



Re: **Subcontractor Introduction**

Dear Subcontractor:

Miller Construction Company is interested in developing relationships with qualified subcontractors to work primarily in Office/Industrial, Healthcare, College and University, and other commercial work in the tri-county area. Our most common project size is between 2 Million and 30 Million dollars. Over 90% of our work is negotiated with Owners.

Please see the attached “Requirements for Certificate of Insurance” document for Miller Construction Company’s insurance requirements: A Certificate of Insurance will only be required if your company is awarded a project.

Miller Construction Company requires that the subcontractors working for us provide original releases through the same period as their requisition. We cannot issue a paycheck for work in place until an original release is provided showing payment to the vendors you work with.

If you are interested in being put on our bidders list please fill out the attached information checklist as well as build a FREE company profile (Qual-Port) to showcase your qualifications. Visit jobsite123.com to start your Qual-Port now!

If you should have any further questions, please contact me directly at (954) 764-6550.

Sincerely,

PreConstruction Services
Miller Construction Company

Enclosures

Information Checklist

(Please type or print information neatly)

Legal Information	
Full Company Legal Name:	<input style="width: 100%;" type="text"/>
Company Address:	<input style="width: 100%;" type="text"/>
Company Phone Number:	<input style="width: 150px;" type="text"/> Company Fax Number: <input style="width: 150px;" type="text"/>
Year Company Established:	<input style="width: 150px;" type="text"/> Federal Tax ID: <input style="width: 150px;" type="text"/>
Company Type (i.e. corporation, partnership or sole proprietorship?):	<input style="width: 100%;" type="text"/>
Names of company officers, principals, partners, or owners:	<input style="width: 100%;" type="text"/>
Web Address:	<input style="width: 100%;" type="text"/>
*Jobsite 123 Qual-Port Address:	<input style="width: 100%;" type="text"/>
*We encourage you to build a FREE company profile (Qual-Port) to showcase your qualifications. Visit jobsite123.com to start your Free Qual-Port now!	

Contact Information	
Please enter the information for the person responsible for receiving all bid invitations, plans, specifications & addenda below:	
Full Name:	<input style="width: 100%;" type="text"/>
Title:	<input style="width: 100%;" type="text"/>
Phone (if different):	<input style="width: 150px;" type="text"/> Fax (if different): <input style="width: 150px;" type="text"/>
Email Address:	<input style="width: 100%;" type="text"/>

Licensing, Bonding & Insurance	
Is the company a(n):	MBE? <input type="checkbox"/> WBE? <input type="checkbox"/> (If yes, please submit a copy of the certification)
Bonding Agent:	<input style="width: 100%;" type="text"/>
Bonding Co. Contact:	<input style="width: 150px;" type="text"/> Bonding Co. Phone: <input style="width: 150px;" type="text"/>
Bonding Capacities:	Per Project: \$ <input style="width: 150px;" type="text"/> Aggregate: \$ <input style="width: 150px;" type="text"/>
Please list Certificate of Competency (CC), Occupational License, and/or State License Numbers:	<input style="width: 100%;" type="text"/>
(Please submit Copies)	

Work History	
Is the company involved in any pending litigation?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> (If Yes, please submit explanation)
Company's avg annual volume:	\$ <input style="width: 150px;" type="text"/> Company's avg project size: \$ <input style="width: 150px;" type="text"/>
In which of the following County(ies) does the company perform work ?	<input type="checkbox"/> Broward <input type="checkbox"/> Charlotte <input type="checkbox"/> Collier <input type="checkbox"/> Dade <input type="checkbox"/> Lee <input type="checkbox"/> Manatee <input type="checkbox"/> Martin <input type="checkbox"/> Monroe <input type="checkbox"/> Palm Bch <input type="checkbox"/> Sarasota <input type="checkbox"/> St. Lucie
In which of the following Sector(s) does the company perform work?	<input type="checkbox"/> Commercial <input type="checkbox"/> Tenant Interiors <input type="checkbox"/> Healthcare <input type="checkbox"/> Education Other: <input style="width: 150px;" type="text"/>
What Scope of Work does the company perform?	<input style="width: 100%;" type="text"/>

Information Checklist

(Please type or print information neatly)

