POINTER
CONSTRUCTION GROUP

DIVISION #_____

SPECIALTY CONTRACTOR / SUPPLIER QUALIFICATION STATEMENT

Date:_____

Legal Business Name: _____

COMPANY CONTACT INFORMATION:

Street Address:_____

City: _____ State: _____ Zip: _____

Principal Contact:_____ Contact Email:_____

Bid Contact Email:_____

Phone: _____ Fax: _____

Company Website:_____ Years in Business: _____ # Employees:_____

Name of License Qualifier: _____ Qualifier's Ownership of the Co: _____%

BUSINESS TYPE:

□ Partnership

□ Corporation If Corporation, please list Officer(s):_____

□ LLC/LCP □ Sole Proprietor □ Other: _____ Federal ID#:_____

Has your Company (or Entities inclusive of Branch, Field, Satellite Offices, etc.) failed to complete an awarded project or have been terminated for cause?
□ Yes □ No

Does your Company have any judgments, claims arbitrations, law suits or liens currently against your Organization?
□ Yes □ No

If yes, please explain below:

_____

_____

LICENSE: Please provide License information where your company is legally qualified to work:

State	License Number	Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

INSURANCE - Minimum Requirements (Specific projects may require additional coverage):

Workman's Compensation □ Yes □ No Expiration Date: _____ Mod Rate:_____

General Liability $1,000,000 / $2,000.000 □ Yes □ No Expiration Date: _____

Automobile Liability $1,000,000 □ Yes □ No

Excess / Umbrella Liability $1,000,000 □ Yes □ No

****PLEASE SEE ATTACHED SAMPLE CERTIFICATE OF LIABILITY INSURANCE****

Insurance Agent: _____ Contact: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

BONDING:

Bonding Company: _____ Contact : _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Bonding Capacity: $_____ Current Bonding Available: $_____ Bonding Rate: _____%

PROJECT INFORMATION: Please provide information from the three (3) most recent fiscal years.

Year:_____ Max. Contract Value Completed: $_____ Annual Company Revenue: $_____

Year:_____ Max. Contract Value Completed: $_____ Annual Company Revenue: $_____

Year:_____ Max. Contract Value Completed: $_____ Annual Company Revenue: $_____

SAFETY PROGRAM:

Name of Safety Program: _____

Contact: _____ Phone: _____

Please provide your Company Experience Modification Rate (EMR) for the last three (3) years:

Year:_____ EMR Rate: _____

Year:_____ EMR Rate: _____

Year:_____ EMR Rate: _____

Number of OSHA Recordable Incidents for the last three (3) years:

Year:_____ # of Incidents_____

Year:_____ # of Incidents_____

Year:_____ # of Incidents_____

SCOPE OF WORK your company performs:

□ Division _____ □ CSI Code/Trade _____

□ Division _____ □ CSI Code/Trade _____

□ Division _____ □ CSI Code/Trade _____

□ Division _____ □ CSI Code/Trade _____

PROJECT TYPE your company performs: Please check all that apply and provide %.

□ Commercial _____% □ Hospitality ____%

□ Residential _____% □ Interior Renovations ____%

□ Retail _____% □ Other _____ _____%

COUNTIES AND STATES your company is licensed to work in:

County_____ State_____

County_____ State_____

County_____ State_____

County_____ State_____

PLEASE REVIEW AND CHECK WILLINGNESS TO PARTICIPATE IN THE FOLLOWING:

- Is your firm M/WBE (Minority/Women Business Enterprise) Certified? Please attach Certificate.
  □ Yes □ No
- Is your firm SBE (Small Business Enterprise) Certified? Please attach Certificate.
  □ Yes □ No
- Owner Direct Purchase Order ("DPO") process?
  □ Yes □ No

CURRENT PROJECTS:

Project Name: _____ City, State: _____

General Contractor: _____ Contact: _____

Phone: _____ Subcontract Amount: $_____

□ Commercial □ Residential □ Retail □ Other _____ LEED Project? □ Yes □ No

Scope(s) of Work: _____ Project Size: _____SF

Start Date: _____ Projected Completion Date: _____

Project Name: _____ City, State: _____

General Contractor: _____ Contact: _____

Phone: _____ Subcontract Amount: $_____

□ Commercial □ Residential □ Retail □ Other _____ LEED Project? □ Yes □ No

Scope(s) of Work: _____ Project Size: _____SF

Start Date: _____ Projected Completion Date: _____

Project Name: _____ City, State: _____

General Contractor: _____ Contact: _____

Phone: _____ Subcontract Amount: $_____

□ Commercial □ Residential □ Retail □ Other _____ LEED Project? □ Yes □ No

Scope(s) of Work: _____ Project Size: _____SF

Start Date: _____ Projected Completion Date: _____

COMPLETED PROJECTS within the last three (3) years:

Project Name: _____ City, State: _____

General Contractor: _____ Contact: _____

Phone: _____ Subcontract Amount: $_____

□ Commercial □ Residential □ Retail □ Other _____ LEED Project? □ Yes □ No

Scope(s) of Work: _____ Project Size: _____SF

Project Completion Date: _____

Project Name: _____ City, State: _____

General Contractor: _____ Contact: _____

Phone: _____ Subcontract Amount: $_____

□ Commercial □ Residential □ Retail □ Other _____ LEED Project? □ Yes □ No

Scope(s) of Work: _____ Project Size: _____SF

Project Completion Date: _____

The undersigned certifies tht the information provided herein is accurate to the best of their knowledge. The information provided is intended only for the use of Pointer Construction Group LLC.

