



Subcontractor Pre-Qualification Questionnaire

Name of Business _____

Trade Specialty _____

President or Owner _____

Address _____

Phone Number _____ Fax Number _____

Email _____

Has the company changed names within the last three years? _____

Type of Business _____ Corporation
_____ Partnership
_____ Sole Proprietorship

Please list state(s) in which the business is licensed or registered to do business.
(Attach copies of applicable licenses or registrations)

Safety

Experience Modification Rate (EMR)
(Attach letter from your Insurance Carrier or Broker stating EMR for the last 3 Years)

Year	EMR
<u>20</u>	_____
<u>20</u>	_____
<u>20</u>	_____

OSHA Incidence Rate (Total Cases)
(Attach OSHA 300 and 300A logs for the last 3 Years)

Year	Recordable Rate
<u>20</u>	_____
<u>20</u>	_____
<u>20</u>	_____

Do you have a written safety plan? Yes _____ No _____

Will a copy of the safety plan be on the job site with your supervisor? Yes ____ No ____

Subcontractor Insurance Requirements

The following Subcontractor Special Conditions are required for all subcontractors working on or pre-qualified to work on **Prism Response, Inc.** projects. These are minimum requirements and other project specific or Owner required coverage's may supplement these requirements. Endorsements must be reflected on the certificate. Insurance companies shall have a Best rating of "A-VI" or better.

Certificates of Insurance evidencing these coverage's shall be filed with **Prism Response, Inc.** within 5 working days of award of Subcontract and prior to commencement of work. Certificates shall show that Contractor and Owner have been named as additional insured. Forward your current insurance certificate with **Prism Response, Inc.** listed as certificate holder and additional insured to:

102 Technology Lane
Export, PA 15632
or fax to: 724-325-0052

Subcontractor Insurance Requirements

1. General Liability

The following are minimum general liability limits. Higher limits may be required on a project by project basis.

\$1,000,000 Each Occurrence
\$2,000,000 Aggregate
\$2,000,000 Products and Completed Operations

Prism Response, Inc. must be listed as additional insured. Additional insured Endorsements must be on Form CG20 10 11/85 or CG 20 10 10/01 with a CB20 37. Company forms are acceptable only if equivalent coverage is afforded.

Subcontractors' general liability insurance shall be primary as respects **Prism Response, Inc.** and Owner, and any other insurance maintained by Contractor or Owner shall be Excess and not contributing insurance with subcontractors insurance. This endorsement must be reflected on the certificate.

Subcontract shall maintain Completed Operations Liability Insurance for a period of 24 months following completion of Subcontractor's work. This endorsement must be reflected on the certificate.

If work is to be performed on any project construed as residential, whether condominium, apartment, town home or single family dwelling, Subcontractor's policy shall not contain any exclusion which would remove coverage for such work. This must be reflected on the certificate.

Subcontractor's insurance shall not have exclusions for mold. This must be reflected on the certificate.

2. Automobile Liability

\$1 million Bodily Injury and Property Damage – Per Accident

3. Workers Compensation – Statutory Limits

Employer's Liability	\$1,000,000	Bodily Injury by Accident
	\$1,000,000	Bodily Injury by Disease

4. Professional Liability (for engineers, architects and consultants working under **Prism Response, Inc.**)

\$1 million each occurrence.