



Dear Future Subcontractors/Vendors:

Thanks for your interest in joining our team of trusted building construction partners. Please submit the following materials to earn pre-qualification status with our team--this process speeds up our ability to work with your firm on multiple construction projects.

Our Vendor Pre-qualification Process consists of the following:

- Oelrich Construction Vendor Pre-qualification Application
- Copy of firm's current Occupational or State License
- Oelrich Construction Vendor Diversity Reporting Form
- Proof of Insurance (ACCORD certificates) with equal or greater coverage:
  - General Liability..... \$1,000,000
  - Worker's Compensation..... \$1,000,000
  - Automobile..... \$1,000,000
  - Umbrella Liability Coverage ..... \$1,000,000

Please complete these documents and email them to:  
Estimator/BIM Coordinator Rustam Burangulov at [rustam@oelrichconstruction.com](mailto:rustam@oelrichconstruction.com)

Don't hesitate to call us at 352-745-7877 if you have any questions. We are an equal opportunity employer and welcome the opportunity to work with new, diverse firms.

Thank you for your time and attention. We look forward to working with you!

Best Regards,

Ivan Oelrich, President  
Oelrich Construction, Inc.

275 NW 137th Drive  
Suite A  
Jonesville, Florida 32669

[oelrichconstruction.com](http://oelrichconstruction.com)

352-745-7877

CGC1510579

# VENDOR PRE-QUALIFICATION APPLICATION



## FIRM CONTACT INFORMATION

Legal Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip-code: \_\_\_\_\_

Website Address: \_\_\_\_\_

Federal Tax ID (FEIN#): \_\_\_\_\_ Years in Business Under Present Name: \_\_\_\_\_

Year Company Founded: \_\_\_\_\_

Type of Company:     Corporation         Partnership         Joint Venture         Individual

Type of Business:     Subcontractor     Vendor                 Supplier                 Consultant

## SERVICE OFFERINGS

CSI Master Trade Divisions or Services: \_\_\_\_\_

Years of Experience Performing Work Specialty: \_\_\_\_\_ Geographic Service Area: \_\_\_\_\_

Contractor License Number (attach copy): \_\_\_\_\_

## TEAM RESOURCES

Percent of Work Performed by Own Forces \_\_\_\_\_ Total number of permanent employees \_\_\_\_\_

Includes: \_\_\_\_\_ Office Staff \_\_\_\_\_ Field Personnel

## PROFESSIONAL REFERENCES

List two General Contractors, Construction Managers or Design Builders that your company has worked for during the past three years.

1.) Firm Name: \_\_\_\_\_

Contact Name/Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ City/State: \_\_\_\_\_

2.) Firm Name: \_\_\_\_\_

Contact Name/Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ City/State: \_\_\_\_\_

# VENDOR PRE-QUALIFICATION APPLICATION



## SAFETY

Does your firm have a written safety program? Yes  No  What is your current Workmen's Compensation Experience Modification Rate (EMR)? \_\_\_\_\_  
Has your firm been cited for a serious OSHA violation over the past three years? Yes  No   
If yes, please provide more information: \_\_\_\_\_  
\_\_\_\_\_

## FINANCIALS, INSURANCE, AND BONDING

Please attach a copy of your firm's Certificate of Insurance  
Work Now Under Contract \$ \_\_\_\_\_ Work in Place Last Year \$ \_\_\_\_\_  
Value of Work Presently Bonded \$ \_\_\_\_\_

Bonding Surety: \_\_\_\_\_ Bonding Agent: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
Bank Name: \_\_\_\_\_ Location: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

## WORK EXPERIENCE

List two of your firm's most significant projects, completed within the past 24 months.

1.) Project Name: \_\_\_\_\_  
Owner: \_\_\_\_\_  
City/State/Zip-code: \_\_\_\_\_ Contract Amount: \_\_\_\_\_  
General Contractor/Construction Manager: \_\_\_\_\_

Architect or Engineer: \_\_\_\_\_ Completion Date: \_\_\_\_\_

2.) Project Name: \_\_\_\_\_  
Owner: \_\_\_\_\_  
City/State/Zip-code: \_\_\_\_\_ Contract Amount: \_\_\_\_\_  
General Contractor/Construction Manager: \_\_\_\_\_

Architect or Engineer: \_\_\_\_\_ Completion Date: \_\_\_\_\_

## LITIGATION

Has your firm ever failed to complete a contract; been involved in bankruptcy or reorganization; had pending judgment claims or suits against it; or been assessed liquidated damages on any project?  
Yes  No

If your firm answered yes to any of the preceding questions, please submit details on a separate sheet

### Verification Signature

I hereby certify that the above information is true and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Name/Title: \_\_\_\_\_

