

Whiteriver Construction, Inc.

5805 Wagon Wheel Lane, Lakeside, AZ 85929 Phone: (928) 537-2920 Fax: (928) 537-2922

Prequalification Form will NOT be accepted unless completed in its entirety.

Please check the state that you are submitting your qualifications for: AZ NM

Business Information

Company Name: _____

Primary Address 1: _____

Primary Address 2: _____

City: _____ State: _____ Zip Code: _____ Country: _____

First Name: _____ Last Name: _____

Phone: _____ Fax: _____

E-mail: _____

Other Branch Offices: _____

Design/Build Experience: Yes No
If Yes, engineering staff is: Internal External

Years in Business Under Present Name: _____ Years

Status: Union Non-Union

Employer Identification No.: _____

State Contractors License Number (where applicable) _____

Average Contract Size over the last five (5) years \$ _____

Average annual revenue over the last five (5) years \$ _____

Company Type: Corporation Partnership LLC Individual

DBA Joint Venture Sole Proprietor

Work Performed

Please see the attached list of Construction Codes and mark all that your company typically performs

Check the categories your company has experience in:

Healthcare

Education

Higher Education

Apartments

Condos

Single Family Homes

Industrial

Retail

Other Commercial _____

Business Classification

Does your business meet a special classification: Yes No

If yes, please complete the remainder of this section.

Minority Owned Woman Owned Small Business

Disadvantaged Business HubZone Veteran Owned

Other 1 _____ Other 2 _____ Other 3 _____

Minority Certification Status: N/A Self Public Private

City: _____ NMSDC Affiliates: _____
State: _____ (National Minority Supplier Dev. Council)
Country: _____

Insurance

Is your company Insurable?

Yes No

Can your company comply with the attached Insurance Requirements? Yes No

If not please list your current insurance limits below:

General Liability Coverage Limits: _____

Auto Coverage Limits: _____

Umbrella Policy Limits: _____

Workers Compensation Limits: _____

Bonding

Is your company bondable? Yes No

(If N/A or not bondable, please provide explanation.)

Bonding capacity in aggregate: \$ _____ Bonding capacity per projects \$ _____

(Current \$\$ value required, DO NOT state unlimited)

Bonding Rate per \$1,000: _____

Bonding Company (Surety, not Agent): _____

(List complete Surety Name as it appears on the Dept. of Treasury's Listing of Approved Sureties (Dept. Circular 570))

Past Performance

Has your organization ever failed to complete any awarded work in the last seven (7) years?

Yes No

(If Yes, attach explanation)

Are there any judgments, claims, arbitration proceedings and/or suits pending

against your organization or its officers in the last seven (7) years? Yes No

(If Yes, attach explanation)

Has your organization filed any lawsuits or requested arbitration with regard to

construction contracts within the last seven (7) years? Yes No

(If Yes, attach explanation)

Safety

Has your organization incurred any OSHA violations over the past three years? Yes No

If yes, how many? _____

What is your organizations' Workers Comp EMR history for the past 3 years & the current year?

Currents Year _____; 1 Year Ago _____; 2 Years Ago _____; 3 Years Ago _____

What is the business' OSHA recordable incident rate for the past 3 years & the current year?

(Number of recordables X 200,000 / man-hours worked)

1 Year Ago _____; 2 Years Ago _____; 3 Years Ago _____

Has your organization incurred any fatalities over the past three years? Yes No

If yes, how many? _____

Does your organization have a written safety policy? Yes No

(A copy will be required if selected for project)

Does your company comply with the Drug Free Work Act? Yes No

References

List Contact information for three (3) projects and owners, general contractors, or construction managers for whom the company has worked in the past 5 years below:

Project	General Contractor	Phone	Contract Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List Contract information for three (3) suppliers from whom the company has purchased materials or subcontractors which the company has hired in the past 5 years below:

Company	Contact	Phone	Email or Fax
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List Fiduciary institutions with whom your company does business with:

Bank	Type of Account	Account #	Contact	Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Financial Status

Dunn & Bradstreet #: _____

Dunn & Bradstreet Rating: _____

The undersigned certifies that the information provided herein is true and sufficiently complete so as not to be misleading.

Completed By: _____

(Print or Type)

(Signature)

Title: _____

Date Completed: _____

To be completed by Whiteriver Construction, Inc.

