



SUBCONTRACTOR PRE-QUALIFICATION COVER SHEET & CHECKLIST

Thank you for your interest in working with TSA Construction, Inc. We are a commercial building contractor specializing in ground-up and tenant improvement construction.

Our focus is to provide quality construction services to our clients with a personal touch, while maintaining integrity and professionalism. We truly value our subcontractors and suppliers and our goal is to establish a lasting and professional working relationship. We hope to be able to add your company to our list of fine subcontractors and suppliers.

Attached please find a "Subcontractor/Supplier Pre-qualification Profile" form. Please complete and return, along with any company information and/or brochures you may have. In addition, we must ensure that your company can comply with our standard subcontract and insurance requirements (attached). Please review this information and forward to your insurance agent for his/her review. A "Proof of Insurance Certificate" including samples of all required endorsements must be submitted to TSA Construction. If you or your insurance agent has any questions, please feel free to call us.

PLEASE RETURN THE FOLLOWING BY EMAIL to bidning@tsaci.com OR FAX – 858.784.3651

- This cover Sheet with an officer's signature below
- The Completed Subcontractor/Supplier Profile
- Project and Client Reference List with contact names, phone, and fax numbers
- W-9
- Proof of Insurance Certificate including samples of all required endorsements

(See attached insurance requirements)



SUBCONTRACTOR/SUPPLIER PRE-QUALIFICATION PROFILE

COMPANY NAME: _____ **NUMBER OF EMPLOYEES:** _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE: _____ **FAX:** _____ **WEB SITE:** _____

CONTACTS:	NAME/TITLE	PHONE:	E-MAIL:
Estimator:			
Accounting:			
Contracts:			

CSI	TRADE(S) PERFORMED

CONTRACTOR'S LICENSE

California Contractor's License #: _____ Other State License #s: _____

DOLLAR RANGE OF PROJECTS YOU'RE INTERESTED IN

From \$ _____ To \$ _____ Do you perform Prevailing Wage Work? _____

Open Shop? _____ Union? _____

Name of Bonding Company: _____ \$ Limit: _____

Bonding Contact & Phone: _____

SMALL BUSINESS CERTIFICATION

Please list any certifications: _____

LOCATIONS WHERE YOU WORK (Check all that apply)	SPECIALIZED AREAS OF WORK (Check all that apply)
San Diego	Multi- Family Wood Frame (Hotel/Apts)
Desert Cities (Palm Springs Area)	Industrial/Tilt-up
Inland Empire (Southern California)	High-Rise Concrete
Orange County	Low & High Rise Steel Frame
Los Angeles County	Parking Structure
Other: Please Specify	Tenant Improvement
	Other: Please Specify



REFERENCES

General Contractor References (List at least 5)

COMPANY	PHONE	NAME & TITLE
PROJECT NAME	TYPE	JOB VALUE

COMPANY	PHONE	NAME & TITLE
PROJECT NAME	TYPE	JOB VALUE

COMPANY	PHONE	NAME & TITLE
PROJECT NAME	TYPE	JOB VALUE

COMPANY	PHONE	NAME & TITLE
PROJECT NAME	TYPE	JOB VALUE

COMPANY	PHONE	NAME & TITLE
PROJECT NAME	TYPE	JOB VALUE

Vendor/Supplier References

COMPANY	PHONE	NAME & TITLE

COMPANY	PHONE	NAME & TITLE

**PLEASE ATTACH A LIST OF THE 10 LARGEST PROJECTS COMPLETED
IN THE LAST 5 YEARS**

Project List: Include project type, client, job value, and completion date.

All subcontractor awards will be based on TSA's Standard Subcontractor Document and Insurance Requirements.
Thank You for your interest in TSA



INSURANCE

Subcontractors must be able to meet TSA Construction's insurance requirements in order to bid on our projects. Our insurance requirements, as well as a Sample Certificate of Insurance and Additional Insured Endorsement document are on the following pages.

GL Insurance Carrier: _____ Policy Expiration Date: _____

Broker Name: _____ Broker Phone #: _____

I have read TSA's insurance requirements and will be able to issue a certificate that meets these requirements upon award of a subcontract with TSA Construction.

Authorized Subcontractor Signature: _____

Print Name & Title: _____

Date: _____



SUBCONTRACTOR'S INSURANCE

Subcontractor shall purchase and maintain insurance of the type specified below. When requested by Contractor, Subcontractor shall furnish copies of policies for each coverage required.

