



5533 Fair Lane, Cincinnati, Ohio 45227, 513-263-CERS

BIDDER PRE-QUALIFICATION FORM

Note: This completed preliminary form will be reviewed to be included for project bidding purposes. Additional information will be required when you are contracted for a specific project.

Submit Completed Form To: CER Services, Inc., Estimating Department, 5533 Fair Lane, Cincinnati, OH 45227 or email to: info@cerservices.com

Part 1: Company Information

Company Name: # of Years in Business:
Address: Previous Year Sales:
FEIN #:
Company Website:
Phone Number: Other Social Media Pages:
Fax Number:

Part 2: Contact Information

Contact Name: Cell Number:
Title: Phone Number:
Email:
Person authorized to Sign contracts, CO's and PO's:
Safety Manager Name: Cell Number:
Email: Phone Number:

Part 3: Business Information

Business Entity Type:
Corporation Partnership Sole Proprietorship
Union Merit/Open Shop
Company Trades/Scopes of Work:
Project Types:
Geographic areas Company Works:
Preferred Contract Values: \$ - \$

Check All Diversity Designations That Apply:
MBE DBE Other
WBE Section 3
SBE EDGE

Insurance Carriers:
Workers Comp:
Auto:
Liability:\*

\*Minimum Liability Insurance Requirements Attached

Can your company secure a Payment/Performance Bond? YES NO

Signature: Title: Date:

## Certificate of Insurance

This certificate and/or endorsement is for example purposes only. Insurance Certificate and endorsement formats may vary from one Insurance company to the other and those variations are acceptable as long as the insurance coverage provided in conjunction with this contract is the equivalent to the coverage required by this contract.



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

| <b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.</b> |   |                               |        |                   |       |                   |       |                   |       |                   |       |                   |       |                   |       |
|--|---|-------------------------------|--------|-------------------|-------|-------------------|-------|-------------------|-------|-------------------|-------|-------------------|-------|-------------------|-------|
| <b>IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).</b>   |   |                               |        |                   |       |                   |       |                   |       |                   |       |                   |       |                   |       |
| PRODUCER<br><br>SUBCONTRACTOR'S AGENT / BROKER   | CONTACT NAME:<br>PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____<br>E-MAIL ADDRESS:<br>_____<br>_____<br>_____   |                               |        |                   |       |                   |       |                   |       |                   |       |                   |       |                   |       |
| INSURED<br><br>YOUR NAME HERE  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A : _____</td> <td>_____</td> </tr> <tr> <td>INSURER B : _____</td> <td>_____</td> </tr> <tr> <td>INSURER C : _____</td> <td>_____</td> </tr> <tr> <td>INSURER D : _____</td> <td>_____</td> </tr> <tr> <td>INSURER E : _____</td> <td>_____</td> </tr> <tr> <td>INSURER F : _____</td> <td>_____</td> </tr> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : _____ | _____ | INSURER B : _____ | _____ | INSURER C : _____ | _____ | INSURER D : _____ | _____ | INSURER E : _____ | _____ | INSURER F : _____ | _____ |
| INSURER(S) AFFORDING COVERAGE  | NAIC #  |                               |        |                   |       |                   |       |                   |       |                   |       |                   |       |                   |       |
| INSURER A : _____  | _____   |                               |        |                   |       |                   |       |                   |       |                   |       |                   |       |                   |       |
| INSURER B : _____  | _____   |                               |        |                   |       |                   |       |                   |       |                   |       |                   |       |                   |       |
| INSURER C : _____  | _____   |                               |        |                   |       |                   |       |                   |       |                   |       |                   |       |                   |       |
| INSURER D : _____  | _____   |                               |        |                   |       |                   |       |                   |       |                   |       |                   |       |                   |       |
| INSURER E : _____  | _____   |                               |        |                   |       |                   |       |                   |       |                   |       |                   |       |                   |       |
| INSURER F : _____  | _____   |                               |        |                   |       |                   |       |                   |       |                   |       |                   |       |                   |       |

