



Welcome,

Edifice recognizes that our suppliers and subcontractors are one of the primary keys to our success, and we are constantly looking to align ourselves with the best industry partners in the marketplace. We appreciate the time and effort you spend bidding to us, and we hope to establish a mutually beneficial working relationship with your firm.

By way of introduction, Edifice Solutions is a dynamic Design+Build and Construction firm. Clients include private and federal civilian, DoD and intelligence agencies, with past project performance in the Americas, Africa, Asia, and Europe. Headquartered in the DC metropolitan area for more than 12 years, Edifice was ranked among Inc. Magazine's 500 Fastest Growing Companies in 2015 and 2016, and named the #1 fastest growing Women-Owned Small Business (WOSB) in the National Capital Region.

As part of our commitment to excellence, we are focused on streamlining the Accounts Payables process to reduce processing time, minimize errors and enhance our subcontractor relationships. Please take a few moments and complete the attached form, and provide the additional information requested for our records. These documents help us to ensure that all project stakeholders will work safely, be treated fairly, and get paid promptly.

**We require the following:**

Form Title	Included (Y/N)
Completed New Subcontractor Set-up Form (Attachment A)	
Letter from your Surety stating bonding capability	
Sample of Certificate of Insurance	

**THESE DOCUMENTS ARE REQUIRED TO BE PROVIDED TO EDIFICE BEFORE OUR FIRMS ARE ABLE TO ENTER IN TO A CONTRACT FOR A PROJECT.**

For your convenience, we have attached a sample ACORD form showing required limits and the required language (in red), a document checklist.

We prefer that you fill these forms out electronically, but it is okay for you to print the forms and fill them out by hand if necessary. Please complete this form and return all requested documents within **3 days of receiving this letter**, and do not hesitate to reach out to Dan Mead, Director of Estimating, with any questions.

Sincerely,

Edifice Solutions



<b>General Information</b>	
<b>Legal Company Name (dba)</b>	
<b>Physical Address</b>	
<b>Mailing Address</b>	
<b>State Contractor Number (specify state)</b>	
<b>Specialty License Classification</b>	

<b>Main Point of Contact for:</b>	<b>Name</b>	<b>Tele #</b>	<b>Email Address</b>
<i>Estimating</i>			
<i>Accounts Receivables</i>			
<i>Contracts</i>			
<i>Authorized Signator</i>			

<b>Company Information</b>			
<b>Description of subcontract work performed or products sold.</b>			
<b>Location in which you perform work.</b>			
<b>At the listed address, company performs as a:</b> (Individual Proprietor, Corporation qualified to do Business In..., Division, Affiliate of...with Headquarters Located..., Branch Office of Company Headquarters Located, Partnership, Co-Venture, Subsidiary)...			
		Yes	No
<b>Do you qualify as a small business? If so, indicate which categories:</b>	Small-Business (SB)		
	HUBZone		
	Service-Disabled Veteran Owned Small Business (SDVO)		
	Disadvantaged Business Enterprise (DBE)		
	Small Disadvantaged Business (SDB)		
	Women-Owned Small Business (WOSB)		
	Veteran-Owned Small Business (VOSB)		
	Underutilized Disadvantaged Business Enterprise		

<b>Bonding Agent</b>	
<i>Agent's Name</i>	
<i>Agent's email address</i>	
<i>Agent's Telephone #</i>	

<b>Surety Contact Information</b>	
<i>Surety Contact Name</i>	
<i>Contact's Email Address</i>	
<i>Contact's Telephone Number</i>	

<b>Proof of Bonding - Letter from Surety (Bond Letter)</b>	
<i>Letter Received (Y / N)</i>	
<i>Company's single project</i>	



<i>Payment and Performance Bond Limits (\$)</i>	
<i>Are you able to provide 100% Payment and Performance Bonds for this Project (Yes/No)?</i>	
<i>If yes, what would the Bond Rate be? (%)</i>	

