



Thank you for your inquiry regarding subcontracting opportunities with CM Contracting, Inc.

Sub-contractors are expected to fully support CM Contracting's commitment to health and workplace safety on each project. As part of the pre-qualification process, CMC will review areas such as loss history, past safety experience and regulatory compliance.

Bidders who 1) do not submit all requested data, 2) do not meet the criteria shown or 3) who present inaccurate data, may not be offered a subcontract. Submission of a subsequent bid proposal shall be evidence that the Bidder understands and agrees that the Construction Manager has the right to reject as non responsive any bid proposal which is not in full compliance with these criteria.

Print and Fax or Mail to:

**CM Contracting, Inc.
310 Custer Drive, Battle Creek MI 49037
Fax (269)660-9467**

CM Contracting, Inc. believes in affording equal opportunities to qualified individuals regardless of race, color, religion, gender, sexual orientation, age, national origin, disability or veteran status.



SUBCONTRACTOR PRE-QUALIFICATION FORM

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE NUMBER: _____ **FAX NUMBER:** _____

TAX ID NUMBER: _____

WEB SITE ADDRESS (if any): _____

CONTACT PERSON(S)

FIRST NAME: _____ **LAST NAME:** _____

PHONE NUMBER _____ **CELL PHONE:** _____

E-MAIL ADDRESS: _____

FIRST NAME: _____ **LAST NAME:** _____

PHONE NUMBER _____ **CELL PHONE:** _____

E-MAIL ADDRESS: _____

Form of Ownership:

Corporation: S-Corp? _____ C-Corp? _____

Date of Incorporation: _____ State of Incorporation: _____

President _____ Vice President _____

Secretary _____ Treasurer _____

Partnership

Date of Organization _____ General or Limited: _____

Name and Address of Principals: _____



Limited Liability Corporation

Date of Organization _____

Name and Address of Principles:

Sole Proprietorship

Address _____

Company Information

Are you certified as a (please check all that apply)

- _____ Minority Owned Business
- _____ Women Owned Business
- _____ Disadvantaged Owned Business
- _____ Veteran Business Enterprise
- _____ Small Business Enterprise
- _____ Other (please specify) _____

How many years has the company been in business under present name? _____

Has your company ever operated under another name? If so please specify below

| | | | |
|------|-------|-------|-------|
| Name | _____ | Years | _____ |
| Name | _____ | Years | _____ |

Average number of employees for the past 5 years _____

Scope of Work Performed (e.g., type of projects / work you specialize in, industries that you have experience in):

What geographic area does your company serve: _____



Are you willing to travel beyond this area: No: _____ Yes: _____
and if Yes, how far? _____

Are there any Union Affiliations? If so please specify:

Has a contract ever been terminated in the past 5 years due to default?

Yes _____ No _____
If Yes:
Date _____
Explanation _____

Are there any pending or outstanding judgments, claims, arbitration proceedings, or suites against your company?

Yes _____ No _____
If Yes:
Date _____
Explanation _____

Has your company filed any lawsuits, submitted claims, or been involved in any litigation with regard to your contract activity within the last five years?

Yes _____ No _____
If Yes:
Date _____
Explanation _____



Insurance

CM Contracting, Inc. requires an Insurance Certificate on file indicating both General Liability and Workers' Compensation Insurance and expiration dates. Subcontractors will not be pre-qualified without an insurance certificate on file.

Insurance shall be proffered by a U.S. domiciled firm licensed to conduct business with the State of Michigan and rated by A.M. Best as A-, financial category FSC IV or better.

The Insurance Policy(s) shall not be canceled or withdrawn unless it is replaced by a policy, with no lapse in coverage, which meets the same criteria for the duration of the contract through completion of the one year warranty obligation.

Please provide a letter from your agent or actual certificate of insurance which provides the following coverage and limits (CM Contracting, Inc. will not pay for special endorsements or waivers.)

- A** Commercial General Liability - \$1 million each occurrence / \$2 million per project aggregate coverage naming the Owner and all its employees, agents and consultants
- B** Automobile Liability: \$1 million Combined Single Limit coverage (or \$1 million Bodily Injury and \$1 million Property Damage)
- C** Worker's Compensation: Statutory coverage for the state in which the work is performed
- D** Employer's Liability: \$500,000 each accident, \$500,000 each employee, \$500,000 Policy Limit
- E** Waiver of Subrogation Endorsement
Additional Insured Endorsement listing General Contractor, and Lender and
F Construction Management Firm (if applicable) and their officers, directors, and employees - all in primary wording
- G** Excess Liability (Umbrella) - only required if General Liability is under \$2 million



Bonding

If your company is awarded a contract, CM Contracting, Inc. may require a certified letter from your bonding company identifying the bonding rate per \$1,000, as well as the aggregate and single project bonding capacity of the company.

Bonds shall be proffered by a U.S. domiciled firm, licensed to conduct business with the State of Michigan, U.S. Treasury listed, and rated by A.M. Best as A-, financial category FSC IV or better.

Bonding Company Name _____
 Address _____
 Agent Name _____ Phone Number _____
 A.M. Best Rating _____

Financial Information

Attach a copy of your latest, complete independently audited or reviewed Profit and Loss Statement and Balance Sheet

What was your Company's average yearly volume of work for the past 3 years?

2006 _____ 2007 _____ 2008 _____

What is your Company's average contract size?

Minimum? _____ Maximum? _____

On an attached separate sheet of paper provide a complete work in progress schedule for all work under contract, showing % complete, notice of any claims in process, resolved or anticipated.

Has your company (under current or previous name) or any of its Owners (past or present) declared bankruptcy in the last 5 years?

Yes? _____ No? _____

If Yes:

Date of Filing _____

Classification of Filing _____

Explanation _____



Safety

What is your current and past Workers' Compensation Experience Modification Rating (EMR)?

An EMR of less than one is desired. Provide explanation for any EMR > 1.0.

Current _____ 2008 _____ 2007 _____

Has your company been cited by OSHA, the EPA or any other similar jurisdiction or agency in the past five years?

Yes? _____ No? _____

If Yes:

Please provide explanation of each incident on a separate sheet of paper and attach to the package when submitting it.

Has your company ever been associated with or involved in a job site death(s)?

Yes? _____ No? _____

If Yes:

Please provide explanation of each incident on a separate sheet of paper and attach to the package when submitting it.

Do you require documented safety meetings be held for:

Field Supervisor? Yes _____ No _____

How often? _____

Employees? Yes _____ No _____

How often? _____

New Hires? Yes _____ No _____

How often? _____

Safety Director Name: _____

Safety Director Phone No: _____

References

Bank Reference

Bank Name: _____

Account Manager _____ Phone Number _____

Address _____

Line of Credit: _____



General Contractors whom you have worked for in the past 2 years (please provide at least 2):

Company Name _____
Contact Person _____ Phone Number _____

Company Name _____
Contact Person _____ Phone Number _____

Company Name _____
Contact Person _____ Phone Number _____

Company Name _____
Contact Person _____ Phone Number _____

Subcontractor/Supplier with whom you have worked with in the past 2 years (please provide at least 3):

Company Name _____
Contact Person _____ Phone Number _____

Company Name _____
Contact Person _____ Phone Number _____

Company Name _____
Contact Person _____ Phone Number _____

Company Name _____
Contact Person _____ Phone Number _____

The above stated and attached information is true and correct to the best of my knowledge.

Print Name / Title

Signature

Date