

Rudolph Libbe Inc Subcontractor / Vendor Prequalification Instructions

Introduction

The following document provides an outline of information needed to complete the on-line subcontractor/vendor pre-qualification process. Qualifications are based on the information provided, incomplete or inaccurate information will result in a qualification denial.

Guidelines:

- To get started just request a user ID and password at <https://www.rlc.com/QualificationPortal/>
- Documents requested can be uploaded in .zip or .pdf formats only.
- Refer to the attached example documents for formatting of experience and safety information

All information submitted will be used for the qualification and will be kept in the strictest confidence. Any questions about the use of the information can be made to

Brian Zientek, CFO – Phone: 419.726.3266

Mark Hoffman, Safety Director – Phone: 419.725.3265

Liz Cook, Contracts Administrator – Phone: 419.725.3061

Qualification Requested Information

1. Corporate name, mailing address, phone, fax, Federal Tax ID, contact person and email address
2. List the major trades performed by your own forces, or the major items normally purchased if you are a supplier.
3. Structure of the company (S-Corp., C-Corp, Partnership, LLC, etc...), the Date of Incorporation, State of Incorporation, the Presidents name, and the names and addresses of principals.
4. Is the company a qualified:
 - Small Business (SB) Yes___ No___
 - Historically Under-Utilized Business Zone (HUB Zone) Yes___ No___
 - Small Disadvantaged Business (SDB) Yes___ No___
 - Women Owned Small Business (WOSB) Yes___ No___
 - Veteran Owned Business (VOSB) Yes___ No___
 - Service Disabled Veteran Owned Business (SDVOSB) Yes___ No___
 - Minority Business Enterprise (MBE) Yes___ No___
 - Disadvantage Business Enterprise (DBE) Yes___ No___

5. How many years has your organization been in business as a contractor/supplier? How many under its present name? Under what other names has your organization operated?

6. Are you approved through any of the following Contractor Prequalification and Screening Services Programs? Check, if any.

Avetta (formerly PICS) _____
BROWZ _____
ISNetworld _____
PEC Premier _____

7. Primary bank name, address, contact person, and telephone number.

8. Bonding company information including name, agent name, contact information and bonding capacity.

9. Average of last 3 fiscal years billings.

10. Review Schedule A and Certificate of Insurance (Acord) Sample at the end of this document. Provide as an attachment an Accord Form as evidence of general and auto liability and Workers' Compensation insurance. Note additional insured requirement. Provide the agents name and telephone.

11. Is your Company signatory to any labor unions or national maintenance agreements? If so list them.

12. Using the enclosed Subcontractor Reference Form (Project Experience), list 5 major projects that your organization has completed in the past three years.

13. Attach a copy of your last three (3) years audited or reviewed financial statements. These will be kept strictly confidential and reviewed by Rudolph/Libbe Inc's CFO only. After review they will be returned to you or destroyed at your request. These documents are an absolute requirement for your company being considered a qualified bidder to Rudolph Libbe, Inc.

14. Do you have a documented safety program? Do you require documented hazard recognition safety meetings for Field Supervisors, Employees, and New Hires? Do you conduct regular and frequent documented safety inspections?

15. You will be required to provide

- a. A copy of your company safety policy and program.
- b. A copy of your Company's OSHA Form No. 300 and 300a for the past three years. If you do not complete OSHA 30 forms, provide your company's injury experience for the last three years and an explanation why you do not use the OSHA Form No. 300 and 300a.
- c. A letter from your insurance carrier or state fund (on their letterhead (verifying the

EMR rate.)

16. List the highest ranking safety professional in your organization and the percentage of his/her time devoted to safety.

17. Workers Compensation and OSH 300 form data for the last three calendar years:

	20____	20____	20____
Workers' Compensation (Interstate or State) Experience Modification Rate (EMR)			
Man Hours			
Number of OSHA Recordable Cases			
Number of OSHA Lost Time Cases			
Number of OSHA DART Cases			
Number of Fatalities (if any, provide details as an attachment)			

18. If EMR is 1.0 or above, provide the details as an attachment.

19. Did your firm receive any citations from OSHA/EPA or other regulatory agencies in the past three (3) calendar years? If so provide details.

20. Does your firm have any active lawsuits/litigation or any settled lawsuits/litigation in the past three (3) calendar years? If so provide details.