# STANDARD OELRICH INSURANCE REQUIREMENTS


1. Liability insurance shall include all major divisions of coverage and be on a comprehensive general liability basis including premises-operations (including X-C-U), independent contractor's protective, products and completed operations, blanket contractual, owned, non-owned, and hired motor vehicles and broad form coverage for property damage (including X-C-U). Coverage shall be maintained without interruption from the date of commencement until the date of final payment.
2. Certificates of insurance, as described, must be provided to Oelrich Construction, Inc. along with your signed subcontract prior to your company commencing any work or services for Oelrich Construction, Inc.
3. The insurance required by paragraphs 1 and 2 above shall not be written for any less than the limits of liability specified in the Contract Documents, requirements of applicable law, or as scheduled below, whichever is the greater.
  - a. Workers' Compensation:
    - i. Workers' Compensation and Employer's Liability coverage is required at the limits of \$1,000,000.00 each accident, \$1,000,000.00 Disease/Policy limit, and \$1,000,000.00 Disease each employee.
  - b. Comprehensive General Liability (including Premises Operations, Products and Completed Operations, Broad Form Property Damage): Owner's/Contractor's Protective Liability.
    - i. Bodily Injury: each occurrence - \$1,000,000.00 per project; aggregate \$2,000,000.00.
    - ii. Property Damage: each occurrence - \$1,000,000.00 per project; aggregate \$2,000,000.00.
    - iii. Personal and Advertising Injury - \$1,000,000 each occurrence.
    - iv. Products and Completed Operations - \$2,000,000.00 each aggregate. Products and Completed Operations to be maintained for two (2) years after final payment.
    - v. Coverage for X-C-U Exposures where such exposures are present.
  - c. Contractual Liability:
    - i. Bodily Injury: each occurrence - \$1,000,000.00.
    - ii. Property Damage: each occurrence - \$1,000,000.00.
    - iii. Per Project Aggregate: - \$1,000,000.00.
  - d. Excess Umbrella Liability:
    - i. \$1,000,000 each occurrence; \$1,000,000 aggregate.
  - e. Comprehensive Automobile Liability:
    - i. Bodily Injury: each person \$500,000.00 each occurrence \$500,000.00
    - ii. Hired and Non-Owned: each person \$500,000.00 each occurrence \$500,000.00.

The Certificate of Insurance shall clearly state the following:

- Oelrich Construction, Inc. and owners are listed as additional insured with respect to the general liability policy including completed operations
  - Waiver of Subrogation is in favor of Oelrich Construction, Inc. with respects to the General Liability policy.
  - Policies are Primary & Non-Contributory for all claims arising from insured's work.
  - Per Project aggregate applies to the General Liability policy.
  - Must reference specific project by name.
4. Insurance requirements and costs are not negotiable after bids are submitted.

# INSURANCE REQUIREMENTS

Sample Accord Form

		<b>CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY)			
<p><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></p> <p><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></p>							
PRODUCER		CONTACT NAME: PHONE (A/C. No. Ext): _____ FAX (A/C. No): _____ E-MAIL ADDRESS: _____ ADDRESS: _____					
INSURED		INSURER(S) AFFORDING COVERAGE		NAIC #			
		INSURER A :					
		INSURER B :					
		INSURER C :					
		INSURER D :					
		INSURER E :					
		INSURER F :					
<b>COVERAGES</b>		<b>CERTIFICATE NUMBER:</b>		<b>REVISION NUMBER:</b>			
<p>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.</p>							
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR PRV	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
	<input checked="" type="checkbox"/> <b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> CLAIMS-MADE <input checked="" type="checkbox"/> <b>OCCUR</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADY INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GENL AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/>						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____
	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> <input checked="" type="checkbox"/> <b>NON-OWNED AUTOS</b> <input checked="" type="checkbox"/> <b>NON-OWNED AUTOS</b>						EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> <b>OCCUR</b> <input checked="" type="checkbox"/> <b>NON-CONTRIB</b> CLAIMS-MADE <input checked="" type="checkbox"/> <b>DED</b> RETENTION \$ _____						WC STATL TORY LIMITS <input type="checkbox"/> OTH ER <input type="checkbox"/> EL EACH ACCIDENT \$ 1,000,000 EL NONCONTRIB - PA FMP/OPVR \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000
	<input type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICEMEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PLEASE NOTE: If you do not meet or exceed all specified amounts above, you will be required to re-submit with proper coverage.
	PLEASE NOTE: If you do not meet or exceed all specified Coverage above, you will be required to re-submit with proper coverage.						PLEASE NOTE: If you do not meet or exceed all specified amounts above, you will be required to re-submit with proper coverage.
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)							
<ul style="list-style-type: none"> <li>-Oelrich Project Name &amp; OCI Project Number</li> <li>-Oelrich Construction, Inc, and project owner(s) are listed as additional insured with respect to the general liability policy including completed operations.</li> <li>-Subrogation is in favor of Oelrich Construction, Inc, with respects to the General Liability policy.</li> <li>-The General Liability Policy is Primary &amp; Non-Contributory for all claims arising from insured's work.</li> <li>- Per Project aggregate applies to the general liability policy.</li> </ul> <p style="border: 1px solid red; padding: 2px;">Please Note: if you do not attach ALL verbiage required above, you will be required to re-submit with proper verbiage</p>							
<b>CERTIFICATE HOLDER</b>				<b>CANCELLATION</b>			
Oelrich Construction, Inc. 275 NW 137th Drive, Suite A Jonesville, FL 32669				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE			
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