Signature: _____

Printed: _____

Title: _____

Date: _____

Exhibit "E"
Insurance and Indemnity Requirements

I. Insurance

Attached is a form entitled Request for Certificate of Insurance. In order to expedite Contractor's receipt of Subcontractor's correct insurance certificate, Subcontractor shall immediately submit this Exhibit "E" including the Request for Certificate of Insurance form and the attached sample insurance certificate to its insurance carrier. Subcontractor shall satisfy the following insurance requirements for this Project:

GENERAL LIABILITY

Subcontractor shall carry standard ISO General Liability coverage, written on an occurrence basis – including Completed Operations. The coverage must be endorsed to name Pointer Construction Group as an "additional insured" (Form CG2010 11/85 or equivalent – meaning the additional insured coverage form to include work in progress – i.e. ongoing operations and completed work – i.e. Completed Operations) and include the Owner, Architect and others as "additional insureds" as required in the Subcontract Documents. The "Additional Insured" form shall state that this insurance shall be primary and non-contributory to any insurance of the certificate holder. Copy of the additional insured endorsement form is to be attached to the Certificate of Insurance. Subcontractor and its insurer waive all rights against Contractor and its liability and Worker's Compensation insurers, for damages caused by Subcontractor or arising out of the Work. This waiver of subrogation shall be effective as to all persons or entities even though that person or entity would otherwise have a duty of indemnification, contractual or otherwise, did not pay his or its insurance premium, and whether or not the person or entity has an insurable interest in the person or property damaged.

The GL shall include such coverage, but not limited to, premises/operations, employees as insureds, explosion, collapse and underground (XCU), broad form contractual (including personal injury), products/completed operations, independent contractors, broad form property damage and personal injury. The CGL must be written on occurrence basis, with minimum limits of:

Each Occurrence	$1,000,000
General Aggregate – Per Project	$2,000,000
Products and Completed Operations Aggregate	$2,000,000
Personal/Advertising Injury	$1,000,000
Fire Damage	$100,000
Medical Payments	$10,000

COMPREHENSIVE AUTOMOBILE LIABILITY on occurrence basis covering all Owner, Non-Owned and Hired Vehicles for limits of liability equal to $500,000 Combined Single Limit.

WORKER'S COMPENSATION including Occupations Disease insurance meeting the statutory requirements of the State in which work is to be performed together with a Broad Form All States Endorsement and containing **Employer's Liability** insurance in an amount of at least $100,000 Each Accident / $500,000 Disease – Policy Limit / $100,000 Disease – Each Employee. Workers Compensation shall waive the rights of subrogation in favor of all additional insureds.

UMBRELLA LIABILITY and/or EXCESS LIABILITY with coverage at least as broad as the underlying policies. The per occurrence and aggregate limits shall be $1,000,000.

A certificate of insurance form must be filed with Pointer Construction Group prior to the commencement of any work and must state coverage will not be altered, cancelled, not renewed, restrictive modifications added or allowed to expire without at least thirty (30) days written notice by certified mail to Pointer Construction Group by the insurance company. If any of the above coverages are subject to or are in excess of any deductibles or self-retention, these amounts must be stated on the certificate, and said deductibles and self-retention will be the sole responsibility of Subcontractor.

It is understood and agreed that the insurance coverage and limits, required above, shall not limit the extent of Subcontractor's responsibilities and liabilities specified within Subcontract Documents or by law.

Equivalent insurance coverage must be obtained from each of Subcontractor's sub-subcontractors and suppliers, if any, before permitting them on the site of the project. Otherwise, such insurance for sub-subcontractors and suppliers must be included within Subcontractor's insurance policies.

If Subcontractor has "leased employees" through a Professional Employment Organization (PEO), Subcontractor must submit an insurance certificate listing the PEO as the Insured. In addition, only employees of the PEO are permitted on the job site. A list of authorized PEO employees assigned to this project must be submitted along with the certificate of Insurance. Subcontractor shall permit no PEO employees other than those named on such list onto the job site.

II. Indemnity

The parties intend for this Subcontract to comply with the provisions of Florida Statute Section 725.06 or other applicable provision. Accordingly, the parties agree to a monetary limitation on Subcontractor's indemnification obligation hereunder in the amount per occurrence of (a) the Subcontract Amount or (b) $1,000,000.00 whichever is greater. The parties further agree that such monetary limitation bears a reasonable commercial relationship to the Subcontract and is part of the project specifications or bid documents, if any (Note: This should be a fill-in amount with the value assessed per job).