<b>Number of years in business</b>	
<b>Has the name of the company ever changed?</b>	
<b>If a supplier, what is the Company's relationship with manufacturers? (Agent, Independent Contractor, Manufacturer's Representative, Other (Explain))</b>	
<b>Union Affiliation of Company: i.e. Close Shop (Union); Open Shop (Non-Union); Other</b>	
<b>Is the company on the current Federal Register?</b>	
<b>Has the Company, or any officer of the Company who has a proprietary interest in the Company, ever been disqualified, removed or otherwise prevented from bidding on, or completing a Federal, State, or Local government contract because of a violation of law or a safety regulation? (Yes/No; if yes, please attach a separate written explanation with dates of the citation(s) or failure to make notifications, and explain the circumstances)?</b>	
<b>Has the Company, any officer of the Company, or any employee of the Company who has a proprietary interest in the Company, ever received a safety violation or failed to file notifications to the federal OSHA, or EPA Agencies for employee records as required CFR 40, Part 61 regulation (if yes, please attach a separate written explanation with dates of the citation(s) or failure to make notifications, and</b>	



explain the circumstances)?	
<b>List name of projects or any known that will start in the next 12 months, contract amounts, and % complete of projects the company has in progress on this date (use separate sheet if necessary).</b>	
<b>List name of projects, general contractor, contract amount, and date of completion, the Company has completed in the past two years (use separate sheet if necessary).</b>	
<b>EMR Rating (provide proof)</b>	
<b>DART</b>	
<b>TRC</b>	

If you have an EMR greater than 1.0, DART greater than 3.0, or TRC greater than 4.0, please attach a written explanation.



<b>Insurance Company</b>	
<i>Company Name</i>	
<i>Agent's Name</i>	
<i>Address</i>	
<i>Contact</i>	
<i>Contact email</i>	
<i>Contact Telephone #</i>	
<b>Are there any liens, suits, or judgments pending or outstanding, and unsatisfied as a result of the business operations of this company, its officers, or its predecessors? (Yes / No)</b>	
<i>If the answer to any part of this question is yes, please attach a separate written explanation.</i>	
<b>List Three (3) General Contractor References you have worked for in the last two (2) years. Please provide contact information.</b>	
<i>GC Name</i>	
<i>Contact Name</i>	
<i>Contact email</i>	
<i>Contact Telephone #</i>	
<i>GC Name</i>	
<i>Contact Name</i>	
<i>Contact email</i>	
<i>Contact Telephone #</i>	
<i>GC Name</i>	
<i>Contact Name</i>	
<i>Contact email</i>	
<i>Contact Telephone #</i>	
<b>List Three (3) supplier references you currently buy materials from</b>	
<i>Supplier Name</i>	
<i>Contact Name</i>	
<i>Contact email</i>	
<i>Contact Telephone #</i>	
<i>Supplier Name</i>	
<i>Contact Name</i>	
<i>Contact email</i>	
<i>Contact Telephone #</i>	
<i>Supplier Name</i>	
<i>Contact Name</i>	
<i>Contact email</i>	
<i>Contact Telephone #</i>	

**This Prequalification Statement is submitted by the applicant with the full knowledge that the contents contained herein are to be considered as a true and accurate representation of the capabilities and the financial capacity of the Company to**



**perform work on the above subject project. Should information submitted be incomplete, Edifice, LLC may not be able to consider the Company for the subject project qualified bidder's listing.**

<b>Firm</b>	
<b>Signature</b>	
<b>Printed Name</b>	
<b>Date</b>	
<b>Title</b>	



---

**Edifice Solutions Certificate of Insurance Request\***

**Request Date:**

**Company Name:**

**Project Name:**

**Contract Number:**

**Current Certificates of Insurance with Additional Insured Endorsement**

It is the policy of Edifice Solutions to enter into contractual agreements only with companies who are properly insured. Please provide the following certificates for the line indicated:

- Subcontractor** - Must provide Certificate of Insurance and maintain coverage for General Liability with minimum limits of \$1,000,000 per occurrence/\$2,000,000 aggregate, Auto Liability, Workers Compensation, including Employers Liability. Edifice Solutions must be named as an "Additional Insured" on the Certificate of Insurance for General Liability, and if required, Auto Liability (see detailed requirements below).
  