Estimator Comments:

- Approved
- Called References
- Not Approved

If not approved why and how can we get the approval: _____

Comments: _____

Estimator Signature

Date

Project Manager Comments:

- Approved
- Called References
- Not Approved

If not approved why and how can we get the approval: _____

Comments: _____

Project Manager Signature

Date

Chief Executive Officer Comments:

- Approved
- Called References
- Not Approved

If not approved why and how can we get the approval: _____

Comments: _____

CEO Signature

Date

Construction Codes		Check codes you will bid
Code	Code Description	
01137	Engineering Services	
01330	Surveying	
01400	Quality Control / Requirements	
01410	SWPPP Design	
01500	Temporary Construction Facilities	
01515	Final Cleaning	
02000	Site Construction	
02050	Demolition	
02070	Asbestos Abatement	
02075	Saw Cutting	
02120	SWPPP Implementation	
02300	Earthwork	
02350	Piles & Caissons	
02360	Steel Helical Piles	
02361	Termite Control	
02500	Paving	
02510	slurry Seal	
02513	Asphalt Concrete Paving	
02580	Pavement Marking	
02600	Site Utilities	
02685	Liquid Petroleum	
02688	Natural Gas Systems	
02720	Storm Drainage	
02751	Cement Concrete Pavement	
02830	Fencing	
02840	Parking Barriers	
02842	Parking / Traffic Signage	
02900	Landscaping	
03000	Concrete	
03110	Curbs & Gutters	
03200	Concrete Reinforcement	
03400	Auger Cast in Place Piles	
03500	Cementations Decks & Underlayment's	
03900	Concrete Restoration & Cleaning	
04000	Masonry	
04400	Stone	
04700	Simulated Masonry	
04900	Masonry Restoration & Cleaning	
05000	Metals	
05100	Structural Metal Framing	
05101	Structural Corrections	
05200	Metal Joists	
05300	Metal Deck	
05400	Cold Formed Metal Framing	
05500	Metal Fabrications	
05510	Metal Stairs	
05520	Handrails & Railing	
05700	Ornamental Metal	
06100	Rough Carpentry	

Code	Code Description	
06110	Sub Floor Framing	
06112	Exterior Gypsum Sheathing	
06150	Siding & Exterior Trim	
06180	Glued Laminated Beam	
06190	Truss (Prefab)	
06200	Finish Carpentry	
06400	Custom Casework	
07000	Thermal & Moisture Protection	
07100	Waterproofing	
07150	Damp Proofing	
07180	Water Repellants	
07190	Vapor Barrier	
07200	Insulation	
07210	Loss Fill Insulation	
07240	EIF System / Stucco	
07250	Fireproofing	
07310	Shingle Roofing	
07400	Metal Roofing	
07500	Membrane Roofing	
07600	Flashing & Sheet Metal	
07625	Gutters & Downspouts	
07700	Roof Specialties & Accessories	
07800	Fire & Smoke Protection	
07842	Fire Resistive Joint Systems	
07900	Joint Sealers	
08150	Metal Doors & Frames	
08200	Wood & Plastic Doors	
08300	Specialty Doors	
08311	Access Door	
08360	Overhead doors	
08400	Entrances & Storefronts	
08500	Windows	
08520	Aluminum Windows	
08565	Vinyl Windows	
08600	Skylights	
08610	Wood Windows	
08700	Hardware	
08800	Glazing	
08900	Glazed Curtain Wall	
09005	Countertops	
09100	Metal Support Assemblies	
09110	Metal Studs	
09200	Stucco	
09260	Gypsum Drywall	
09300	Flooring	
09310	Ceramic tile	
09400	Terrazzo	
09500	Acoustical Treatment	
09510	Acoustical Ceilings	
09530	Sound Attention Blankets	
09600	Resilient Athletic Flooring	

Code	Code Description	
09640	Stone Flooring	
09650	Resilient Tile Flooring	
09660	Resilient Flooring	
09680	Carpet	
09700	Wall Finishes	
09742	Epoxy Polyurethane Floor	
09900	Paints & Coatings	
09950	Wall Coverings Coating	
10100	Visual Display Boards	
10150	Compartments & Cubicles	
10155	Toilet Compartments	
10200	Lovers & Vents	
10263	Corner Guards	
10300	Fireplaces & Stoves	
10350	Flagpoles	
10400	Identification Devices	
10500	Lockers	
10521	Fire Extinguishers & Cabinets	
10550	Postal Specialties	
10600	Partitions	
10670	Shelving	
10800	Bath Accessories	
10900	Wardrobe & Closet Specialties	
11050	Library Theft Detection	
11100	Mercantile Equipment	
11400	Food Service Equipment	
11450	Appliances	
11470	Photo Laboratory Equipment	
11480	Athletic Equipment	
11600	Laboratory Equipment	
11700	Medical Equipment	
11900	Detention Doors & Gates	
12000	Furnishings	
12010	Furniture /Fixtures	
12300	Manufactured Casework	
12400	Furnishings & Accessories	
12450	Window Coverings	
12500	Projection Screens	
12600	Multiple Seating	
12700	Floor Mats	
13121	Pre Engineered Buildings	
13200	Storage Tanks	
13700	Security Access & Surveillance	
13800	Buildings Automation & Control	
13900	Fire Suppression	
14000	Conveying Systems	
14100	Utility Connections to Modular	
14125	ADA Access Lift	
14200	Elevators	
14300	Escalators & Moving Walks	
14400	Lifts	

