

Johnson Carlier L.L.C.
738 South 52nd Street
Tempe, AZ, 85281
Phone: 602-275-2222 / Fax: 480-921-9255
License # B-243429

Company Name: _____

Office Phone # _____ Fax #: _____

Address/City/Zip: _____

City: _____ State: _____ Zip: _____

Federal Tax ID: _____

Estimator(s): _____

Estimating Email Address: _____

Estimating direct line: _____

What type of trade work does your firm specialize in? _____

What other trade work does your firm do? _____

Arizona Contractor's License No.: _____ Residential _____

In what areas do you work? ___ Phoenix ___ Tucson ___ So. CA ___ Nevada ___ Other

Subcontractors are required to complete this form prior to being placed on Johnson Carlier's list of selected bidders. The contents of this completed questionnaire will be kept confidential and used solely to determine the subcontractor's qualifications.

Subcontractor Qualification Form

1) Johnson Carrier's "Insurance Requirements" (Exhibit C) is attached. Are you able to fully comply with these requirements? Yes ___ No ___

If no, please explain: _____

(Please provide sample certificates with this form.)

2) List the major projects your firm has completed in the past two years; all the projects completed in the last six months and all projects you have in progress at this time. (Attach separate sheet)

3) Check the regions you do work in AZ: Phoenix ___ Tucson ___ California ___
(list: _____)

4) What size jobs do you feel your firm does best? from \$ to \$ _____

5) Is your firm a Corporation, Partnership, Sole Proprietorship, or _____
LLC?

6) If not the Parent Corporation, please list the name and address of the parent: _____

7) OFFICERS NAMES:

A) _____

B) _____

C) _____

8) How many years has your firm been in business? _____

9) How many employees does your firm currently employ? Office: _____ Foreman: _____ Crew: _____

10) List the number foreman that have been with your company more than 2 years: _____

11) What percent of work do you perform with your own work force? _____%. If not 100%, please explain: _____

12) Is your labor force Union, Non-Union or Open? _____

13) Is your firm a: MBE _____ WBE _____ SBE _____ or DVBE? _____

Subcontractor Qualification Form

14) Arizona Privilege Tax License No.:

15) Maricopa County RULE 310 Registration Number: SCO NO. _____

If you do not know the Safety Mod Rate below, contact your work comp carrier. This must be completed.

SAFETY: Last Year A Year Ago Two Years Ago

- A) Current Modification Rate _____
- B) Number of Man Hours _____
- C) Recordable Accidents _____

Notes: _____

Do you carry "Errors and Omissions" coverage? Yes _____ No _____

16) What was your firm's yearly volume of work completed in each of the last three years?

3 Yrs. Ago = \$ _____ 2 Yrs. Ago = \$ _____ Last Year = \$ _____

19) Does your firm have a current bond line? Yes _____ No _____

A) If yes, amount: \$ _____ Surety Company: _____
Contact Name & Phone #: _____

20) Has your firm ever defaulted on /or failed to complete a contract? Yes No _____

If yes, please explain: _____

Banking Reference:

- A) Contact: _____
- B) Phone Number: _____
- C) Address: _____

22) Supplier References (Company Name, Contact, Phone Number)

- A) _____
- B) _____

Subcontractor Qualification Form

C) _____

23) General Contractor References (Company Name, Contact, Phone Number)

A) _____

B) _____

C) _____

Authorized signature and/or representative of Subcontractor acting and/or signing on his/her behalf:

Print Name & Title: _____

Signature: _____ Date: _____

JOHNSON CARLIER INSURANCE REQUIREMENTS

JOHNSON CARLIER INSURANCE REQUIREMENTS THESE ARE MINIMUM BY JOHNSON CARLIER REQUIREMENTS. IF PROJECT REQUIREMENTS ARE GREATER THEY SHALL SUPERSEDE.

GENERAL LIABILITY

	<u>MINIMUM LIMITS</u>
General / Products Aggregate	\$1,000,000
Each Occurrence	\$1,000,000
Personal and Advertising Injury	\$1,000,000
Damage to Rented Premises (each Occurrence)	\$100,000
Medical Expenses (any one Person)	\$5,000

EXCESS LIABILITY

	<u>MINIMUM LIMITS</u>
Excess Liability	\$1,000,000

AUTOMOBILE

	<u>MINIMUM LIMITS</u>
Liability (Including Non-Owned/Hired Liability)	\$1,000,000

WORKERS COMPENSATION

	<u>MINIMUM LIMITS</u>
Workers Compensation	Statutory limits

- The limits shown above are the minimum limits required. Higher limits are acceptable. The combined General Liability/Excess Liability coverage must equal or exceed \$2,000,000. This \$2,000,000 coverage may be satisfied by a combination of the General Liability & Excess Liability.
- General Liability Insurance must be written on an occurrence basis and include a per project aggregate. Must include- Additional Insured, Waiver of Subrogation and Primary/Non-Contributory to any insurance of the Additional Insured.
- Additional Insured must include Products/Completed Operations. Must not be limited to on-site operations and the products/completed ops coverage must not terminate after the project is put to its intended use.

WAIVER OF SUBROGATION:

A Waiver of Subrogation in favor of Johnson Carlier shall also be included for General Liability, Auto Liability and Workers Compensation

INSURANCE COMPANIES:

All insurance provided by the subcontractor shall be with insurance companies acceptable to Johnson Carlier and the Owner of the project. This Generally means a rating of A- VII or better by A.M. BEST'S RATING GUIDE.

JOHNSON CARLIER, OWNER AND ARCHITECT ARE TO BE LISTED AS ADDITIONAL INSURED ON LIABILITY POLICIES.

PLEASE PROVIDE THESE INSURANCE REQUIREMENTS TO YOUR INSURANCE AGENT

Note: This Summary is for informational purposes only and does not modify or supersede any contract provisions. Please refer to the detailed requirements contained in the Terms and Conditions of Subcontract Agreement or other specific contract documents applicable to your subcontract.