

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

To:

Huff Construction Company, Inc.  
Attn: Construction Dept. - Qualifications  
4917 Stoddard Road  
Modesto, CA 95356

From:

Company: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Contact Title: \_\_\_\_\_  
Phone: \_\_\_\_\_

I have completed and/or included ALL of the following items:

- Completed Subcontractor/Vendor Prequalification Form
- Attached List of Current Major Projects
- Attached List of Past Major Projects
- Attached Copy of latest compiled Financial Statement
- Attached Copy of current Insurance Certificate
- An Officer of the Company has signed the Credit Authorization form on the last page.



## Subcontractor/Vendor Prequalification Form

Thank you for your interest in Huff Construction Company, Inc. In order to develop a more complete knowledge of your company and better match upcoming opportunities to your capabilities please complete this form and return it to:

Huff Construction Company, Inc.  
Attn: Construction Dept. - Qualifications  
4917 Stoddard Road  
Modesto, CA 95356  
Phone: (209) 545-7505  
Fax: (209) 545-4767

### Company Information

Physical Address:

Company: \_\_\_\_\_

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

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

Mailing Address (if different from above):

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

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

Contact Information:

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Main Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

List any subsidiaries and affiliates of your company:

Company Name	Ownership	Type of Company
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Year Company Started: \_\_\_\_\_

Type of Company: \_\_\_ Corporation \_\_\_ Partnership \_\_\_ Proprietorship \_\_\_ Other \_\_\_\_\_

State of Incorporation: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_

Contractor's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Contractor's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Contractor's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

How many employees do you currently have:

Office: \_\_\_\_\_ Field Supervisory: \_\_\_\_\_ Tradespeople: \_\_\_\_\_

Trades:

(Please list the trade(s) your company is interested in bidding)

_____	_____
_____	_____
_____	_____
_____	_____

List the trades you normally perform with your own forces:

_____	_____
_____	_____
_____	_____
_____	_____

What percentage of your company's work is subcontracted: \_\_\_\_\_%

What trades do you normally subcontract?

_____	_____
_____	_____
_____	_____
_____	_____

Geographical Area:  
(Please list the geographical areas in which you work)

_____	_____
_____	_____
_____	_____

Rank in order the project size(s) you are most competitive in performing (1, 2, 3... 1 being highest):

_____ Under \$100,000	_____ \$3,000,000 - \$6,000,000
_____ \$100,000 - \$250,000	_____ \$6,000,000 - \$10,000,000
_____ \$250,000 - \$500,000	_____ \$10,000,000 - \$15,000,000
_____ \$500,000 - \$1,000,000	_____ Over \$15,000,000
_____ \$1,000,000 - \$3,000,000	

What is the largest contract your company has ever completed? \$ \_\_\_\_\_

Year completed: \_\_\_\_\_ Project name and scope: \_\_\_\_\_

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Check all building types on which your company has worked:

High Rise Office Building: _____	Medical Facilities: _____
Mid Rise Office Building: _____	Private Schools/Churches: _____
Banks/Financial Centers: _____	Restaurants: _____
Hotels/Motels: _____	Retail: _____
Industrial/Warehouse: _____	

Current & Completed Projects:

Attach a list of current major projects giving name of project, address, owner, architect, general contractor, contract amount, scope of work, scheduled completion, project contacts and phone numbers.

Attach a list of completed major projects giving name of project, address, owner, architect, general contractor, contract amount, scope of work, project contacts and phone numbers.

## References

List 3 of your major suppliers:

1. Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_

List 3 contractors you do business with:

1. Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_

List any trade association memberships you belong to: \_\_\_\_\_  
\_\_\_\_\_

List local or national accredited training programs in which you participate (craft or management training):  
\_\_\_\_\_

## Company Financial Information

Attach a copy of your latest compiled financial statement. (Your financial statement is strictly for Huff Construction's Accounting Department and will be treated confidentially upon request.)

Attach a copy of current Insurance Certificate.

Federal ID Number: \_\_\_\_\_

Has your company or any of its principals ever petitioned for bankruptcy, failed in business, defaulted or been terminated on a contract awarded to you? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Has your company even had a claim made against it for improper, delayed, defective or non-compliant work or failure to meet warranty obligations? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Is your company or any of its owners, officers or major shareholders currently involved in any arbitration or litigation? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Does your company have any outstanding judgements or claims against it? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Please list any litigation brought against your company in the past 5 years asserting that you failed to make payments to anyone. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# SAFETY

Please list your company's Workers' Compensation Interstate/Intrastate Experience Modification Rate for the most recent three years. (Attach a copy of your insurance carrier or state fund (on their letterhead) verifying the EMR data.

