



## 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](mailto: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: \_\_\_\_\_

CONFIDENTIAL



## 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 for 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 contact to Subcontractor and (b) whether, during the term of an applicable subcontractor 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 subcontractor 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: \_\_\_\_\_



<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY)
<b>PRODUCER</b> ABC INSURANCE AGENCY	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>INSURED</b>  ABC CONSTRUCTION	<b>INSURERS AFFORDING COVERAGE</b> INSURER A: ABC INSURANCE COMPANY INSURER B: XYZ INSURANCE COMPANY INSURER C: INSURER D: INSURER E:	<b>NAIC #</b>

**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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	ABC123	00/00/0000	00/00/0000	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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	X	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	ABC123	00/00/0000	00/00/0000	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY · EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY · EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	DEF456	00/00/0000	00/00/0000	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE · EA EMPLOYEE \$ 100,000 E.L. DISEASE · POLICY LIMIT \$ 500,000

Sample

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

CERTIFICATE HOLDER IS ALSO ADDITIONAL INSURED PER ATTACHED FORM CG2010 (11/85) OR ITS EQUIVALENT INCLUDING COMPLETED OPERATIONS COVERAGE. COVERAGE IS PRIMARY AND NON-CONTRIBUTORY. A WAIVER OF SUBROGATION IS ALSO INCLUDED FOR GENERAL LIABILITY AND WORKERS' COMPENSATION.

<b>CERTIFICATE HOLDER</b>  Brothers Group Construction Company 5570 Florida Mining Blvd S. Ste. 308 Jacksonville, FL 32257	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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