

**SUBCONTRACTOR QUALIFICATION FORM**

(NOTE: Please use attached sheet if needed)

**GB NANNISTO INC**

14982 North 83<sup>rd</sup> Place, Suite 200  
Scottsdale, Arizona 85260

Office: (480) 998-3030  
Fax: (480) 951-9210  
Email: [inbox@gbmannisto.com](mailto:inbox@gbmannisto.com)

COMPANY NAME: \_\_\_\_\_ DATE SUBMITTED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ FAX: \_\_\_\_\_

BANK REFERENCE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CONTACT: \_\_\_\_\_

BONDING COMPANY: \_\_\_\_\_ PRINCIPAL: \_\_\_\_\_

BONDING LIMITS: \_\_\_\_\_ YEARS IN BUSINESS: \_\_\_\_\_

INSURANCE AGENT: \_\_\_\_\_ # of CURRENT EMPLOYEES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ UNION AFFILIATION: \_\_\_\_\_

CAN YOU COMPLY WITH THE ATTACHED INSURANCE REQUIREMENTS: \_\_\_\_\_

GEOGRAPHICAL AREAS WORKED: \_\_\_\_\_ TRADE (S) – LICENSE # (if APPLICABLE): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CURRENT WORK UNDER CONTRACT**

<u>PROJECT NAME</u>	<u>LOCATION</u>	<u>GENERAL CONTRACTORS CONTACT</u>	<u>G.C'S PHONE #</u>
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____

**COMMERCIAL WORK RECENTLY COMPLETED (LAST 3 YEARS)**

<u>PROJECT NAME</u>	<u>LOCATION</u>	<u>GENERAL CONTRACTORS CONTACT</u>	<u>G.C'S PHONE #</u>
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

**RESTAURANT WORK RECENTLY COMPLETED (LAST 3 YEARS)**

<u>PROJECT NAME</u>	<u>LOCATION</u>	<u>GENERAL CONTRACTORS CONTACT</u>	<u>G.C'S PHONE #</u>
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____

**OWNER AND/OR GENERAL CONTRACTOR REFERENCES**

<u>COMPANY</u>	<u>ADDRESS &amp; PHONE NUMBER</u>	<u>CONTACT</u>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

**PRINCIPAL SUPPLIERS (WITH ADDRESS AND PHONE NUMBERS)**

1) _____
2) _____
3) _____
4) _____

**NOTE:** IF YOU PUBLISH A FINANCIAL STATEMENT, PLEASE FORWARD A COPY FOR OUR REVIEW, WHICH WILL IN TURN ASSIST US IN DETERMINING YOUR CONTRACT LIMITS. THIS INFORMATION WILL BE HELD IN STRICT CONFIDENCE.

\_\_\_\_\_  
PREPARER'S SIGNATURE TITLE DATE

**SUBCONTRACTOR QUALIFICATION FORM – Page 2**

**INSURANCE REQUIREMENTS**

1. Statutory Workers Compensation and Employers Liability
  - \$100,000 Each Accident
  - \$100,000 Disease, Each Employee
  - \$500,000 Disease Policy Limit
2. General Liability Insurance of which shall be on an occurrence basis on either an ISO'73 comprehensive general liability form or an ISO'96 commercial general liability form including:
  - A. Premises/Operations, Liability and shall not exclude explosion, collapse of underground damage coverage.
  - B. Independent Contractor Liability.
  - C. Products Liability/Completed Operations Liability.
  - D. Broad Form Property Damage (if '73 comprehensive general liability form).
    - General Liability Limits:**
    - General Aggregate (other than
      - Products-Completed Operations)      \$2,000,000 Per Project Location
      - Products-Completed Operations      \$2,000,000
      - Personal and Advertising injury      \$1,000,000
      - Each Occurrence Limit      \$1,000,000
3. Business Auto Liability
  - Owned, Non-Owned and Hired
    - Auto Liability      \$1,000,000
4. Excess Liability
  - \$1,000,000 / Occurrence
  - \$1,000,000 / Aggregate