Interstate (Yr./Rate)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ / \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ / \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

How many OSHA violation(s) has your company received in the last three years? (Year = # violations)

\_\_\_\_\_=\_\_\_\_\_ / \_\_\_\_\_=\_\_\_\_\_ / \_\_\_\_\_=\_\_\_\_\_

Any willful OSHA violation(s): \_\_\_\_\_ Yes \_\_\_\_\_ No

Please give a brief description of the violations below (attach additional paper if needed):

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Any employee deaths in the past three years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please give a brief description of the circumstances: \_\_\_\_\_

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Do you have a qualified person responsible for safety within your company: \_\_\_\_\_ Yes \_\_\_\_\_ No

Please describe his/her qualifications: \_\_\_\_\_

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Does this person do safety inspections on all of your projects: \_\_\_\_\_ Yes \_\_\_\_\_ No

What is the frequency of inspections: \_\_\_\_\_

Do you have a written company safety program manual/IIPP and will you provide copies if requested:

\_\_\_\_\_ Yes \_\_\_\_\_ No

Do you require documented safety meetings for your employees: \_\_\_\_\_ Yes \_\_\_\_\_ No

How are they held and documented: \_\_\_\_\_

How are your employees trained/certified on OSHA required areas (i.e. scaffolding, fall protection, powder actuated tools): \_\_\_\_\_

(Huff Construction will require that at least one full-time on-site person must have completed the 30 hour OSHA training.)

Does your company have a program recognizing your employees for safety performance excellence:

\_\_\_\_\_ Yes \_\_\_\_\_ No

We have attempted to answer all questions in a full and complete manner to assure that our answers are not in any respect misleading, either by expressing ourselves in a misleading or ambiguous manner or omitting information. We recognize that Huff Construction will be relying on the accuracy of the information and our responses in this questionnaire in deciding whether to permit us to bid and in awarding work to our company.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of Two Thousand and \_\_\_\_\_.  
Month Day Year

Company: \_\_\_\_\_

Completed by: \_\_\_\_\_ (must be an officer of the company)  
First & Last Name

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

# ACORD, CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/12/2004

<b>PRODUCER</b> Insurance Agent Name Address Scottsdale, AZ	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	<b>INSURERS AFFORDING COVERAGE</b>	NAIC #
<b>INSURED</b> Named Insured Address Scottsdale, AZ	INSURER A: Insurance Company Name	
	INSURER B: Insurance Company Name	
	INSURER C: Insurance Company Name	
	INSURER D:	
	INSURER E:	

**COVERAGE**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TERMINATION DATE (MM/YY)	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	UNITS	AMOUNT
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR SOA: AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO- <input type="checkbox"/> LOC	Policy #	00/00/2004	00/00/2005	EACH OCCURRENCE	\$ 1,000,000
					DAMAGE TO RENTED PREMISES (EA OCCURRENCE)	\$
					MED EXP (EA OCCURRENCE)	\$
					PERSONAL AND ADJUTORY	\$ 1,000,000
					AGGREGATE	\$ 2,000,000
					PRODUCTS - COMM/PROP AG	\$ 1,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OTHER AUTOS <input checked="" type="checkbox"/> SCHEDULE A <input checked="" type="checkbox"/> HIRE/ACTORS <input checked="" type="checkbox"/> NON-OWNED AUTOS		00/00/2004	00/00/2005	COMBINED SINGLE LIMIT (EA ACCIDENT)	\$ 1,000,000
					BODILY INJURY (Per accident)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				ALTO ONLY - EA ACCIDENT	\$
					OTHER THAN AUTO ONLY:	BLACC \$
					ADD \$	
	<input type="checkbox"/> EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (See the policy and SPECIAL PROVISIONS here)	Policy #	00/00/2004	00/00/2005	<input checked="" type="checkbox"/> NO STATUTE LIMITS IDENTIFIED	
					EL EACH ACCIDENT	\$ 1,000,000
					EL DISEASE - EA EMPLOYEE	\$ 1,000,000
	OTHER				EL DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 Re: Project No: \_\_\_\_\_  
 Duane Huff Construction Co., Inc. (General Contractor) and \_\_\_\_\_ (Owner) are named as Additional Insured per the attached endorsement (ISD 002010 10/93) or it's equivalent.

<b>CERTIFICATE HOLDER</b> Duane Huff Construction Company, Inc 4917 Broadway Rd Modesto, CA 95208	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL MAIL 30 DAYS WRITEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. REPRESENTATIVE: ADDRESS/PHONE NO./FAX NO.
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**\*\*\* Sample Additional Insured Endorsement \*\*\***

POLICY NUMBER: DEF 543 736

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS  
(FORM B)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

Huff Construction, Inc, (The Contractor)

and

\_\_\_\_\_ (The Owner)

(If no entry appears above, information required to complete this endorsement will be shown in the declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of "your work" for that insured by or for you.

In the event of cancellation before the policy expiration date, the insurance company will mail 30 days written notice to the certificate holder named herein.

CG 20 10 10 93

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