- a) **Best's Rating** - All coverages required below will be placed with insurance companies (admitted to do business) in the State of California with a minimum A. M. Best rating of A- VII. A specific exception to this requirement will be the State Compensation Insurance Fund of California.
- b) **Evidence of Insurance** – Prior to commencing the work, Subcontractor shall furnish Contractor with a certificate(s) of insurance, executed by a duly authorized representative of each insurer, showing compliance with the insurance requirements set forth below. Receipt and acceptance of all proper Certificate(s) of Insurance is a prerequisite to all payments to Subcontractor.
- c) **Cancellation of Insurance** – All certificates shall provide for thirty (30) days written notice to Contractor prior to the cancellation (or material change) of any insurance referred to herein.
- d) **Amendment of Certificate of Insurance** – The words “endeavor to” and “but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives” shall be deleted from the certificate form’s cancellation provision.
- e) **All Operations Certificates** (optional) – As a courtesy to, and if, the Subcontractor has previously submitted, or hereafter submits, proper certificates of insurance for All Operations performed by Subcontractor on behalf of TSA Construction and all others required by the Contract Documents, such certificates shall be acceptable to TSA Construction as having met the requirements as long as all appropriate coverages and endorsements are included therewith. If the Contract Documents require special certificates, or endorsements on behalf of the Owner, or any others, then separate certificates shall be issued.
- f) **Failure to Maintain Insurance** – Failure to maintain the required insurance may result in termination of this contract at Contractor’s option.
- g) **Failure to Require a Certificate of Insurance** – Failure of Contractor to demand such certificate or other evidence of full compliance with these insurance requirements or failure of Contractor to identify a deficiency from evidence that is provided shall not be construed as a waiver of Subcontractor’s obligation to maintain such insurance.
- h) **Commercial General and Umbrella Liability Insurance** – Subcontractor shall maintain commercial general liability (CGL) and, if necessary, commercial umbrella insurance with a limit of not less than \$1,000,000 each occurrence. If such CGL insurance contains a general aggregate limit, it shall apply separately to this project as evidenced by ISO Endorsement CG 25 03 or equivalent.
- i) **Commercial General Liability Insurance** – CGL insurance shall be written on an ISO occurrence form CG 00 01 07 98 (or a substitute form providing equivalent coverage) and shall cover liability arising from premises, operations, independent contractors, products/completed operations, personal injury and advertising injury, and liability assumed under an insured contract (including the tort liability of another assumed in a business contract).

- j) **Additional Insured** – Contractor (and Owner if required) shall be included as an insured under the CGL, using ISO additional insured endorsement CG 20 10 11 85 or its equivalent. This coverage shall be maintained in effect for the benefit of Contractor and Owner for a period of 10 years following the completion of the work specified in Section 2 of this contract. Additional insured coverage as required in the subparagraph shall apply as primary insurance with respect to any other insurance or self-insurance programs afforded to Contractor or Owner.
- 1) Contractor, Owner, and any others required in the contract documents shall be named as **additional insured's** under the policy per ISO form CG 2010-1185 or acceptable equivalent.
 - 2) This insurance shall be considered **primary** insurance and any other insurance carried by the “additional insured's” will be excess and shall not contribute to any losses arising out of Subcontractor's work.
- k) **Continuing Completed Operations Liability Insurance** – Subcontractor shall maintain commercial general liability (CGL) and, if necessary, commercial umbrella liability insurance with a limit of not less than \$1,000,000 each occurrence for at least 10 years following substantial completion of the work. Additional insured coverage as required in the subparagraph shall apply as primary insurance with respect to any other insurance or self-insurance programs afforded to Contractor or Owner. The Contractor or Owner's insurance will not contribute to any losses until the Subcontractor's insurance is exhausted.
- l) **Business Auto and Umbrella Liability Insurance** – Subcontractor shall maintain business auto liability and, if necessary, commercial umbrella liability insurance with a limit of not less than \$1,000,000 each accident.
- m) **Coverage** – Such insurance shall cover liability arising out of any auto (including owned, hired, and non-owned autos), and shall be written on ISO form CA 00 01, or a substitute form providing equivalent liability coverage. If necessary, the policy shall be endorsed to provide contractual liability coverage equivalent to that provided in the 1990 and later editions of CA 00 01.
- n) **Workers Compensation Insurance** – Subcontractor shall maintain workers compensation and employers liability insurance as required by statute.
- o) **Employers Liability** – The commercial umbrella and/or employers liability limits shall not be less than \$1,000,000 each accident for bodily injury by accident or \$1,000,000 each employee for bodily injury by disease.
- p) **Waiver of Subrogation** – Subcontractor waives all rights against Contractor and its agents, officers, directors and employees for recovery of damages to the extent these damages are covered by the workers compensation and employers liability insurance obtained by Contractor pursuant to this agreement.
- q) **Professional Liability Insurance** – If the Subcontractor is a licensed architect, engineer or designer, provides architectural, engineering or design, or retains same, a certificate of insurance shall be supplied showing professional liability coverage in an amount of not less than \$1,000,000 per claim and aggregate, including limited contractual liability coverage. Insurance will be maintained in force, assuming it is available at a rate similar to what the Subcontractor is now paying, for a period of three (3) years after substantial completion of this project.

