



RENOVATION

401 Office Plaza Drive, Tallahassee, FL 32301 (850) 386-6383 CGC1515431

Subcontractor Prequalification Form

OliverSperry Renovation requires all vendors/subcontractors to provide current business and insurance information prior to doing business.

Company Information		
Company Name:		
Address:		
City:	State:	ZIP Code:
Type of Work:	License #:	
Principal Contact:		Title:
Phone:	Fax:	Mobile:
Email:		
MWBE Company?		MWBE Classification:

Billing Information		
Principal Contact:		
Email:		
Address:		
City:	State:	ZIP Code:

Claims History
Has any claim been filed in court or arbitration against your organization concerning your work on a construction project?
Has any claim been filed in court or arbitration by your organization against a contractor?

References (Please provide three)	
Job Name:	Project Owner:
Location:	Contract Value:
General Contractor:	
Contact Name:	Title:
Phone Number:	Email:
Job Name:	Project Owner:
Location:	Contract Value:
General Contractor:	
Contact Name:	Title:
Phone Number:	Email:
Job Name:	Project Owner:
Location:	Contract Value:
General Contractor:	
Contact Name:	Title:
Phone Number:	Email:

Notice of Insurance Requirements

The subcontractor and its subcontractors shall each, at their own expense, purchase and maintain during the life of the subcontract, insurance of the type and amount not less than listed in subcontract, architect/engineer's general conditions, supplementary general conditions, special and other conditions, or requirement by law and or as listed below:

- ❖ General Liability \$1,000,000.00
- ❖ Workers Compensation \$500,000.00
- ❖ Auto Liability \$1,000,000.00

Insurance Information
Does your organization meet OliverSperry Renovation's insurance requirements? (See page 2 for details.)
YES
NO (If not, provide a sample copy of your current insurance certificate)
In the last five years, has any insurance carrier, for any form of insurance, refused to renew the insurance policy for your firm?
YES (If yes, explain on a separate signed page)
NO

Please make sure you have completed and attached the following documents:

- Copy of current Business and/or Contractor License
- W-9 Taxpayer Identification Number and Certification
- Certificate of Insurance with OliverSperry listed as Certificate Holder

The undersign declares under penalty of perjury that all the information submitted with this form is true and correct.

Signature: _____

Please Print or Type Name: _____

Title: _____

Date: _____

**Return this completed form along with all required documents via email to:
Liz Tramonte ltramonte@oliversperryrenovation.com**

OliverSperry Renovation is the leader in quality commercial renovation providing exceptional workmanship, extraordinary service and professional integrity through proactive commitment by our Team to exceed our clients' expectations.