SUBCONTRACTOR'S REFERENCE FORM

RECENT PROJECTS COMPLETED (Within the last 3 years) (Note any Rudolph/Libbe Inc. projects)

Name of Project: _____

Owner: _____

Location: _____

Dollar Value: _____ Year Completed: _____

Description: (e.g. hospital, office, renovations, number of stores, total square footage):

Work Your Firm Performed: _____

Architect: _____

Trade Engineer (if applicable): _____

General Contractor: _____

Name of Project: _____

Owner: _____

Location: _____

Dollar Value: _____ Year Completed: _____

Description: (e.g. hospital, office, renovations, number of stores, total square footage):

Work Your Firm Performed: _____

Architect: _____

Trade Engineer (if applicable): _____

General Contractor: _____

Name of Project: _____

Owner: _____

Location: _____

Dollar Value: _____ Year Completed: _____

Description: (e.g. hospital, office, renovations, number of stores, total square footage):

Work Your Firm Performed: _____

Architect: _____

Trade Engineer (if applicable): _____

General Contractor: _____

Name of Project: _____

Owner: _____

Location: _____

Dollar Value: _____ Year Completed: _____

Description: (e.g. hospital, office, renovations, number of stores, total square footage):

Work Your Firm Performed: _____

Architect: _____

Trade Engineer (if applicable): _____

General Contractor: _____

Name of Project: _____

Owner: _____

Location: _____

Dollar Value: _____ Year Completed: _____

Description: (e.g. hospital, office, renovations, number of stores, total square footage):

Work Your Firm Performed: _____

Architect: _____

Trade Engineer (if applicable): _____

General Contractor: _____

Schedule A **Insurance Requirements**

Name on Certificate must be the same as that shown on Subcontract, no exceptions!!!

A. Limits (all limits required below are annual limits)

1. Commercial General Liability

\$1,000,000.00 Each Occurrence
\$1,000,000.00 Annual Aggregate (on a "per project" basis)
\$1,000,000.00 Products/Completed Operations Aggregate
\$1,000,000.00 Personal Injury

2. Business Automobile

\$1,000,000.00 Combined Single Limit

3. Workers' Compensation

Statutory State Workers' Compensation - Coverage A
and applicable Federal (e.g., Longshoremen & Harbor Workers)

4. Employers' Liability (Stop Gap)

\$1,000,000.00 Per Accident
\$1,000,000.00 Disease – Policy Limits
\$1,000,000.00 Disease – Each Employee

5. Umbrella Liability

\$1,000,000.00 (alternatively, the primary occurrence coverage limits set forth
above can be for limits of \$2,000,000.00)

6. Professional Liability (to the extent licensed engineering or licensed design services are required)

\$1,000,000.00 Per claim/annual aggregate (with an extended reporting
requirement of not less than three (3) years after the date of
Substantial Completion)

B. Other Requirements

1. Commercial General and Umbrella Liability Insurance. Subcontractor shall maintain Commercial General Liability (CGL), and Commercial Umbrella insurance with limits as set forth above. The Umbrella liability coverage shall follow the form of the CGL coverage.

(a) CGL insurance shall be written on ISO occurrence form CG 00 01 10 01 (or a substitute form providing equivalent coverage) and shall cover liability arising from premises, operations, independent contractors, products-completed operations, personal injury and advertising injury and liability assumed under an insured contract (including the tort liability of another assumed in a business contract). The CGL insurance shall include liability coverage for resulting damage to electronic data.

(b) This insurance shall apply as primary and noncontributory insurance with respect to any other insurance or self-insurance programs of Contractor or Owner.

(c) There shall be no endorsement or modification of the CGL insurance limiting the scope of coverage for liability arising from explosion, collapse, or underground property damage.

(d) CGL insurance shall be endorsed to include 30 days written notice of cancellation to the certificate holder. A copy of this endorsement will be attached to the Certificate of Insurance.

2. Continuing Completed Operations Liability Insurance. Subcontractor shall maintain the completed operations coverage for at least three (3) years following final completion of Subcontractor's Work.

3. Business Auto Liability Insurance.

(a) Such insurance shall cover liability arising out of any auto (including owned, hired and non-owned autos).