Code	Code Description	
15000	Mechanical	
15100	Plumbing	
15300	Fire Protection Piping	
15700	HVAC	
16000	Electrical	
16400	Low Voltage Distribution	
16500	Lighting	
16700	Communications	
16720	Fire Alarm Systems	
16725	Security Systems	
16800	Sound & Video	

BOWMAN & ASSOCIATES INSURANCE AGENCY, INC.

Subcontractor Insurance Requirements

Whiteriver Construction, Inc.'s General Liability Carrier requires all subcontractors wishing to do business with Whiteriver to meet the following basic insurance requirements:

1. **General Liability Policy** which is written on an occurrence basis and provides the following endorsements:
 - A) Waiver of Subrogation in favor of Whiteriver Construction
 - B) Primary Non-Contributory wording
 - C) Additional Insured Status for Whiteriver Construction, ongoing operations and Completed Operations.
 - D) Policy must provide the following minimum limits of insurance:
 - \$1,000,000 Any One Occurrence
 - \$2,000,000 Products/Completed Operations Aggregate
 - \$2,000,000 Project Aggregate

2. **Business Auto Policy** which provides the following minimum limit of insurance:
 - \$1,000,000 Any One Occurrence

3. **Workers Compensation Policy** which provides the following minimum limit of insurance:
 - \$1,000,000 E.L. Each Accident
 - \$1,000,000 E.L. Disease EA Employee
 - \$1,000,000 E.L. Disease – Policy Limit

4. **Umbrella Policy** endorsed to increase limits for the General Liability, Business Auto and Workers Compensation Policy and providing the following minimum limit of insurance:
 - \$2,000,000 Any One Occurrence
 - \$2,000,000 Aggregate

A Certificate of Insurance verifying coverages and copies of all endorsements must be provided to Whiteriver Construction **prior to the start of work**. Certificate should include a 30 day notice of cancellation, except for 10 day notice for non-payment. A Sample Copy of a compliant certificate of insurance has been provided with this letter.

Any additional expenses incurred by Whiteriver Construction caused by the subcontractor's failure to comply with these requirements will be the responsibility of the subcontractor.

16042 N. 32nd Street, Phoenix, Arizona 85032 (602)482-3300 (602)482-7525-FAX



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER (602) 482-3300
 Bowman & Associates Insurance
 16042 N 32nd St

Phoenix AZ 85032

INSURED
 Sub Contractor Name
 Mailing Address
 City, State, Zip Code

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.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: ABC Insurance Company	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SCU, Contractural <input type="checkbox"/> Blanket Addl Insd GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Policy Number	01/01/2010	01/01/2011	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Policy Number	01/01/2010	01/01/2011	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC AGG \$
A	EXCESS / UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	Policy Number	01/01/2010	01/01/2011	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below Y/N <input type="checkbox"/>	Policy Number	01/01/2010	01/01/2011	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

It is agreed that Whiteriver Construction, Inc., Project Owner (s) and any other parties required by written contract are added as Additional Insureds on a Primary and Non-Contributory basis. Waiver of Subrogation applies (Attach a copy of the Additional Insured endorsement and Waiver of Subrogation endorsement).

CERTIFICATE HOLDER	CANCELLATION
() - () - Whiteriver Construction, Inc. 5805 Wagon Wheel Lane Lakeside AZ 85929	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30* DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BY FAX OR TO XXXXXX . IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Denny Schnulo

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 20 10 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – SCHEDULED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
Whiteriver Construction, Inc. Project Owner(s) Any Other Parties Required By Written Contract	List Project Here
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.



POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 20 37 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location And Description Of Completed Operations
Whiteriver Construction, Inc. Project Owner(s) Any Other Parties Required By Written Contract	List Project Here

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

Policy Number:

CG 24 04 (10-93)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

Whiteriver Construction, Inc.
Project Owner(s)
Any Other Parties Required By Written Contract

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

The TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US Condition (Section IV - COMMERCIAL GENERAL LIABILITY CONDITIONS) is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

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CG 24 04 (10-93)