

SUBCONTRACTOR QUALIFICATION FORM

(NOTE: Please use attached sheet if needed)

GB NANNISTO INC

14982 North 83rd Place, Suite 200
Scottsdale, Arizona 85260

Office: (480) 998-3030
Fax: (480) 951-9210
Email: 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 & 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

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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