- Supplier/Vendor** - Provide Certificate of Insurance for General Liability coverage with minimum limits of \$1,000,000 per occurrence/\$2,000,000 aggregate, Auto Liability \$1,000,000, and Workers Compensation, including Employers Liability. Edifice must be named as an "Additional Insured" on the Certificate of Insurance (see detailed requirements below).
  
- Design Professional** - Provide Certificate of Insurance for General Liability and Professional liability coverage with minimum limits of \$1,000,000/\$2,000,000 aggregate. Edifice Solutions must be named as an "Additional Insured" on the Certificate of Insurance for General Liability. (see detailed requirements below)

\*Please note that at this time Edifice only requires a sample of your certificate of insurance. If it is decided that we will enter into a contract with your firm a fully executed Certificate of Insurance will be required.

\*\*\*SAMPLE STATEMENT\*\*\*

The Certificate Holder and all others as required by contract or agreement are Additional Named Insured on a Primary and Non-Contributory basis per policy terms and conditions for Ongoing and Completed Operations per endorsement CG2010 (04/13) & CG2037 (04/13) or equivalent. Waiver of Subrogation is included and applies in favor of the Additional Insured as required by written contract. Umbrella coverage follows form.

Please return via email to [contracts@edificesolutions.com](mailto:contracts@edificesolutions.com) If you have any questions, please contact Dan Mead, Director of Estimating.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

The COI must meet ALL mandatory requirements shown in red

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).

<b>PRODUCER</b> Insurance provider name and address here. Provider must be registered to do business in the U.S.	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): E-MAIL ADDRESS:		<b>FAX (A/C, No):</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>		
<b>INSURED</b> Subcontractor name & address.	<b>INSURER A :</b>		
	<b>INSURER B :</b>		
	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
	<b>INSURER F :</b>		

### COVERAGES CERTIFICATE NUMBER: REVISION UMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUE 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
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	<b>Workers Compensation</b> <b>Prof/Pollution Incl. Mold/Fungus</b>						

Policy start date  
Must expire after event end date.

PER SUBCONTRACT REQUIREMENTS

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

**Contract Number:** **Project Name:**

The Certificate Holder and all others as required by contract or agreement are Additional Named Insured on a Primary and Non-Contributory basis per policy terms and conditions for Ongoing and Completed Operations per endorsement CG2010 (04/13) & CG2037 (04/13) or equivalent. Waiver of Subrogation is included and applies in favor of the Additional Insured as required by written contract. Umbrella coverage follows form.

<b>CERTIFICATE HOLDER</b> Edifice LLC, dba Edifice Solutions, 6600 Virginia Manor Road, Beltsville, MD 20705	<b>CANCELLATION</b> 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 Signature
--	---





---

**In addition to the requirements on the sample certificate of insurance, we require the following:**

**Re:**            **Contract No.** \_\_\_\_\_  
                  **Edifice Project No.** \_\_\_\_\_  
                  **Subcontract Work Order No.** \_\_\_\_\_

Edifice LLC, Subsidiaries, Affiliates and (Owner) must be named as additional insured(s) for both ongoing and completed operations on the General Liability Policy and additional insured(s) on the Auto Liability.

Coverage must be Primary and Non-Contributory for the additional insured(s) for General Liability and Auto Liability policies.

A waiver of subrogation shall apply in favor of Edifice Solutions and (Owner) for General Liability, Auto Liability and Worker's Compensation policies.

Additional Insured(s) must be listed on every endorsement. Each endorsement must include the name of the insured and the policy number and be attached to the certificate of insurance.