References			
Please list up to six (6) trade associations of which the company or any employee is a member:	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>		
Please list three (3) current or recently completed significant projects:			
Project # 1			
Project Name:	<input style="width: 100%; height: 20px;" type="text"/>		
General Contractor:	<input style="width: 60%; height: 20px;" type="text"/>	Contract Amount:	\$ <input style="width: 30%; height: 20px;" type="text"/>
GC Contact's Name:	<input style="width: 40%; height: 20px;" type="text"/>	GC Contact's Phone Number:	<input style="width: 50%; height: 20px;" type="text"/>
Please briefly describe the project in the space provided below:			
<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>			
Project # 2			
Project Name:	<input style="width: 100%; height: 20px;" type="text"/>		
General Contractor:	<input style="width: 60%; height: 20px;" type="text"/>	Contract Amount:	\$ <input style="width: 30%; height: 20px;" type="text"/>
GC Contact's Name:	<input style="width: 40%; height: 20px;" type="text"/>	GC Contact's Phone Number:	<input style="width: 50%; height: 20px;" type="text"/>
Please briefly describe the project in the space provided below:			
<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>			
Project # 3			
Project Name:	<input style="width: 100%; height: 20px;" type="text"/>		
General Contractor:	<input style="width: 60%; height: 20px;" type="text"/>	Contract Amount:	\$ <input style="width: 30%; height: 20px;" type="text"/>
GC Contact's Name:	<input style="width: 40%; height: 20px;" type="text"/>	GC Contact's Phone Number:	<input style="width: 50%; height: 20px;" type="text"/>
Please briefly describe the project in the space provided below:			
<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>			
Please list three (3) of your company's vendors/suppliers:			
	Vendor/Supplier #1	Vendor/Supplier #2	Vendor/Supplier #3
Company Name:	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Company Contact's Name:	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Phone Number:	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>



Insurance and Indemnity Requirements

I. Insurance

Attached is a form entitled Request for Certificate of Insurance. In order to expedite Contractor's receipt of Subcontractor's correct insurance certificate, Subcontractor shall immediately submit this Exhibit "E" including the Request for Certificate of Insurance form and the attached sample insurance certificate to its insurance carrier. Subcontractor shall satisfy the following insurance requirements for this Project:

GENERAL LIABILITY

Subcontractor shall carry standard ISO General Liability coverage, written on an occurrence basis – including Completed Operations. The coverage must be endorsed to name Miller Construction Company as an "additional insured" (Form CG2010 11/85 or equivalent – meaning the additional insured coverage form to include work in progress – i.e. ongoing operations and completed work – i.e. Completed Operations) and include the Owner, Architect and others as "additional insureds" as required in the Subcontract Documents. The "Additional Insured" form shall state that this insurance shall be primary and non-contributory to any insurance of the certificate holder. Copy of the additional insured endorsement form is to be attached to the Certificate of Insurance. Subcontractor and its insurer waive all rights against Contractor and its liability and Worker's Compensation insurers, for damages caused by Subcontractor or arising out of the Work. This waiver of subrogation shall be effective as to all persons or entities even though that person or entity would otherwise have a duty of indemnification, contractual or otherwise, did not pay his or its insurance premium, and whether or not the person or entity has an insurable interest in the person or property damaged.

The GL shall include such coverage, but not limited to, premises/operations, employees as insureds, explosion, collapse and underground (XCU), broad form contractual (including personal injury), products/completed operations, independent contractors, broad form property damage and personal injury. The CGL must be written on occurrence basis, with minimum limits of:

Each Occurrence	\$1,000,000
General Aggregate – Per Project	\$2,000,000
Products and Completed Operations Aggregate	\$2,000,000
Personal/Advertising Injury	\$1,000,000
Fire Damage	\$100,000
Medical Payments	\$10,000

COMPREHENSIVE AUTOMOBILE LIABILITY on occurrence basis covering all Owner, Non-Owned and Hired Vehicles for limits of liability equal to \$500,000 Combined Single Limit.

WORKER'S COMPENSATION including Occupations Disease insurance meeting the statutory requirements of the State in which work is to be performed together with a Broad Form All States Endorsement and containing **Employer's Liability** insurance in an amount of at least \$100,000 Each Accident / \$500,000 Disease – Policy Limit / \$100,000 Disease – Each Employee. Workers Compensation shall waive the rights of subrogation in favor of all additional insureds.

UMBRELLA LIABILITY and/or EXCESS LIABILITY with coverage at least as broad as the underlying policies. The per occurrence and aggregate limits shall be \$1,000,000.

A certificate of insurance form must be filed with Miller Construction Company prior to the commencement of any work and must state coverage will not be altered, cancelled, not renewed, restrictive modifications added or allowed to expire without at least thirty (30) days written notice by certified mail to Miller Construction Company by the insurance company. If any of the above coverages are subject to or are in excess of any deductibles or self-retention, these amounts must be stated on the certificate, and said deductibles and self-retention will be the sole responsibility of Subcontractor.

It is understood and agreed that the insurance coverage and limits, required above, shall not limit the extent of Subcontractor's responsibilities and liabilities specified within Subcontract Documents or by law.

Equivalent insurance coverage must be obtained from each of Subcontractor's sub-subcontractors and suppliers, if any, before permitting them on the site of the project. Otherwise, such insurance for sub-subcontractors and suppliers must be included within Subcontractor's insurance policies.

If Subcontractor has "leased employees" through a Professional Employment Organization (PEO), Subcontractor must submit an insurance certificate listing the PEO as the Insured. In addition, only employees of the PEO are permitted on the job site. A list of authorized PEO employees assigned to this project must be submitted along with the certificate of Insurance. Subcontractor shall permit no PEO employees other than those named on such list onto the job site.

