prohibited. Additionally, this information will only be used and/or viewed by Rogers-O'Brien Construction Co. and its agent. The information will not be transmitted to, or discussed with, any third parties. Rogers-O'Brien Construction Co. is committed to protecting the privacy of the provider of the information contained in this document.

If any of the information provided herein is found to be materially erroneous, fraudulent or misleading, Rogers-O'Brien Construction Co. reserves the right to terminate any and all agreements entered into with the provider without claim or liability against Rogers-O'Brien Construction Co.

Certification: I have prepared and/or reviewed this completed document in its entirety. Based on my knowledge, this document is complete and does not contain any material misstatements or omissions and fairly presents the condition and operations of the company:

Signed:

Title:

Date:

ACORD	CERTIFICATE OF LIABILITY INSURANCE	MM/DD/YY
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PRODUCER Your Agent	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
COMPANIES AFFORDING COVERAGE	
INSURED ABC Subcontractor	COMPANY A Insurance Company COMPANY B COMPANY C COMPANY D

COVERAGES
 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICYNUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTORS PROT <input type="checkbox"/> _____ <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Policy No.	MM/DD/YY	MM/DD/YY	GENERAL AGGREGATE \$1,000,000.00
					PRODUCTS-COMP/OP AGG \$1,000,000.00
					PERSONAL & ADV INJURY \$1,000,000.00
					EACH OCCURRENCE \$1,000,000.00
					FIRE DAMAGE (Any one fire) \$50,000.00
					MED EXP (Any one person) \$5,000.00
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANYAUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>	Policy No.	MM/DD/YY	MM/DD/YY	COMBINED SINGLE LIMIT \$1,000,000.00
					BODILY INJURY (Per person)
					BODILY INJURY (Per accident)
					PROPERTY DAMAGE
A	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____ <input type="checkbox"/>				AUTO ONLY- EA ACCIDENT
					OTHER THAN AUTO ONLY:
					EACH ACCIDENT
					AGGREGATE
A	EXCESS LIABILITY <input checked="" type="checkbox"/> Occur <input type="checkbox"/> OTHER THAN UMBRELLA FORM	Policy No.	MM/DD/YY	MM/DD/YY	EACH OCCURRENCE \$1,000,000.00
					AGGREGATE \$1,000,000.00
A	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY OTHER	Policy No.	MM/DD/YY	MM/DD/YY	<input checked="" type="checkbox"/> WC Statutory limits <input type="checkbox"/> Other
					EL EACH ACCIDENT \$500,000.00
					EL DISEASE-POLICY LIMIT \$500,000.00
					EL DISEASE-EA EMPLOYEE \$500,000.00

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 Indemnities named as additional insured with coverage provided for additional insured on a primary and non-contributory basis. (General Liability and Auto Liability). Waiver of Subrogation is applicable to General Liability, Auto Liability and Workers Compensation in favor of Indemnities. (Indemnities are Owners, Architects and Rogers-O'Brien Construction Co.)
 Project: XXXXXXXXXXXXXXXXXXXXXXXX

CERTIFICATE HOLDER	CANCELLATION
SAMPLE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION ON LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE

Request for Taxpayer Identification Number and Certification

**Give form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
or
Employer identification number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,