



PLEASE READ CAREFULLY BEFORE PROCEEDING FURTHER

Dear Prospective Subcontractor,

Bingham Construction Company, Inc., a fourth generation commercial general contractor, appreciates your interest in becoming a valued member of our subcontracting family. Our mission is to build relationships, exceed our clients' expectations, and operate efficiently. Our success is directly attributable to the alignment of these values between us and our subcontractors. We sincerely hope that your firm shares these values.

We have developed standards and policies to reduce risk, deliver exceptional outcomes, and create opportunities for success. In submitting this form, we trust that you will comply with our policies and standards and strive to provide exceptional service, quality workmanship, and competitive pricing on all of our projects. Doing so will create many more opportunities for success with Bingham Construction.

Your signature below constitutes your acknowledgment of the above and authorizes Bingham Construction to contact references to verify the information you provide on the attached form. Once your application is approved, we will send you our Master Subcontract Agreement for execution. The MSA is a one-time document that addresses general and common boilerplate contractual issues and is valid for an indefinite period of time. Once the MSA is executed, you will be placed on our bid list to bid on future projects, which you will be notified of through our Bid Mail bid notification software.

Thank you in advance for the time and effort you will put into submitting this form.

We look forward to a mutually successful working relationship.

Sincerely,

Jeff Bingham, CEO and fourth generation family owner
Bingham Construction Company, Inc.

Signature _____ *Date* _____

Print Name: _____ *Title:* _____

Company Name: _____

BINGHAM CONSTRUCTION
16880 W. Bernardo Dr., Suite 210
San Diego, CA 92127-1617
Phone: 858-675-0875, Fax: 858-675-1076



Subcontractor Prequalification Form

Company Name: _____

Principal Office Address and Phone Number:

San Diego Office Address, phone and fax:

Federal Tax ID# and Submit W9: _____

Point of Contact (estimator) name: _____

Title: _____ email: _____

Other Personnel and Title:

Years in Business: _____ State License Number: _____

State of Incorporation: _____ Date of Incorporation: _____

Other Licenses held: _____

Geographical Regions where your company will work:

Trades your company can perform (list Trade and CSI code):

Can you perform design/build and, if so, which trades?

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Claims and lawsuits within the last 5 years: _____

Current work in progress and dollar amounts:

Major projects completed in the last 5 years and dollar amounts:

Average amount of work in the last 5 years: \$ _____

Credit references (vendors/suppliers), including phone # and fax #(min 3):

Bank references, including phone number and fax# (min 1):

Surety, including phone number and fax#:

Bonding Capacity: \$_____ per project

OSHA violations or notices in the last 5 years (list all and dollar amounts):

Insurance Requirements

A valid Certificate of Insurance protection must be sent to our attention prior to the start of work. Delay in the compliance of these requirements can result in termination of the Project Work Agreement and/or delay in payment of monies to you. Compliance will be accomplished by the acceptance of a Certificate of Insurance including applicable endorsements in accordance with your contract and complying with the following:

General Insurance Provisions:

All Insurance Companies providing insurance must have a minimum AM Best rating of “A- VIII” and be licensed to transact business in the state for which the work is being performed.

Commercial General Liability Insurance:

-Policy must be issued on an “Occurrence” basis. “Claims –Made” or “Modified Occurrence” policy forms will not be accepted.

-Coverage must be provided to include at a minimum, (a) bodily injury and property damage liability, (b) broad form property damage, (c) blanket contractual liability, (d) premises/operations coverage, (e) personal and advertising injury, (f) independent contractors and (g) products/completed operations.

-Minimum coverage limits are

General Aggregate	\$2,000,000
Products-Completed Ops Agg.	\$2,000,000
Personal and Adv. Injury	\$1,000,000
Each Occurrence	\$1,000,000

-Policy must provide at least 30 days written notice of cancellation/material change to certificate holder.

-Additional Insured status must be provided using ISO form CG 2010 0704 (ongoing operations) supplemented with CG 2037 0704 (completed operations) or their equivalent with the specific form number evidenced on the certificate of insurance. Note: Only the CG 2010 0704 is required if insured is providing professional services (i.e. architect or engineer).

-Insurance must also provide “primary and non-contributory” status to the additional insured.

Automobile Liability Insurance

-Coverage to include a combined single limit of \$1,000,000 covering all owned, non-owned and hired vehicles.

Workers' Compensation and Employers Liability

-Coverage must be provided on a statutory basis for the state in which the work is being performed.

-Coverage for employer's liability shall be provided with limits as follows:

- \$1,000,000 each accident
- \$1,000,000 disease-policy limit
- \$1,000,000 disease-each employee

Professional/Errors and Omissions Liability:

-Only required where insured is architect, engineer or other professional consultant as determined by Bingham Construction.

-Minimum Coverage Limits provided as follows:

- \$1,000,000 Each Incident
- \$1,000,000 Aggregate

-Any retroactive dates shall be prior to start of any work.

Contractor, subcontractor or vendor acknowledges that it can and will comply with these insurance requirements

Signature _____ **Date:** _____

Print Name: _____ **Title:** _____

Company Name: _____

Please send completed prequalification forms to administrator@bingham-construction.com.

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