Request for Certificate of Insurance **For {ToCompany.Name} (your insured)** Requested by Pointer Construction Group

The following are insurance requirements for your insured. Please note that the limits and the additional insured's will change for each project.

LIMITS:
General Liability
- Per Project **$2,000,000.00**

Umbrella – Excess Liability
- Each Occurrence **$1,000,000.00**

Auto Liability
- Each Occurrence **$500,000.00**
- Coverage must state "Any Auto"

Worker Compensation or Employers Liability
- Statutory Limits $100,000/$500,000/$100,000

Additional Insured/s are:
General Contractor:
Pointer Construction Group

Owner:
{LegalDocInfo.Owner}

Project Name:
{Projects.Name}

Certificate Holder:
Pointer Construction Group
5101 NW 21st Ave, Suite 355
Fort Lauderdale, FL 33309

NOTE: If your insured's firm has "leased employees" through a Professional Employment Organization (PEO), you must submit an insurance certificate listing the PEO as the Insured. In addition, only employees of the PEO are permitted on the job site. A list of authorized PEO employees assigned to this project must be submitted along with the certificate of Insurance. . Subcontractor shall permit no PEO employees other than those named on such list onto the job site.

SEND ORIGINAL CERTIFICATES TO:
Pointer Construction Group
Attn: Insurance Administrator
5101 NW 21st Ave, Suite 355
Fort Lauderdale, FL 33309

SEND FAX COPY OF CERTIFICATE TO:
(954) 678-5766

Items 1-11 below define the requirements for the completion of the certificate of insurance. See an example certificate of insurance included with this Exhibit E with corresponding items 1-11.

1. Subcontractor's name and address must match precisely as it appears on the Subcontract Agreement.
2. "Occurrence" box must be checked for General Liability.
3. General Liability limits apply per project must be stated.
4. "Any Auto" is required.
5. All policies must have a policy number or and agency binder number.
6. Verify the certificate holder and address matches the Subcontract Agreement. (See above for certificate holder.)
7. Certificate must be signed.
8. The project name must be on the certificate and must match the Subcontract Agreement. (See above for project name.)
9. Primary wording for general liability and auto liability must be stated on the certificate. Example of acceptable terminology is, "The insurance evidenced by the certificate shall be primary and non contributory to any insurance of the certificate holder."
10. Certificate must state additional insured's are for General Liability and Auto Liability as per Form CG2010 (11/85) or its' equivalent. A copy of the Additional Insured endorsement should be included with the certificate.

10. Waiver of subrogation in favor of the certificate holder and all Additional Insureds must be stated. If a renewal certificate form is used which has a disclaimer as part of the certificate, the Waiver of Subrogation Endorsement Form showing the current policy number or a letter confirming it has been added must be provided.

ACORD ™	**CERTIFICATE OF INSURANCE**	ISSUE DATE (MM/DD/YY)

PRODUCER	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
	COMPANY LETTER **A**
	COMPANY LETTER **B**
INSURED **ITEM #1**	COMPANY LETTER **C**
	COMPANY LETTER **D**
	COMPANY LETTER **E**

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS (IN THOUSANDS)	
	GENERAL LIABILITY ☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE ☒ OCCUR. **ITEM #2** ☐ OWNER'S & CONTRACTOR'S PROT. ****LIMITS APPLY PER PROJECT** **ITEM #3**	**ITEM #5**			GENERAL AGGREGATE	
					PRODUCTS-COMP/OP AFF.	
					PERSONAL & ADV. INJURY	
					EACH OCCURRENCE	
					FIRE DAMAGE (Any one fire)	
					MED. EXPENSE (Any one person)	
	AUTOMOBILE LIABILITY **ITEM #4** ☒ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS ☐ GARAGE LIABILITY	***ITEM #5***			COMBINED SINGLE LIMIT	
					BODILY INJURY (Per Person)	
					BODILY INJURY (Per Accident)	
					PROPERTY DAMAGE	
	EXCESS LIABILITY ☐ UMBRELLA FORM ☐ OTHER THAN UMBRELLA FORM				EACH OCCURRENCE	
					AGGREGATE	
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	ITEM #5			☒ STATUTORY LIMITS	
					EACH ACCIDENT	
					DISEASE – POLICY LIMIT	
					DISEASE – EACH EMPLOYEE	
	OTHER					

DESCRIPTIONS OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

PROJECT NAME: **ITEM #8**

The insurance evidenced by this certificate shall be primary and non-contributory to any other insurance of the certificate holder and shall name certificate holder and project owner and all other parties as required by the Subcontract for the Project as an additional insured on the General Liability and Automobile Liability. Additional Insureds are:_____ **ITEMS #9, #10, AND #11**

Worker's Compensation and Employers' Liability shall contain a Waiver of Subrogation in favor of the certificate holder and all Additional insureds.

CERTIFICATE HOLDER

CERTIFICATE HOLDER

ITEM #6

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL MAIL **30** DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT

AUTHORIZED REPRESENTATIVE **ITEM #7**

X _____

SAMPLE

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