



STBP, Inc.
PO Box 2461
Corpus Christi, TX 78403
361-299-5462
www.stbp.com

Subcontractor Partner Prequalification Form

Part 1 – General

Company Name: _____ DBA (if applicable): _____

Other names your company has operated under in the past (if applicable): _____

Scope of Work: _____

Cities/Counties/Areas Where You Work: _____

Number of Years in Business Under the Current Name: _____

Mailing Address: _____

Physical Address: _____

Office Phone: _____ Office Fax: _____

Business Type (circle one): sole proprietor joint venture partnership corporation

Tax ID #: _____ Number of Owners: _____

Owner Name: _____ Title: _____ % Ownership: _____

Owner Name: _____ Title: _____ % Ownership: _____

Owner Name: _____ Title: _____ % Ownership: _____

Owner Name: _____ Title: _____ % Ownership: _____

Other Authorized Representative: _____ Title: _____

Other Authorized Representative: _____ Title: _____

Other Authorized Representative: _____ Title: _____

Other Authorized Representative: _____ Title: _____

MBE/WBE/HUB/SBA/CVE/Other Certifications: _____ Cert #s: _____

Part 2 – Financial

Gross Annual Sales Last Three Years:

Year: _____ \$ _____ Year: _____ \$ _____ Year: _____ \$ _____

Bank Name: _____ Contact: _____ Phone: _____

Bank Address: _____



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Bonding Company: _____ Contact: _____ Phone: _____

Bonding Company Address: _____

Insurance Company: _____ Contact: _____ Phone: _____

Insurance Company Address: _____

Other References:

Business Name: _____ Contact: _____ Phone: _____

Business Name: _____ Contact: _____ Phone: _____

Business Name: _____ Contact: _____ Phone: _____

Business Name: _____ Contact: _____ Phone: _____

Part 3 – Experience

List Three Best Projects Currently in Progress:

Project Name/Your Scope: _____ Project Location: _____

Owner: _____ General Contractor: _____ Contract Amt: \$ _____

GC Contact Name: _____ Phone: _____ Email: _____

Project Name/Your Scope: _____ Project Location: _____

Owner: _____ General Contractor: _____ Contract Amt: \$ _____

GC Contact Name: _____ Phone: _____ Email: _____

Project Name/Your Scope: _____ Project Location: _____

Owner: _____ General Contractor: _____ Contract Amt: \$ _____

GC Contact Name: _____ Phone: _____ Email: _____

List Three Best Projects Completed in Last Three Years:

Project Name/Your Scope: _____ Project Location: _____

Owner: _____ General Contractor: _____ Contract Amt: \$ _____

GC Contact Name: _____ Phone: _____ Email: _____

Date Completed: _____

Project Name/Your Scope: _____ Project Location: _____

Owner: _____ General Contractor: _____ Contract Amt: \$ _____

GC Contact Name: _____ Phone: _____ Email: _____

Date Completed: _____

Project Name/Your Scope: _____ Project Location: _____

Owner: _____ General Contractor: _____ Contract Amt: \$ _____

GC Contact Name: _____ Phone: _____ Email: _____

Date Completed: _____



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Part 5 – Insurance Requirements

Can you meet STBP minimum insurance requirements as stated below? Yes No

If so, please attach a sample insurance certificate showing the required coverages

If not, please advise in which areas you are lacking: _____

9. **INSURANCE:** Subcontractor shall purchase and maintain, at his sole cost, and shall require any subcontractors he may engage to maintain, until all of Subcontractor’s obligations hereunder are discharged, all policies of insurance required to be provided under the Contract Documents including, but not limited to, the policies of insurance set forth below with companies satisfactory to Contractor and with A.M. Best Rating of A-VII or better, with full policy limits applying, but not less than as set forth below.

| <u>Policy</u> | <u>Limits</u> |
|--|--|
| Workers Compensation | Statutory; to comply with all applicable laws, including those of the state in which the Project is constructed and the State of Subcontractor's principal place of business. We require \$1,000,000 limit on employer’s liability portion of worker’s compensation policy. |
| Commercial General Liability | \$1,000,000 Each Occurrence Limit \$1,000,000 Personal & Advertising Injury Limit \$ 50,000 Damage to Rented Premises \$ 5,000 Medical Expense Limit (any one person) \$2,000,000 General Aggregate \$2,000,000 Products-Completed Operations Aggregate Aggregate limit to apply per project |
| Commercial Automobile Liability Covering Subcontractor’s owned, non-owned and Hired motor vehicles | \$1,000,000 Combined Single Limit |
| Umbrella | \$1,000,000 Occurrence \$1,000,000 Aggregate |

