



NEW VENDOR PACKET

Dear Vendor:

This Subcontractor information pack must be filled out to perform any services or receive any payments from Hardin Construction Group. Failure to return the packet will delay any payments due.

The Subcontractor information sheet needs to be filled out with the most current and accurate information. Please include all information requested.

Every Subcontractor must provide proof of any trade specific licenses required by the municipality, city, county and/or State in which you work. (i.e. Contractors or Professional Licenses)

Every Subcontractor must provide a Certificate of Liability Insurance. Please read over the Hardin Construction Group insurance requirements. **Hardin Construction & Investment Group, Inc.**, must be the certificate holder. **Hardin Construction & Investment Group, Inc.**, must be listed as additional insured for any & all jobs. You must provide the Additional Insured and Primary and Non-Contributory Endorsements. Your company name must be listed as the insured.

If you have any questions concerning the insurance or Subcontractor requirements please contact Jamie Schwab at office@hardinconstructiongroup.com or 910-824-7400.



SUBCONTRACTOR CHECKLIST

Documents:

- _____ New Vendor Packet
- _____ W-9 (signed and dated within 6 months)
- _____ Contractor's or Professional License if applicable
- _____ AIA billing form
- _____ Certified Payroll form & SF-1413 for Government work

Insurance: See Insurance Requirements at the end of this packet.

- _____ General Liability
 - _____ Additional Insured Endorsement and Primary/Non-Contributory Endorsements covering "Your Work"
- _____ Automotive
- _____ Workers Comp with Waiver of Subrogation
- _____ Professional or Excess Liability (if Applicable)



SUBCONTRACTORS INFORMATION FORM

Company Name: _____ Trade: _____

DBA: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

(If Same as above leave blank)

City: _____ State: _____ Zip: _____

Phone Number: _____ Off Hours/Emergency Phone: _____

Fax Number: _____ Mobile Number: _____

Email address: _____

Company Web page address: _____

Owner: _____

Local Manager: _____

Federal EIN: _____ Or Social Security # _____

Corporation? _____ Partnership? _____ Sole Proprietorship? _____

Type of work performed: a) _____ % of new construction

b) _____ % of repair

c) _____ % of commercial

d) _____ % of public work

(a,b,c,d) should equal 100%

Contractor's/ Professional License Number: _____ Limit _____ Classification _____

License Valid Until: _____ (Please attach copy) State: _____



Do you have a safety program in place? Yes ____ No ____

Do you have a safety compliance officer? Yes ____ No ____

Have you ever been fined by OSHA? Yes ____ No ____ If yes, when were you fined and why? _____

Please provide the name of the person or office where you would like construction schedules sent:

Contractor/Scheduler: _____ Email: _____

Please provide the name of the person or office who will be handling your Work and Payment Orders:

Contractor/Scheduler: _____ Email: _____

Phone: _____ Fax: _____

Financial: Are your company's credit history and financial statements strong enough to handle and perform the work within the required timeframe? Yes ____ No ____

Is your company able to handle a Net 30 Payment schedule? Yes ____ No ____

Availability: Is your company available to immediately perform the work within the required timeframe?

Yes ____ No ____

Manpower / Equipment: Does your company have adequate manpower and equipment to perform the work within the required timeframe?

Yes ____ No ____

Management: Does your company have the experience and management capability to supervise field operations and maintain quality?

Yes ____ No ____

Judgments: Has there been a suit/judgment against you or your company in the last five years?

Yes ____ No ____

Bankruptcy: Has the company or any of its owners ever declared bankruptcy?

Yes ____ No ____

If yes, please explain(attach doc if needed): _____



Supplier References:

1. Supplier Name: _____
Email: _____ Phone: _____
Address: _____
Type of work performed: _____
2. Supplier Name: _____
Email: _____ Phone: _____
Address: _____
Type of work performed: _____
3. Supplier Name: _____
Email: _____ Phone: _____
Address: _____
Type of work performed: _____

Customer References:

1. Customer Name: _____ Phone: _____
Address: _____
Type of work performed: _____
2. Customer Name: _____ Phone: _____
Address: _____
Type of work performed: _____
3. Customer Name: _____ Phone: _____
Address: _____
Type of work performed: _____



APPROVAL TO CONDUCT CREDIT CHECK

Thank you for your interest in providing services to Hardin Construction Group.

Hardin Construction Group believes it is important for it to have the right to perform routine credit checks of a Subcontractor before awarding services or supply contracts.

To that end, by Subcontractors authorization in the space provided below, Subcontractor consents to such a credit check being performed. This letter authorizes Hardin Construction Group to verify your past and present earnings records, bank accounts and other assets of Subcontractor to establish a reasonable credit report. This letter further authorizes Hardin Construction Group to order a consumer credit report and verify other credit information of Subcontractor.

It is understood that a photocopy of this for will serve as Subcontractor's authorization. The information obtained is only to be used in the determinations by Hardin Construction Group of (a) whether to award a services or supply contract to Subcontractor and (b) whether, during the term of an applicable subcontractor or supply contract, to determine that Subcontractor remains a suitable credit risk for the services to be performed.

The information obtained in the credit check process will not be disclosed outside of Hardin Construction Group without the consent of Subcontractor except to the person or company verifying certain credit information for Subcontractor. Subcontractor understands that it is not required to supply this credit information to Hardin Construction Group, but if Subcontractor is unwilling to provide such information, Subcontractor may be precluded from bidding on or being awarded a services or supply contract.

Subcontractor's approval below is also constitutes the approval for Hardin Construction Group to conduct credit checks during the term of an applicable subcontractor or supply contract in the event Hardin Construction Group has a reasonable belief that Subcontractor may not be able to financially perform its obligations under the subcontract or supply agreement or in the event of any other respective default thereunder.

Thank you very much for your prompt attention.

Name of Vendor: _____

Name of Authorized Official: _____

Signature of Authorized Official: _____

Title of Authorized Official: _____

Date: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
00/00/0000

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 ABC Insurance Agency PO Box 123 Anywhere, NC 12345 910-555-5556		CONTACT NAME: Jane Doe PHONE (A/C, No, Ext): 910-555-5555 E-MAIL: abcins@insurancegroup.com ADDRESS: abcins@insurancegroup.com FAX (A/C, No): 910-555-5554	
		INSURER(S) AFFORDING COVERAGE INSURER A : XYZ Insurance Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	NAIC # 12345
INSURED ABC Construction 123 Main St Anywhere, NC 12345			

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	<input checked="" type="checkbox"/> GENERAL LIABILITY			ABC123	00/00/0000	00/00/0000	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DEF456	00/00/0000	00/00/0000	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
							\$
	<input type="checkbox"/> UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			XYZ789	00/00/0000	00/00/0000	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	<input type="checkbox"/> N/A				E.L. EACH ACCIDENT \$ 1,000,000
	<input type="checkbox"/> 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)
 JOB LOCATION: FORT BRAGG, MULTI-PURPOSE BUILDING ROOF REPLACEMENT

CERTIFICATE HOLDER

CANCELLATION

HARDIN CONSTRUCTION & INVESTMENT GROUP 1740-B OWEN DRIVE FAYETTEVILLE, NC 28304	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 <i>Jane Doe</i>
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ACORD 25 (2010/05)

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