(b) Business auto coverage shall be written on ISO form CA 00 01, CA 00 05, CA 00 12, CA 00 20, or substitute form providing equivalent liability coverage. If necessary, the policy shall be endorsed to provide contractual liability coverage equivalent to that provided in the 1990 and later editions of CA 00 01 (or a substitute form providing equivalent coverage).

(c) Pollution liability coverage equivalent to that provided under the ISO pollution liability broadened coverage for covered autos endorsement (CA 99 48) shall be provided.

4. General.

(a) All policies shall:

(1) Be written by insurance companies with an A.M. Best Company's rating of not less than "A:IX".

(2) Provide that coverage shall not be suspended, voided, canceled, non-renewed, except after thirty (30) days prior written notice by certified mail, return receipt requested, has been given to Contractor and Owner.

(3) Be endorsed to add Rudolph/Libbe Inc., GEM Inc., Affiliates of Contractor, and Owner, and such other entities as are required by Owner/Contractor agreements as additional insured to all lines of coverage including completed operations, except the workers compensation and professional liability coverages, using ISO additional insured endorsement CG 20 10 11 85 (or a substitute form providing equivalent coverage). A copy of the policy endorsement shall be attached to the certificate.

(4) Be endorsed to provide a waiver of subrogation in favor of Rudolph Libbe Inc., GEM Inc., affiliates of Contractor, and Owner, and such other entities as are required by Owner/Contractor agreements.

(5) Apply separately to each insured and additional insured against whom claim is made or suit is brought, except with respect to the limits of the insurer's liability.

(b) Prior to commencing work, Subcontractor shall deliver to Contractor certificates of insurance (in the form of the revised Acord form attached hereto as Exhibit A) evidencing that the required coverages have been obtained. New certificates shall be supplied annually to evidence the renewal of the required insurance coverages. At Contractor's request, Subcontractor will provide to Contractor a certified copy of any policies required to be maintained by Subcontractor.



SAMPLE CERTIFICATE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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.

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).

PRODUCER INSURED MUST BE THE SAME NAME AS ON THE SUBCONTRACT/PURCHASE CONTRACT	CONTACT NAME: _____ PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A : _____</td> <td>_____</td> </tr> <tr> <td>INSURER B : _____</td> <td>_____</td> </tr> <tr> <td>INSURER C : _____</td> <td>_____</td> </tr> <tr> <td>INSURER D : _____</td> <td>_____</td> </tr> <tr> <td>INSURER E : _____</td> <td>_____</td> </tr> <tr> <td>INSURER F : _____</td> <td>_____</td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : _____	_____	INSURER B : _____	_____	INSURER C : _____	_____	INSURER D : _____	_____	INSURER E : _____	_____	INSURER F : _____	_____
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : _____	_____														
INSURER B : _____	_____														
INSURER C : _____	_____														
INSURER D : _____	_____														
INSURER E : _____	_____														
INSURER F : _____	_____														

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY)			EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X	X				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	_____						PERSONAL & ADV INJURY \$ 1,000,000
	_____						GENERAL AGGREGATE \$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC	PRODUCTS - COMP/OP AGG \$ 2,000,000						
							\$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
	<input checked="" type="checkbox"/> ANY AUTO	X	X				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (PER ACCIDENT) \$
	<input type="checkbox"/> SCHEDULED AUTOS						
<input checked="" type="checkbox"/> NON-OWNED AUTOS	\$						
							\$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR	X	X	Umbrella coverage can be used to supplement the difference in General and Auto limits and cover the shortfall for Emp Liab Coverage			EACH OCCURRENCE \$
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	<input type="checkbox"/> DEF <input type="checkbox"/> RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			State of Michigan & Others Ohio Stop Gap			<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	X				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
	_____						E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Rudolph Libbe Inc. and its affiliates, GEM Inc., (INSERT HERE THE NAME OF OWNER & OTHERS AS REQUIRED ON INSURANCE REQUEST FORM) and others as required by written contract are named as additional insured on a Primary and Non-Contributory basis to all lines of insurance coverage including completed operations. Waiver of Subrogation shall apply separately to each insured and additional insured against whom claim is made or suit is brought, except with respect to the limits of the insurer's liability. A 30 day cancellation notice is required.

CERTIFICATE HOLDER Rudolph Libbe Inc. 6494 Latcha Road Walbridge, OH 43465	CANCELLATION 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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