NEW VENDOR PACKET

Dear Vendor:

This Subcontractor information pack must be filled out to perform any services or receive any payments from Brother’s Group. Failure to return the pack will delay any payments due.

The Subcontractor information sheet needs to be filled out with the most current and accurate information. Please include all information requested.

Every Subcontractor must provide proof of any trade specific licenses required by the municipality, city, county and/or State in which you work. (i.e. Contractors or Professional Licenses)

Every Subcontractor must provide proof of insurance. Please read over the Brother’s Group insurance requirements. Brothers Group Construction Company, must be the certificate holder. Brothers Group Construction Company, must be listed as additional insured for any & all jobs. You must provide the Additional Insured and Primary and Non-Contributory Endorsements. Your company name must be listed as the insured.

If you have any questions concerning the insurance or Subcontractor requirements please contact Linda Lewis at estimating@brothersgroupco.com or 904-260-6612
SUBCONTRACTOR CHECKLIST

Documents:

_____ New Vendor Packet

_____ W-9 (signed and dated within 6 months)

_____ Contractor’s or Professional License if applicable

_____ Contract (fully initialed and executed)

Insurance: See Insurance Requirements at the end of this packet.

_____ General Liability

_____ Additional Insured Endorsement and Primary/Non-Contributory Endorsements covering “Your Work”

_____ Automotive

_____ Workers Comp with Waiver of Subrogation

_____ Professional or Excess Liability (if Applicable)
SUBCONTRACTORS INFORMATION FORM

Company Name:__________________________ Trade:________________________

DBA:____________________________________________________________________

Street Address:____________________________________________________________________

City:__________________________ State:________________________ Zip:____________________

Mailing Address:____________________________________________________________________

(If Same as above leave blank)

City:__________________________ State:________________________ Zip:____________________

Phone Number:_______________ Off Hours/Emergency Phone:________________________

Fax Number:__________________________ Mobile Number:________________________

Email address:____________________________________________________________________

Company Web page address:____________________________________________________________________

Owner:____________________________________________________________________

Local Manager:____________________________________________________________________

Federal Identification Number:__________________________ Or Social Security #________________________

Corporation?_________ Partnership?_______ Sole Proprietorship?_________

Type of work performed: a)__________ % of new construction

b)__________ % of repair

c)__________ % of commercial

d)__________ % of public work

(a,b,c,d) should equal 100%

Contractor’s/ Professional License Number: ________________ Limit __________ Classification __________

License Valid Until: ______________________ (Please attach copy) State: ________________
Do you have a safety program in place? Yes ___  No ___
Do you have a safety compliance officer? Yes ___  No ___

Have you ever been fined by OSHA? When: ___________  Reason: __________________________

______________________________

Please provide the name of the person or office where you would like construction schedules sent:
Contractor/Scheduler:  
Email: 

Please provide the name of the person or office who will be handling your Work and Payment Orders:
Contractor/Scheduler: __________________________  Email: __________________________

Phone: __________________________  Fax: __________________________

Financial: Are your company’s credit history and financial statements strong enough to handle and perform the work within the required timeframe?

Yes ___  No ___

Availability: Is your company available to immediately perform the work within the required timeframe?

Yes ___  No ___

Manpower / Equipment: Does your company have adequate manpower and equipment to perform the work within the required timeframe?

Yes ___  No ___

Management: Does your company have the experience and management capability to supervise field operations and maintain quality?

Yes ___  No ___

Judgments: Has there been a suit/judgment against you or your company in the last five years?

Yes ___  No ___

Bankruptcy: Has the company or any of its owners ever declared bankruptcy?

Yes ___  No ___

If yes, please explain: __________________________
Supplier References:

1. Supplier Name: ____________________________ Phone No: ____________________________
   Address: ________________________________________________________________________

2. Supplier Name: ____________________________ Phone No: ____________________________
   Address: ________________________________________________________________________

3. Supplier Name: ____________________________ Phone No: ____________________________
   Address: ________________________________________________________________________

Customer References:

1. Customer Name: ____________________________ Phone No: ____________________________
   Address: ________________________________________________________________________

2. Customer Name: ____________________________ Phone No: ____________________________
   Address: ________________________________________________________________________

3. Customer Name: ____________________________ Phone No: ____________________________
   Address: _______________________________________________________________________
APPROVAL TO CONDUCT CREDIT CHECK

Thank you for your interest in providing services to Brother’s Group.

Brother’s Group believes it is important for it to have the right to perform routine credit checks of a Subcontractor before awarding services or supply contracts.

To that end, by Subcontractors authorization in the space provided below, Subcontractor consents to such a credit check being performed. This letter authorizes Brother’s Group to verify your past and present earnings records, bank accounts and other assets of Subcontractor to establish a reasonable credit report. This letter further authorizes Brother’s Group to order a consumer credit report and verify other credit information of Subcontractor.

It is understood that a photocopy of this will serve as Subcontractor’s authorization. The information obtained is only to be used in the determinations by Brother’s Group of (a) whether to award a services or supply contract to Subcontractor and (b) whether, during the term of an applicable subcontract or supply contract, to determine that Subcontractor remains a suitable credit risk for the services to be performed.

The information obtained in the credit check process will not be disclosed outside of Brother’s Group without the consent of Subcontractor except to the person or company verifying certain credit information for Subcontractor. Subcontractor understands that it is not required to supply this credit information to Brother’s Group, but if Subcontractor is unwilling to provide such information, Subcontractor may be precluded from bidding on or being awarded a services or supply contract.

Subcontractor’s approval below is also constitutes the approval for Brother’s Group to conduct credit checks during the term of an applicable subcontract or supply contract in the event Brother’s Group has a reasonable belief that Subcontractor may not be able to financially perform its obligations under the subcontract or supply agreement or in the event of any other respective default thereunder.

Thank you very much for your prompt attention.

Name of Vendor: __________________________
Name of Authorized Official: __________________________
Signature of Authorized Official: __________________________
Title of Authorized Official: __________________________
Date: __________________________
sample