



McLAUGHLIN & COMPANY

Subcontractor/Supplier Qualification Form

COMPANY INFORMATION

Company Name: _____ Federal ID#: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Estimating Contact: _____

Email Address: _____ Phone: _____ Fax#: _____

What scope of work does your company perform?

Areas of Operation: _____

How many years has your firm been in operation? _____

Is your firm a: Corporation _____ Joint Venture _____ Partnership _____ LLC _____

Company Officers:

Name: _____ Title: _____

Name: _____ Title: _____

Project Types: Commercial Educational Institutional Hospitality Tenant Improvements/Renovation

What size of subcontract or Purchase Order your company typically performs:

Less than \$100,000 \$100,000 to \$500,000 \$500,000 to \$1,500,000 Over \$1,500,000

Annual Revenue for the Past Three Years:

Year: _____

Revenue: _____

COMPANY BACKGROUND INFORMATION

Has your firm ever done business under a previous name or DBA? NO YES *(if so, please list)*

Has your company or any of the company officers of your company ever been involved in Bankruptcy or reorganization of a firm? NO YES *(if so please explain)*

Are there any judgments, claims, arbitrations, proceedings or suits pending/outstanding against your firm or its officers or principal? NO YES *(if so please explain)*



MINORITY CERTIFICATIONS

Is your company a certified minority contractor? YES NO

Please check and list certification numbers and agencies as they may apply:

MBE _____	Certification#: _____	Agency: _____
WBE _____	Certification#: _____	Agency: _____
DBE _____	Certification#: _____	Agency: _____
HUB _____	Certification#: _____	Agency: _____
SBE _____	Certification#: _____	Agency: _____

SAFETY

Does your company have an OSHA Compliant Written Safety Program? YES NO

Provide your company's EMR, Lost-Time and Recordable Injury Rates for the past three years (including current) :

Year	EMR	Lost-Time Rate	Recordable Rate	#of Citations
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

GENERAL INFORMATION & INSURANCE

Is your company bondable? YES NO

Bonding capacity for a single job: _____

Aggregate Bonding Capacity: _____

Bonding Agency: _____

Bonding Contact Name: _____ Phone #: _____

Name of Surety Company: _____

List your company's Insurance Limits: (Include a current copy of Certificate of Insurance. See attached McLaughlin & Company requirements)

Insurance	Carrier Name	Occurrence	Aggregate	Expiration
Workers Comp	_____	_____	_____	_____
General Liability	_____	_____	_____	_____
Excess Liability	_____	_____	_____	_____
Auto Liability	_____	_____	_____	_____

PROJECT EXPERIENCE

List the three largest projects performed in the past three years:

Project Name	Location	Contract \$	Contact Name and Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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GENERAL CONTRACTOR REFERENCES

Company: _____ Contact Name: _____

Phone #: _____ Fax#: _____ Email: _____

Company: _____ Contact Name: _____

Phone #: _____ Fax#: _____ Email: _____

Company: _____ Contact Name: _____

Phone #: _____ Fax#: _____ Email: _____

SUPPLIER REFERENCES

Company: _____ Contact Name: _____

Phone #: _____ Fax#: _____ Email: _____

Company: _____ Contact Name: _____

Phone #: _____ Fax#: _____ Email: _____

Company: _____ Contact Name: _____

Phone #: _____ Fax#: _____ Email: _____

AUTHORIZATION

I, _____, a representative of _____, hereby certify that all information provided in this questionnaire is true and correct to the best of my knowledge. We authorize McLaughlin & Company and its representatives to investigate directly with the references provided.

Submitted by: _____ Title: _____

Signature: _____ Date: _____

*****Please be sure to include along with this completed form, the items below:**

- Copy of your current occupational or state license
- W-9
- Certificates of General Liability, Worker's Compensation, and Automobile insurances in the SPECIFIED amounts naming The McLaughlin Group dba J. McLaughlin & Company as the Certificate Holder. *(see attached sample)*

Submit:

Completed pre-qualifications can be mailed, emailed, or faxed to the following:

McLaughlin & Company
3019 SW 27th Avenue, Suite 102
Ocala, Florida 34471
(352) 873-0755
C/O Kelly Bush – kbush@mclaughlin.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Agents Name Agents Address City, State Zip		CONTACT NAME: PHONE (A/C. No. Ext): E-MAIL ADDRESS:		FAX (A/C. No):	
		INSURER(S) AFFORDING COVERAGE		NAIC #	
		INSURER A : AM Best Rating of A- or Better		12345	
		INSURER B : AM Best Rating of A- or Better		12345	
		INSURER C : AM Best Rating of A- or Better		12345	
		INSURER D : AM Best Rating of A- or Better		12345	
		INSURER E : AM Best Rating of A- or Better		12345	
		INSURER F : AM Best Rating of A- or Better		12345	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			ABC123456	03/04/2014	03/04/2015	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
B	AUTOMOBILE LIABILITY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ABC123456	03/04/2014	03/04/2015	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/>	<input type="checkbox"/>				PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS						\$	
	<input type="checkbox"/> NON-OWNED AUTOS						\$	
							\$	
C	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/>		ABC123456	03/04/2014	03/04/2015	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/>					AGGREGATE	\$ 1,000,000
	<input type="checkbox"/>	<input type="checkbox"/>						\$
	DED		RETENTION \$					
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			ABC123456	03/04/2014	03/04/201	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHE-R
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
E	Installation Coverage			ABC123456	03/04/2014	03/04/2015	Limit: \$TBD	Deductible: \$1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

RE: _____ (Project Name) Project _____ (#)

The certificate holder and owners are an additional insured for premises operations under the terms and conditions of the General Liability including products and completed operations (Form CG2010 11/85 or equivalent) and Auto Liability policies as required by written contract. This insurance shall be primary and non-contributory with respects to the General Liability. The General Liability, Auto Liability and Workers Compensation policies shall contain a Waiver of Subrogation in favor of the certificate holder. Umbrella is Follow Form.

Cancellation: Thirty (30) days notice, except ten (10) days notice for non-payment of premium.

CERTIFICATE HOLDER**CANCELLATION**

J. McLaughlin & Company;
 The Lachlan Group, Inc.
 3019 SW 27th Ave., Ste 102
 Ocala, FL 34471

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

SIGNED BY AGENT

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