



Sub-Contractor Registration Form

To receive Invitations to Bid from DESCCO, complete the following information and
FAX it to 610-944-0640 or E-MAIL to accounting@descco.com

General Information:

Today's Date: _____
Company Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____

Type of Organization:

___ Corporation ___ Partnership ___ Sole Proprietor ___ LLC ___ Other
Fed Tax ID#: _____ Year Established: _____

Contact Information:

| | <u>Name</u> | <u>E-Mail Address</u> |
|-------------|-------------|-----------------------|
| Primary: | _____ | _____ |
| Estimating: | _____ | _____ |
| Safety: | _____ | _____ |

How would you like to receive Invitations to Bid?

___ Fax _____ Fax Number
___ E-Mail _____ E-mail Address

Business Type:

___ Subcontractor ___ Supplier/Distributor
___ Building Product Manufacturer ___ Manufacturer's Representative

Check one of the following:

___ Union ___ Non-Union

Indicate if your business qualifies as one of the following: (Check all that apply.)

___ DBE ___ MBE ___ WBE

Safety:

Is there a written Safety Program in place at your firm?

Yes No

Is there a written Drug Program in place at your firm?

Yes No

Please list your firm's Workers Compensation Interstate Experience Modification Rates for the last 3 years. (If available, please attach a copy of your insurance agent's verification letter.)

_____ Year _____ Experience Modification Rating

_____ Year _____ Experience Modification Rating

_____ Year _____ Experience Modification Rating

Insurance Requirements (see below):

- a. Subcontractor, at its own expense, shall procure, carry, and maintain on all its operations for all ongoing work, Workers' Compensation and Employer's Liability insurance covering all its employees; Commercial General Liability (CGL) insurance; Commercial Automobile Liability insurance; and Umbrella/Excess Liability insurance. Coverage limits shall be in accordance with the requirements listed below.
- b. Subcontractor is required to name DESCCO Design & Construction, Inc. as Additional Insured on all policies (except Workers Compensation and Employer's Liability) and specific to the Subcontractor's General Liability policy using ISO CG2010 07/04 and CG2037 07/04 or its equivalent. Subcontractor is to maintain CGL and Umbrella/Excess Liability coverage including the Additional Insured provision, for a period of 3 years after completion of any work. It is hereby understood and agreed that any insurance obtained by Contractor is deemed excess, non-contributory, and not co-primary in relation to the CGL coverage procured by the Subcontractor.
- c. Subcontractor (and their respective insurance carriers) waives all rights against Contractor and their agents, officers, directors, and employees for recovery of damages to the extent these damages are covered by commercial general liability, umbrella/excess liability, commercial automobile liability, or worker's compensation, and employer's liability insurance maintained per the requirements in this section.
- d. Subcontractor shall provide to Contractor prior to commencement of work a certificate of insurance from the insurance companies that such insurance is in force. All required insurance coverages are to be placed with an "A-" or better A.M. Best Co. rated carrier.

e. Required Limits shall be:

Minimum Commercial General Liability Coverage (Occurrence Basis):

- \$2,000,000 Products/Completed Operations Aggregate
- \$2,000,000 General Aggregate
- \$1,000,000 Any One Occurrence (Coverage A)
- \$1,000,000 Any One Person or Organization (Coverage B)
- Per Project General Aggregate

Minimum Commercial Automobile Liability Coverage:

- \$1,000,000 Each Occurrence (written on a comprehensive basis)

Minimum Employers Liability Coverage (Part Two on the Workers' Compensation policy):

\$100,000 Each Accident
\$100,000 Each Employee for Injury by Disease
\$500,000 Aggregate for Injury by Disease

Minimum Umbrella/Excess Liability Coverage (Occurrence Basis):

\$1,000,000 Aggregate
\$1,000,000 Any One Occurrence

In the event this contract is for design services, then Professional Liability insurance in the amount of \$1 million dollars shall be provided by the Subcontractor.

Can your company meet the above insurance requirements? Yes No
If no, will you make the necessary adjustments to meet requirements? Yes No
(Reminder that you will be required to provide a COI upon acceptance of Addendum/Notice of Award)

Bonding:

Can your company secure a bond? Yes No

Name of the Surety: _____

Agent's Name: _____

Agent's Phone Number: _____

Available Bonding Capacity: \$ _____

What types of projects are you interested in bidding?

Commercial Public Works/Prevailing Wage Residential

Check all markets in which you are willing to work.

Berks County Bucks & Montgomery Counties
 Lebanon & Lancaster Counties Lehigh, Northampton, & Monroe Counties
 Schuylkill & Carbon Counties

Check the Trade which you would like to receive bid invitations (check at least one).

| | |
|--|---|
| <input type="checkbox"/> Division 01 – General Requirements | <input type="checkbox"/> Division 02 – Existing Conditions |
| <input type="checkbox"/> Division 03 – Concrete | <input type="checkbox"/> Division 04 – Masonry |
| <input type="checkbox"/> Division 05 – Metals | <input type="checkbox"/> Division 06 – Wood, Plastics, Composites |
| <input type="checkbox"/> Division 07 – Thermal & Moisture Protection | <input type="checkbox"/> Division 08 – Openings |
| <input type="checkbox"/> Division 09 – Finishes | <input type="checkbox"/> Division 10 – Specialties |
| <input type="checkbox"/> Division 11 – Equipment | <input type="checkbox"/> Division 12 – Furnishings |
| <input type="checkbox"/> Division 13 – Special Construction | <input type="checkbox"/> Division 14 – Conveying Equipment |
| <input type="checkbox"/> Division 21 – Fire Suppression | <input type="checkbox"/> Division 22 – Plumbing |
| <input type="checkbox"/> Division 23 – HVAC | <input type="checkbox"/> Division 26 – Electrical |
| <input type="checkbox"/> Division 27 – Communications | <input type="checkbox"/> Division 28 – Electronic Safety & Security |
| <input type="checkbox"/> Division 31 – Earthwork | <input type="checkbox"/> Division 32 – Exterior Improvements |

____ Division 33 – Utilities

____ Division 34 – Transportation

____ Division 41 – Mat. Process & Hand Equip

____ Division 46 – Water & Wastewater Equipment

Other

If you do not find a description listed above that describes the service you provide, please give a detailed description in the space provided below.

List the three largest projects completed in the last two years, including references, contacts, and phone numbers. All project fields are required.

Job Name: _____

Owner: _____ Phone Number: _____

General Contractor: _____ Phone Number: _____

Completion Date: _____

Contract Amount: _____

Job Name: _____

Owner: _____ Phone Number: _____

General Contractor: _____ Phone Number: _____

Completion Date: _____

Contract Amount: _____

Job Name: _____

Owner: _____ Phone Number: _____

General Contractor: _____ Phone Number: _____

Completion Date: _____

Contract Amount: _____

List the annual dollar amount of work performed by your company in the last three years.

Year

Amount

*** Please attach any other relative information (i.e. references, awards, certificates, etc.)**

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

Signed

Printed name

Date