

## SUBCONTRACTOR/VENDOR APPLICATION

Dear Subcontractor/Vendor,

Thank you for your interest in working with Ross Construction Group, LLC. In order for you to be considered for our bid list, we ask that you complete all the forms and provide all the required documentation in this packet. The timely return of this information will enable us to move forward in developing our business relationship. **If your company is added to the bid list, this does not mean you will be invited to bid on any or all projects.**

Additionally, if you bid on and are selected for one of our projects:

- **All invoices are due on the 25th of each month.**
- **Our subcontracts are "paid when paid," so payment will be sent when the client has provided their progress payment.**
- **You MUST agree to our paperwork requirements (ProCore, invoices, lien waivers, etc.)**
- **You MUST meet all insurance requirements.**
- **Be willing to undergo a financial background check.**
- **Provide a bonding capacity letter.**

If you have any questions, please contact us using the information at the bottom of the page. To submit your application, please drop-off the **completed** packet at our address listed below or email us at [info@ross2017.com](mailto:info@ross2017.com).

Thank you,

**Ross Construction Group, LLC**

### Application Checklist

The following information is required by Ross Construction Group, LLC in order to qualify to bid with us:

- Completed Subcontractor Qualifications Form
- Underlying Subcontractor Agreement
- Certificates of Insurance evidencing coverage for:
  - General Liability
  - Workers Compensation
  - Auto Liability

# Subcontractor Qualifications Form

Please complete this form with as much detail as possible to assist us in evaluating your company's qualifications.

Full Name of Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

Mailing Address: \_\_\_\_\_

(check if same as above  )

\_\_\_\_\_

Business Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Authorized Signer(s): \_\_\_\_\_

Contractors License Number and State: \_\_\_\_\_

Classification: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Type of Work Performed: \_\_\_\_\_

How long has your company been in business? \_\_\_\_\_ years                      With the same license number? \_\_\_\_\_ years

If less than 5 years, please indicate former License Number and Classification:

\_\_\_\_\_

What, if any, are your Contract Limitations: \$ \_\_\_\_\_

Is your company incorporated? \_\_\_\_\_                      In what state? \_\_\_\_\_                      Incorporated in what year? \_\_\_\_\_

Names and Addresses of Officers (attach additional sheets if necessary):

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

If not incorporated, is your company a Sole Proprietorship? \_\_\_\_\_

If a Partnership, please name partners:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

SSN: \_\_\_\_\_ SSN: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Bank: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Financial Reference Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*As part of any possible negotiation and prior to the potential execution of any subcontract agreement with your firm, we will at that time request specific financial information that we can verify to satisfy our due diligence requirements.*

### Insurance Information

General Liability Insurance Carrier: \_\_\_\_\_

Insurance Agent Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Rating: \_\_\_\_\_ *Note: Insurance Company must have an A.M. Best rating of A IX or better.*

Auto Insurance Carrier: \_\_\_\_\_

Insurance Agent Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Rating: \_\_\_\_\_ *Note: Insurance Company must have an A.M. Best rating of A IX or better.*

Workers Compensation Insurance Carrier: \_\_\_\_\_

Insurance Agent Phone: \_\_\_\_\_ Effective State: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

Account Number: \_\_\_\_\_

Does your Company have Professional Liability Insurance?  Yes  No

Bonding Carrier (Performance/Payment): \_\_\_\_\_

Bonding Agent Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

Rating: \_\_\_\_\_ *Note: Bonding Company must have an A.M. Best rating of A IX or better.*

Main Suppliers (attach additional sheets if necessary):

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_ City, State ZIP: \_\_\_\_\_

Contact: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Estimator: \_\_\_\_\_ Telephone: \_\_\_\_\_

Office Manager: \_\_\_\_\_ Telephone: \_\_\_\_\_

Accounting Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Are you signatory to a union agreement? \_\_\_\_\_

If yes, which one? \_\_\_\_\_

MBE:  Yes  No  
*Minority Business Enterprise*

WBE:  Yes  No  
*Women Business Enterprise*

DBE:  Yes  No  
*Disadvantaged Business Enterprise*

Are you willing to do prevailing wage projects?  Yes  No

List your volume for the past three years: \_\_\_\_\_ 20\_\_ Year \_\_\_\_\_ 20\_\_ Year \_\_\_\_\_ 20\_\_ Year

List significant projects completed in the last three (3) years (attach additional sheets if necessary):

Project Location	Size	Completion Date	Contact Phone

Primary geographical areas in which your company holds an active business license:

