



**Subj: Prequalification Application**

Dear Future Team Member:

On behalf of the Sussex Development Team, thank you for your interest in doing business with us. We look forward to learning more about your company.

Sussex Development built a reputation in the Mid-Atlantic Region, as a quality focused, reputable General Contractor. Our focus is to provide our clients with the best product, on time and within their budget. We are committed to exceptional customer service. These expectations funnel down to each company we engage. In turn, we derive nearly 90% of our business from repeat clients and referrals.

To help us maintain our standards of excellence, every subcontractor or vendor we add to our *Master Bid List* is asked to complete a *Prequalification Application* and submit a few additional pieces of documentation. Each application is reviewed by our Management Staff, and you will be contacted you with questions, or to let you know that your application has been accepted. This process can take a few weeks to complete.

Please take a few moments to complete and return the attached Prequalification Application. We foster open communications. Our standard requirements may not be needed for all projects or trades. If you have questions or concerns about any item – please reach out to us directly to discuss.

I look forward to hearing from you soon.

Best regards,

A handwritten signature in cursive script that reads "Victoria Birckbichler".

Victoria Birckbichler  
Preconstruction Manager

Attachment

THANK YOU FOR YOUR INTEREST IN DOING BUSINESS WITH SUSSEX DEVELOPMENT. SO THAT WE MAY GET TO KNOW YOU BETTER, PLEASE COMPLETE THE FOLLOWING AND RETURN THE COMPLETED DOCUMENT ALONG WITH THE REQUESTED ATTACHMENTS TO: [ESTIMATOR@SUSSEXDEVELOPMENT.COM](mailto:ESTIMATOR@SUSSEXDEVELOPMENT.COM).

**COMPANY INFORMATION**

Company Name: \_\_\_\_\_  
Former Name \_\_\_\_\_  
Owner/President Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Website: \_\_\_\_\_  
Main Telephone: \_\_\_\_\_ Main Fax: \_\_\_\_\_  
Estimating Contact: \_\_\_\_\_  
Estimating Cell Phone: \_\_\_\_\_  
Estimating Email: \_\_\_\_\_  
Area(s) Served: \_\_\_\_\_  
List your trades: \_\_\_\_\_

If you have branch locations or sister companies, who serve other areas in the Mid-Atlantic Region, please attach their bid contact and areas served information.

What is your company structure? \_\_\_\_\_  
When were you founded? \_\_\_\_\_  
How many workers do you employ? \_\_\_\_\_  
What is your typical project type? \_\_\_\_\_  
What is your typical project value? \_\_\_\_\_

**EXPERIENCE**

List self-performed work: \_\_\_\_\_  
List contracted work: \_\_\_\_\_

**Please attach a summary of at least three typical projects reflecting the work your company typically performs.** Be sure to include the Project Name, General Contractor overseeing the project, project size, the dollar and description of the work performed.

**LICENSES**

Sussex Development acts in strict accordance with Commonwealth of Virginia DOLI and VOSH requirements and only allows Virginia Licensed Class A, B or C Contractors on our job sites. This requirement extends to ALL subcontractors and tier contractors. **Please attach a copy of your Contractor's License to this application.**

**BONDING**

Are you bondable? \_\_\_\_\_  
List your per project / aggregate limits: \_\_\_\_\_  
Bonding company name: \_\_\_\_\_  
Contact name & telephone number: \_\_\_\_\_  
Contact email: \_\_\_\_\_

**INSURANCE**

Sussex Development strives to protect all parties by requiring subcontractors maintain industry standard minimum insurance coverages. Attached you will find a copy of our standard Subcontract Agreement Insurance Requirements.

Is your company capable of meeting the listed limits?  Yes  No

NOTE: Not having all our insurance requirements does not necessarily mean you can never work with Sussex. We will review exceptions on a case by case basis. **Provide a Certificate of Insurance listing Sussex Development Corporation as additional insured with this application.**

**FINANCIAL**

Indicate your company's projected revenue for the current year: \_\_\_\_\_  
 Indicate your company's revenue for the previous year: \_\_\_\_\_  
 Indicate your company's current backlog of work: \_\_\_\_\_  
 Indicate your company's current credit limit: \_\_\_\_\_  
 Indicate the percentage of your credit limit currently in use: \_\_\_\_\_

**CLAIMS AND SUITS**

Has your organization ever failed to complete work awarded to it?  Yes  No

Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers?  Yes  No

(If the answer is "Yes" to any of the above questions, please attach details)

**SAFETY**

Does your company require safety training for its employees?  Yes  No

Does your company employ a safety coordinator?  Yes  No

Indicate your company's Experience Modification Rate for each of the last three years. Your insurance provider can help identify this information if you are unfamiliar with it. Year 1 \_\_\_\_\_  
 Year 2 \_\_\_\_\_  
 Year 3 \_\_\_\_\_

**Please be sure to attach a copy of the following documents to this application:**

1. At least three client references. Include name, company, telephone and email address.
2. At least three project references (see "Experience").
3. Sample Certificate of Insurance listing Sussex Development as Additional Insured
4. A copy of your current State Contractor's License (A, B or C)
5. A copy of your W-9
6. A copy of your current SWAM/MBE, if applicable

**ACKNOWLEDGEMENT**

The undersigned certifies the information provided herein is true and sufficiently complete so as not to be misleading.