The retroactive date of the professional liability policy will predate the beginning of any services provided under the contract, and the retroactive date will not be advanced during the period of time that the Subcontractor (architect, engineer or designer) is required to carry the coverage.

PRODUCER

SAMPLE CERTIFICATE

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 THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

INSURED

ABC SUBCONTRACTOR

ADDRESS

CITY, STATE ZIP

COMPANY A	General Liability Carrier
COMPANY B	Auto Liability Carrier
COMPANY C	Umbrella Carrier
COMPANY D	Workers' Comp Carrier

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIAB <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	TBD	Inception	Expiration	EACH OCCURRENCE	\$1,000,000
					DAMAGE TO RENTED PREMISES (EA. OCCURANCE)	\$ 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
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTO <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____	TBD	Inception	Expiration	COMBINED SINGLE LIMIT	\$1,000,000
					BODILY INJURY PER PERSON	\$1,000,000
					BODILY INJURY PER ACCIDENT	
					PROPERTY DAMAGE	
C	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OTHER THAN UMBRELLA FORM	TBD	Inception	Expiration	EACH OCCURRENCE	\$1,000,000
					AGGREGATE	\$1,000,000
D	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXEXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS Below OTHER	TBD	Inception	Expiration	<input checked="" type="checkbox"/> W/C STATUTORY LIMITS <input type="checkbox"/> OTHER	
					EL EACH ACCIDENT	\$1,000,000
					EL DISEASE-POLICY LIMIT	\$1,000,000
					EL DISEASE-EA EMPLOYEE	\$1,000,000

Re: Job Name and address. Certificate holder is named as Additional Insured as respects to General Liability per form CG2010 11/85 and Business Auto Liability, Including Primary & Non-Contributory Wording, Waiver of Subrogation applies to General Liability per CG2404 10/93 and Workers' Compensation

CERTIFICATE HOLDER

TSA Construction, Inc.
 11440 West Bernardo Court, Suite 166
 San Diego, CA 92127
 Attn: Pam Arnett

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO AIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND ON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

POLICY NUMBER: TBD
NAMED INSURED: SAMPLE EXHIBIT A

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:

TSA Construction, Inc.
11440 West Bernardo Court, Suite 166
San Diego, CA 92127

RE: **Project Name/Description:**

(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.

With respect to the insurance afforded by the Additional Insured Endorsement issued to the person or organization shown in the Schedule above, the following additional provision applies:

The insurance afforded by this endorsement is primary insurance and we will not seek contribution from any other insurance available to you unless the other insurance is provided by a 'contractor' other than the Named Insured shown in the Declarations for the same operation and job location designated in the Schedule

THIS ENDORSEMENT FORMS A PART OF THE POLICY TO WHICH IT IS ATTACHED, EFFECTIVE ON THE INCEPTION DATE OF THE POLICY UNLESS OTHERWISE STATED HEREIN.

POLICY NUMBER:
Named Insured:

**COMMERCIAL
GENERAL LIABILITY
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:

**TSA Construction, Inc.
11440 West Bernardo Court, Suite 166
San Diego, CA 92127**

Re: [Enter Project Name](#) - TSA Job # [xx-xxxx](#)

(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 RECOVERY AGAINST OTHER 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 of injury or damage arising out of your operations or "your work" done under 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.

Endorsement Effective:	Countersigned By: (Authorized Representative)
Named Insured:	