



3030 East Causeway Approach
Mandeville, LA 70448
985-626-4431
800-626-4431 Toll-Free
985-626-3572 Fax
www.donahuefavret.com

DATE: _____

COMPANY NAME: _____

PHONE NO.: _____

PHYSICAL ADDRESS: _____

FAX NO.: _____

WEBSITE ADDRESS: _____

E-MAIL ADDRESS: _____

CONTACT NAME: _____

Gentlemen,

We have either recently received a sub bid proposal from you or have heard of your work through the industry.

In order to allow us to better understand your capabilities we would appreciate you completing the following qualification statement for our records.

1. OWNERSHIP:

OWNER/OWNERS OF COMPANY

FULL NAME

ADDRESS

PHONE #

2. TYPE OF WORK PERFORMED:

3. HOW MANY YEARS HAS YOUR ORGANIZATION BEEN IN BUSINESS AS A SUBCONTRACTOR?

3A. HOW MANY YEARS HAS YOUR ORGANIZATION BEEN IN BUSINESS UNDER ITS PRESENT NAME?

3B. WHAT PERCENTAGE OF WORK DOES YOUR COMPANY PERFORM WITH ITS OWN FORCES?

3C. HOW MANY FIELD EMPLOYEES DOES YOUR COMPANY CURRENTLY EMPLOY? _____

3D. HOW MANY OFFICE EMPLOYEES DOES YOUR COMPANY CURRENTLY EMPLOY? _____

3E. DO YOU QUALIFY AS A MINORITY BUSINESS ENTERPRISE (MBE) ? YES { } or NO { }
DO YOU QUALIFY AS A WOMAN BUSINESS ENTERPRISE (WBE) ? YES { } or NO { }
DO YOU QUALIFY AS A DISADVANTAGE BUSINESS ENTERPRISE (DBE) ? YES { } or NO { }

3F. UNION STATUS? UNION { } OR MERIT SHOP { }

4. LIST YOUR COMPANY'S ANNUAL VOLUME FOR THE LAST THREE YEARS?

YEAR 1 \$ _____ (most recent year)

YEAR 2 \$ _____

YEAR 3 \$ _____

4A. VALUE OF LARGEST CONTRACT: \$ _____

4B. TOTAL VALUE OF WORK NOW UNDER CONTRACT AND COMPLETE TO DATE: \$ _____

4C. TOTAL VALUE OF WORK NOW UNDER CONTRACT AND NOT COMPLETE TO DATE: \$ _____

5. ARCHITECT/ENGINEER REFERENCES:

FIRM NAME	CITY & STATE	CONTACT PERSON	PHONE #
_____	_____	_____	_____
_____	_____	_____	_____

6. GENERAL CONTRACTOR REFERENCES:

CONTRACTOR'S NAME	CITY & STATE	CONTACT PERSON	PHONE #
_____	_____	_____	_____
_____	_____	_____	_____

7. COMPLETED PROJECTS:

JOB NAME	JOB LOCATION	GEN. CONTRACTOR	DATE COMPLETED	DOLLAR VALUE
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

_____	_____	_____	_____	\$	_____
_____	_____	_____	_____	\$	_____
_____	_____	_____	_____	\$	_____
_____	_____	_____	_____	\$	_____
_____	_____	_____	_____	\$	_____
_____	_____	_____	_____	\$	_____

8 CREDIT REFERENCES:

<i>CONTACT</i>	<i>VENDOR NAME</i>	<i>PHONE NUMBER</i>	<i>AMT. OF CREDIT LINE</i>
_____	_____	_____	_____
_____	_____	_____	_____

9. BONDING INFORMATION:

CAN YOU PROVIDE A PERFORMANCE BOND? _____

NAME, ADDRESS & TELEPHONE # OF YOUR BONDING COMPANY:

CONTACT PERSON: _____

BONDING CAPACITY \$ _____

10. LIST CONTRACTOR'S LICENSE #'s IN ALL STATES YOU ARE WILLING TO PERFORM WORK:

State: _____

License #: _____

11. INSURANCE REQUIREMENTS

**Submit a copy of your insurance certificate with this completed form.
 A sample of our Insurance REQUIREMENTS is attached for your agents use.
 Your form WILL NOT be considered until this certificate is received.**

I hope that this information will lead to a mutually beneficial relationship between your firm and ours.

Cordially,
 DONAHUEFAVRET CONTRACTORS, INC.



CERTIFICATE OF LIABILITY INSURANCE

OP ID: DD

DATE (MM/DD/YYYY)

05/09/14

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 Cory, Tucker & Larowe, Inc. P. O. Box 6646 Metairie, LA 70009-6646		504-834-5080 504-835-7726	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: DONAH-1
INSURED Service Company Name or Subcontractor Name Address City ZIP		INSURER(S) AFFORDING COVERAGE INSURER A : Sample Insurance Company INSURER B : Sample Insurance Company INSURER C : Sample Insurance Company INSURER D : INSURER E : INSURER F :	NAIC #

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
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CG 2010 (11/85) <input type="checkbox"/> or Equivalent GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	X	X	POLICY NUMBER			EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPI/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X	X	POLICY NUMBER			COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$		X	X	POLICY NUMBER		EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	X	POLICY NUMBER		<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 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)

DonahueFavret Contractors, Inc. and all other parties as required by written contract are additional insured on GL and Auto Liability policies, including waiver of subrogation on WC, AL & GL policies. Additional insured coverage on GL policy is primary and non-contributory. Notice of cancellation shall be given in accordance with the policy provisions.

CERTIFICATE HOLDER**CANCELLATION**

DONAH01 DonahueFavret Contractors, Inc 3030 E. Causeway Approach Mandeville, LA 70448	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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