II. Indemnity

The parties intend for this Subcontract to comply with the provisions of Florida Statute Section 725.06 or other applicable provision. Accordingly, the parties agree to a monetary limitation on Subcontractor's indemnification obligation hereunder in the amount per occurrence of (a) the Subcontract Amount or (b) \$1,000,000.00 whichever is greater. The parties further agree that such monetary limitation bears a reasonable commercial relationship to the Subcontract and is part of the project specifications or bid documents, if any (Note: This should be a fill-in amount with the value assessed per job).

EXHIBIT "E"

**Request for Certificate of Insurance
For To Company Name (your insured)
Requested by Miller Construction Company**

The following are Project Specific insurance requirements from your insured's contract. Please note that the limits and the additional insured's will change for each project.

LIMITS:

General Liability

- Each Occurrence **\$2,000,000.00**

Umbrella – Excess Liability

- Each Occurrence **\$1,000,000.00**

Auto Liability

- Each Occurrence **\$500,000.00**
- Coverage must state "Any Auto"

Worker Compensation or Employers Liability

- Statutory Limits \$100,000/\$500,000/\$100,000

Additional Insured/s are:

General Contractor:

Miller Construction Company

Owner:

Owner's Name

Project Name:

Project Name

Certificate Holder:

Miller Construction Company
614 South Federal Highway
Fort Lauderdale, FL 33301

NOTE: If your firm has "leased employees" through a Professional Employment Organization (PEO), you must submit an insurance certificate listing the PEO as the Insured. In addition, only employees of the PEO are permitted on the job site. A list of authorized PEO employees assigned to this project must be submitted along with the certificate of Insurance.

SEND ORIGINAL CERTIFICATE TO:

Miller Construction Company
Attn: Insurance Administrator
614 South Federal Highway
Ft. Lauderdale, FL 33301

SEND FAX COPY OF CERTIFICATE TO:

(954) 764-5418

ADDRESS QUESTIONS TO:

Insurance Administrator (954) 764-6550

Insurer, please obtain this information from your insured; all other requirements are standard for all projects. Item 1-11 below define the requirements for the completion of the certificate of insurance. See an example certificate of insurance on the following page with corresponding items 1-11.

1. Subcontractor's name and address must match precisely as it appears on the Subcontract Agreement.
2. "Occurrence" box must be checked for General Liability.
3. Limits apply per project must be stated.
4. "Any Auto" is required.
5. All policies must have a policy number or and agency binder number.
6. Verify the certificate holder and address matches the Subcontract Agreement. (See above for certificate holder.)
7. Certificate must be signed.
8. The project name must be on the certificate and must match the Subcontract Agreement. (See above for project name.)
9. Primary wording for general liability and auto liability must be stated on the certificate. Example of acceptable terminology is, "The insurance evidenced by the certificate shall be primary and non contributory to any insurance of the certificate holder."
10. Certificate must state additional insured's are for General Liability and Auto Liability as per Form CG2010 (11/85) or its equivalent.
11. Waiver of subrogation for workers compensation in favor of the certificate holder must be stated. (If a renewal certificate form is used which has a disclaimer as part of the certificate, you must provide the Waiver of Subrogation Endorsement Form showing the current policy number) or a letter confirming it has been added.

ACORD™	CERTIFICATE OF INSURANCE	ISSUE DATE (MM/DD/YY)
PRODUCER	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.	
	COMPANIES AFFORDING COVERAGE	
	COMPANY LETTER	A
	COMPANY LETTER	B
	COMPANY LETTER	C
INSURED	COMPANY LETTER	D
	COMPANY LETTER	E
	COMPANY LETTER	E
ITEM #1		

COVERAGES

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS (IN THOUSANDS)
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. ITEM #2 <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT. **LIMITS APPLY PER PROJECT ITEM #3				GENERAL AGGREGATE PRODUCTS-COMP/OP AFF. PERSONAL & ADV. INJURY EACH OCCURRENCE FIRE DAMAGE (Any one fire) MED. EXPENSE (Any one person)
	AUTOMOBILE LIABILITY ITEM #4 <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY				COMBINED SINGLE LIMIT BODILY INJURY (Per Person) BODILY INJURY (Per Accident) PROPERTY DAMAGE
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE AGGREGATE
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY ITEM #5				<input checked="" type="checkbox"/> STATUTORY LIMITS EACH ACCIDENT DISEASE - POLICY LIMIT DISEASE - EACH EMPLOYEE
	OTHER				

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

PROJECT NAME: ITEM #8

The insurance evidenced by this certificate shall be primary and non-contributory to any other insurance of the certificate holder and shall name certificate holder and project owner as an additional insured on the General Liability and Automobile Liability. Additional Insureds are: _____ **ITEMS #9, #10, AND #11**

Worker's Compensation and Employers' Liability shall contain a Waiver of Subrogation in favor of the certificate holder.

CANCELLATION

CERTIFICATE HOLDER <p style="text-align:center;">ITEM #6</p>	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 DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE ITEM #7 X _____
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