_____ (County or Municipality) License Number: _____ Expiration Date: _____	_____ (County or Municipality) License Number: _____ Expiration Date: _____
_____ (County or Municipality) License Number: _____ Expiration Date: _____	_____ (County or Municipality) License Number: _____ Expiration Date: _____
_____ (County or Municipality) License Number: _____ Expiration Date: _____	_____ (County or Municipality) License Number: _____ Expiration Date: _____

List three (3) General Building Contractor references with their contact information.  
*Please attach copies of any letters of recommendation.*

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State ZIP: \_\_\_\_\_ City, State ZIP: \_\_\_\_\_  
Contact: \_\_\_\_\_ Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State ZIP: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Company Safety Program

I hereby certify that \_\_\_\_\_ currently has a written Safety Program.  
(Company Name)

Signed By: \_\_\_\_\_ Notarized By: \_\_\_\_\_

Name (Print): \_\_\_\_\_ Name (Print): \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Stamp: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Phone

To the best of my knowledge, the information provided on this form, including attachments, is accurate.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Internal Use Only

GL: \_\_\_\_\_  
Contact: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Auto: \_\_\_\_\_  
Contact: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
WC: \_\_\_\_\_  
Contact: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Supplier: \_\_\_\_\_  
Contact: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
GC: \_\_\_\_\_  
Contact: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Bonding: \_\_\_\_\_  
Contact: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Estimating Manager:

Final Approval:

# ROSS CONSTRUCTION GROUP | EST. 2017

## Underlying Subcontractor Agreement

**INDEMNITY, INSURANCE AND WAIVER OF SUBROGATION INDEMNITY** To the fullest extent permitted by law, the undersigned ["Subcontractor"] shall defend, indemnify and hold harmless Ross Construction Group, LLC. and its related party affiliates ["Contractor"], the Contractor's other subcontractors, the Architect/Engineer, the Owner and their agents, consultants, vendors and employees (the Indemnities) from and against all claims, damages, loss and expenses, including but not limited to attorney fees, costs and expenses arising out of or resulting from the performance of the Subcontractor's work. These obligations shall not be interpreted to reduce or negate any other rights or obligations of indemnity otherwise existing regarding any party or person described in this Agreement.

**NO LIMITATION ON LIABILITY** In any and all claims against the Indemnities by any employee of the Subcontractor, anyone directly or indirectly employed by the Subcontractor or anyone for whose acts the Subcontractor may be liable, the indemnification obligation shall not be limited in any way by any limitation on the amount or type of all damages, compensation or benefits payable by or for the Subcontractor under worker's compensation acts, disability benefit acts or other employee benefit acts.

**SUBCONTRACTOR'S INSURANCE** Before commencing the Subcontractor's work, and as a condition of payment, the Subcontractor shall, and shall cause each of its subcontractors to, maintain such insurance coverage as required in Missouri standard specification (2004) or the following insurance requirements, whichever is greater: (i) Worker's compensation and employer's liability insurance to fully protect against loss from personal injury, including death, to any of their employees, (ii) comprehensive automobile liability, general liability (including blasting, collapse and underground, product liability and completed operations coverages,) contractual liability, owners and contractor's liability, builders risk, and property damage insurance, (iii) and any and all other insurance required by the Contract. All such insurance shall be written by insurers acceptable to Contractor, having minimum coverage of \$1,000,000 combined single limit, on an "occurrence" basis and not on a "claims made" basis. All policies, except for worker's compensation policies, shall name the Contractor as an additional insured with primary coverage (with any other third-party coverage provided for Contractor to be deemed as excess only), and shall indemnify, defend and protect Contractor from all claims, expenses and liabilities in any way connected with any act or omission of Subcontractor, its invitees, or any person performing work directly or indirectly on behalf of Subcontractor, regardless of whether Contractor is partially at fault. All insurance shall expressly provide that all rights of subrogation against the contractor and the Owner are waived, that no amendment or cancellation of any policy shall be effective until 30 days advance written notice to Contractor, and that Owner is an additional insured to the extent that Contractor is required to provide insurance coverage for the Owner under the contract. Before starting the Work, and at any time Contractor so requests, Subcontractor shall furnish certificates satisfactory to Contractor evidencing the required insurance. Neither performance of work by Subcontractor nor any payments by Contractor prior to Contractor's receipt of such certificates shall not diminish Subcontractor's duty to maintain the required insurance or to supply such certificates.

**CONTINUITY** This agreement shall continue to set forth the underlying agreement between the Contractor and the Subcontractor on all existing and future agreements. This document is continuous and applicable to any and all projects the Subcontractor accepts. This agreement cannot be modified without the written agreement of the Contractor and Subcontractor.

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[Authorized Signature of Subcontractor & Name of Company]

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[Print Name and Title]

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[Date]