Contact Signature: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Owner/President Name: \_\_\_\_\_  
 Date: \_\_\_\_\_

## Subcontractor Insurance Requirements

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The Subcontractor shall purchase and maintain insurance of the following types of coverage and limits of liability:

1. Commercial General Liability  
Commercial General Liability (CGL) with limits of Insurance of not less than \$1,000,000 each occurrence and \$2,000,000 Annual Aggregate.
  - a) If the CGL coverage contains a General Aggregate Limit, such General Aggregate shall apply separately to each project.
  - b) CGL coverage shall be written on ISO Occurrence form CG 00 01 1093 or a substitute form providing equivalent coverage and shall cover liability arising from premises, operation, independent contractors, product-completed operations, and person and advertising injury.
  - c) General Contractor, owner and all other parties required of the General Contractor, shall be included as additional insureds on the CGL, using ISO Additional Insured Endorsement CG 20 10 11 85 **OR** CG 20 (10/93) **AND** CG 20 37 **OR** CG2033 **AND** CG2037 **OR** an endorsement providing **equivalent** coverage to the additional insureds. This insurance for the additional insured shall be as broad as the coverage provided for the named insured subcontractor. It shall apply as Primary and non-contributing insurance before any other insurance or self-insurance, including any deductible, maintained by, or provided to, the additional insured.
  - d) Subcontractor shall maintain CGL coverage for itself and all additional insureds for the duration of the project and maintain Completed Operations coverage for itself and each additional insured for at least until the statute of repose or five (5) years.
2. Commercial Automotive Liability
  - a) Business Auto Liability with limits of at least \$1,000,000 each accident.
  - b) Business Auto coverage must include coverage for liability arising out of all owned, leased, hired and non-owned automobiles.
  - c) General Contractor, Owner and all other parties required of the General Contractor, shall be included as additional insureds on the auto policy.
3. Workers' Compensation and Employer's Liabilities
  - a) Employers Liability Insurance limits of at least \$500,000 each accident for bodily injury by accident and \$500,000 each employee for injury by disease.
  - b) Where applicable, U.S. Longshore and Harborworkers Compensation Act Endorsement shall be attached to the policy.
  - c) Where applicable, the Maritime Coverage Endorsement shall be attached to the policy.
4. Commercial Umbrella
  - a) Umbrella limits must be at least \$5,000,000.
  - b) Umbrella coverage must include as insured all entities that are additional insureds on the CGL.
  - c) Umbrella coverage for such additional insureds shall apply as primary before any other insurance or self-insurance, including any deductible, maintained by, or provided to, the additional insured other than the CGL, Auto Liability and Employers Liability coverages maintained by the Subcontractor.

5. Pollution Liability

Subcontractor shall provide Pollution Liability coverage, with a minimum of \$1,000,000 limit (per project), and include Contractor, any other persons or entities designated by Contractor, their respective successors and assigns, and Contractor's indemnities as additional insured, if the Services include sampling, testing or otherwise evaluating hazardous materials or substances, including abatement, transportation and disposal and/or Subcontractor brings hazardous materials or substances to the site. Subcontractor shall require pollution liability insurance coverage from all applicable remediation subcontractors. Coverage must be maintained without interruption from date of commencement of the Work until five (5) years following the date of final payment.

6. Waiver of Subrogation

Subcontractor waives all rights against Contractor, Owner and Architect and their agents, officers, directors and employees for recovery of damages to the extent these damages are covered by commercial general liability, commercial umbrella liability, business auto liability or workers compensation and employers liability insurance maintained per requirements stated above. Subcontractor's insurer(s) shall maintain a rating of A minus or better as set by A. M. Best and Company.

7. Certificate and Endorsements

- a) The Subcontractor shall submit a Certificate of Insurance in accordance with the contract document prior to undertaking any work whatsoever and within (10) days after execution of contract. The Certificate of Insurance should include the statement, "Sussex Development as an additional insured for ongoing and completed operations". The policies herein referred to are not cancelable or subject to a reduction of coverage by the Insurer unless Sussex Development Corporation has received 30 days advance written notice by registered or certified mail. If Contractor learns that Subcontractor has no insurance, funds may be withheld by Contractor for payments otherwise due Subcontractor to pay for such insurance, however, Contractor shall be under no obligation to withhold such funds or procure such insurance on behalf of Subcontractor.
  - b) Attached to each Certificate of Insurance shall be a copy of the Additional Insured Endorsement that is part of the Subcontractor's Commercial General Liability Policy. These certificates and the insurance policies required shall contain a provision that coverage afforded under the policies will not be canceled or allowed to expire until at least 30 days prior written notice has been given to the Contractor.
  - c) Please state "Various Projects" under the Description of Operations (this eliminates the need for a separate "per project" certificate).
8. In the event this information is not received, the General Contractor shall be held harmless and without fault as a result of any actions arising out of mishap. Insurance must be maintained and in force during the term of this Subcontract Agreement. Certificate of Insurance must be on file, and current, to receive monthly payments.