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR                    | TYPE OF INSURANCE   | ADDL INSD | SUBR WVD | POLICY NUMBER   | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |             |       |                    |              |                            |              |                             |              |
|-----------------------------|---|-----------|----------|---|-------------------------|-------------------------|--|-------------|-------|--------------------|--------------|----------------------------|--------------|-----------------------------|--------------|
| A                           | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: _____ | X         | X        |   |                         |                         | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>_____ \$ _____  |             |       |                    |              |                            |              |                             |              |
| A                           | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS   |           |          |   |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$ 1,000,000<br>BODILY INJURY (Per accident) \$ 1,000,000<br>PROPERTY DAMAGE (Per accident) \$ 1,000,000<br>_____ \$ _____  |             |       |                    |              |                            |              |                             |              |
| A                           | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ _____   |           |          |   |                         |                         | EACH OCCURRENCE \$ 2,000,000<br>AGGREGATE \$ 2,000,000<br>_____ \$ _____   |             |       |                    |              |                            |              |                             |              |
|                             | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N       | N/A      | <b>Proof of Workers' Comp. coverage for the state where work is performed</b> |                         |                         | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">PER STATUTE</th> <th style="width: 80%;">OTHER</th> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ 1,000,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$ 1,000,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$ 1,000,000</td> </tr> </table> | PER STATUTE | OTHER | E.L. EACH ACCIDENT | \$ 1,000,000 | E.L. DISEASE - EA EMPLOYEE | \$ 1,000,000 | E.L. DISEASE - POLICY LIMIT | \$ 1,000,000 |
| PER STATUTE                 | OTHER   |           |          |   |                         |                         |  |             |       |                    |              |                            |              |                             |              |
| E.L. EACH ACCIDENT          | \$ 1,000,000  |           |          |   |                         |                         |  |             |       |                    |              |                            |              |                             |              |
| E.L. DISEASE - EA EMPLOYEE  | \$ 1,000,000  |           |          |   |                         |                         |  |             |       |                    |              |                            |              |                             |              |
| E.L. DISEASE - POLICY LIMIT | \$ 1,000,000  |           |          |   |                         |                         |  |             |       |                    |              |                            |              |                             |              |
|                             | Professional Liability (if required per contract)<br>Maximum deductible of \$25,000<br>Contractors Pollution (if required per contract)<br>Maximum deductible of \$25,000   |           |          |   |                         |                         | Each Claim \$ 1,000,000<br>Aggregate \$ 2,000,000<br>Each Claim \$ 1,000,000<br>Aggregate \$ 2,000,000   |             |       |                    |              |                            |              |                             |              |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Owner, Architect, and Certificate Holder are included as additional insured with respects to liability arising from work performed by the above insured per CG 2010 11/85 or equivalent or both CG 2010 04/13 and CG 2037 04/13 or equivalent, and a Definition of Occurrence Amendatory Endorsement for Construction Defects CG 72 07 12 11 or similarly equivalent endorsement. Waiver of Subrogation applies.  
 Project Name: \_\_\_\_\_ Project No.: \_\_\_\_\_

|   |  |
|---|--|
| <b>CERTIFICATE HOLDER</b><br><br>CER Services, Inc.<br>5533 Fair Lane<br>Cincinnati, Ohio 45227 | <b>CANCELLATION</b><br>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. BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.<br>AUTHORIZED REPRESENTATIVE _____ |
|---|--|

## CERTIFICATE REQUEST

- A. Subcontractor shall provide to CER Services, Inc., Certificate of Insurance naming CER Services, Inc., the Architect and the Project Owner as additional insureds as well as any other entities or persons to be named as additional insured as required by the owner and/or the contract. (Example attached).
- B. The insurance required by this Agreement shall be maintained at the following minimum levels (these limits of coverage shall in no way be construed as limiting subcontractor's liability under this Agreement).
1. **Commercial General Liability Insurance**
    - including, Contractual Liability Coverage, Products and Completed Operations Coverage and Broad Form Property Damage
    - written on an "Occurrence" basis
    - \$1,000,000 per occurrence
    - \$2,000,000 general aggregate
    - \$25,000 deductible maximum
    - Subcontractor shall maintain Products and Completed Operations coverage until the expiration of any applicable statute of limitations.
  2. **Employer's Liability Insurance**
    - written on an "occurrence" basis
    - \$1,000,000 per person
    - \$1,000,000 per occurrence
    - \$25,000 deductible maximum
  3. **Automobile Liability and Uninsured Motorists Insurance**
    - including owned, leased and non-owned vehicles
    - written on an occurrence basis
    - Bodily Injury: \$1,000,000 per person
    - \$1,000,000 per occurrence
    - Property Damage: \$1,000,000 per occurrence
  4. **Pollution Liability insurance (if required)**
    - written on a claims-made basis and covering the acts and omissions of the Subcontractor in the performance of its work
    - with a retroactive date prior to the start of Subcontractor's work
    - \$1,000,000 per occurrence.
    - Shall include an extended reporting period to expire upon the expiration of any applicable statute of limitations, or alternatively, coverage shall remain in force (without change in the retroactive date) until the expiration of any applicable statute of limitations.
  5. **Professional liability insurance (if design services provided from the Subcontractor)**
    - \$1,000,000.00 per claim
    - \$2,000,000.00 in the aggregate
    - \$25,000.00 deductible maximum
    - Contractor's design professional shall pay the deductible
    - Shall contain a retroactive date providing prior acts coverage sufficient to cover all Services performed by the Contractor's design professional for this project
    - Coverage shall remain in force (without change in the retroactive date) until the expiration of any applicable statute of limitations.
    - if on a "claims made basis", will have an extended reporting period until the expiration of any applicable statute of limitations.
  6. **Excess Liability Insurance**
    - providing coverage on a following form basis to the coverages
    - \$2,000,000 combined single limit.
- C. Subject to the provisions set forth above, the Coverages required herein, whether written on an occurrence or claims basis, shall be maintained without interruption from date of commencement of the Work until date of final payment and termination of any coverage required to be maintained after final payment.
- D. All Endorsement Modifications and Waiver of Subrogation must be referenced on the Certificate of Insurance.
- E. The Certificate of Insurance must ask for written notice of cancellation no less than 30 days.
- F. Insurance Carrier must use a standard ISO form or equivalent General Liability form with on modifications limiting coverage for Contractual Liability, Damage or Work performed by subcontractors, residential construction, earth movement, or explosion, collapse, and underground.
- G. Insurance documents shall contain the correct Certificate Holder Name and/or Address.