All of said policies of insurance shall also cover and include all contractually assumed liability of Subcontractor under this Subcontract. Subcontractor's liabilities under this Subcontract shall not in any way be limited by or to the limits provided in or the risks covered by said policies of insurance. To the fullest extent permitted by applicable law, Contractor and Owner (when required by the Contract Documents) shall be named as additional insured in each of such policies, except Workers Compensation, and each of the insurers under each of such policies shall waive all rights of subrogation against Contractor. Such coverage shall be primary and non-contributory and not excess to any other coverage which may be available to Contractor or Owner. Each of such policies shall provide that same shall not terminate or be changed or canceled until thirty (30) days after Contractor has received written notice of such termination, cancellation or change. The additional insured endorsement shall be on a form satisfactory to Contractor, and to the extent permitted by applicable law, shall include coverage for Products-Completed Operations for the Additional Insured. If this Subcontract is subject to Subchapter C of Chapter 151 of Subtitle C of the Texas Insurance Code, the insurance afforded to additional insureds only applies to the extent permitted by subchapter C of Chapter 151 of subtitle C of the Texas Insurance Code.

Contractor and Subcontractor hereby acknowledge and agree that: (a) Subcontractor meets the qualifications of an independent contractor under Article 8308, Section 3.05 of the Texas Workers' Compensation Act (the "Act"); (1) Subcontractor is operating as an independent contractor as that term is defined under Article 8308, Section 3.05 of the Act; (c) Subcontractor assumes the responsibilities of an employer for the performance of work including, but not



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limited to, the Work required to be performed by Subcontractor under this Subcontract on the Project; and (d) Subcontractor and Subcontractor's employees are not employees of Contractor for the purposes of the Act.

Subcontractor shall be responsible for obtaining an Installation Floater and/or Builder's Risk Insurance Policies. Such policies shall be obtained to cover Subcontractor's Work and Subcontractor's pro rata share of the deductible payable under any other Builder's Risk Policy which may be provided for the Project, pro-rated based on Subcontractor's loss as a percentage of the total loss. Contractor shall have the right to withhold the amount of any deductible payable under any other Builder's Risk Policy which may be provided by or on behalf of Contractor from any amount that may be payable to Subcontractor. Subcontractor shall provide to Contractor, upon demand, a Certificate of Insurance which certifies that Subcontractor has obtained the Installation Floater and/or Builder's Risk Policies. Any insurance policy provided by Subcontractor shall be primary and non-contributory to any other insurance policy provided for the Project by Contractor. Nothing in this paragraph shall limit any rights of Contractor or its insurance carriers to subrogation.

Subcontractor agrees to comply with all terms of the insurance contracts referenced in this section. Failure of Subcontractor to keep the required insurance policies in full force and effect during the term of this Subcontract and during any extensions, shall constitute a breach of this Subcontract and Contractor shall have the right, in addition to any other rights, to immediately cancel and terminate this Subcontract without further cost to Contractor. Nothing contained in these provisions relating to coverage and amounts set forth herein shall operate as a limitation of Subcontractor's liability in tort or contracted for under the terms of this Subcontract.

Subcontractor, not later than ten (10) days after execution of this Subcontract and prior to the commencement of any work or services, shall deliver to Contractor certificates of insurance evidencing the required coverage and limits.

Acceptance by contractor of a certificate of insurance from Subcontractor shall not relieve Subcontractor of its obligation to provide the insurance and policies with coverage and limits as required even if required coverage and limits are not evidenced by said certificate of insurance. Subcontractor acknowledges that Contractor may rely and will rely upon Subcontractor carrying all insurance and policies with coverage and limits as required.

Part 6 – Certification

I, _____, am an owner and/or manager of _____, I have intimate knowledge of my company enabling me to accurately and completely respond to this Subcontractor Partner Prequalification Form, I am authorized to complete and sign on behalf of _____ and legally bind my firm, and I hereby certify by my signature that the information contained herein is true, accurate, and complete to the best of my knowledge.

Printed Name: _____ Title: _____

Signature: _____ Date: _____