



9752 Aspen Creek Court, Suite 150, San Diego, California 92126 Phone (858) 552-0600 Fax (858) 552-0604 LIC.#502376

SUBCONTRACTOR PRE-QUALIFICATION PACKAGE

DATE: _____

TO: _____

Fax: _____

ATTN: _____

Email _____

WE ARE SENDING YOU Attached Total Number of Pages Transmitted 7

COPIES	DATE	NO. SHEETS	DESCRIPTION
1	N/A	2	Subcontractor Prequalification Statement
1	N/A	3	Subcontractor Minimum Insurance Requirements
1	N/A	1	Pacific Building Group Jobsite Policy

We have received and welcome your request to be added to our valued Subcontractor Database. In order to begin the bidding process, and prior to joining our team and working with Pacific Building Group, we require that you thoroughly review, complete and return the attached "Pre-Qualification Package". Please be certain that the entire package (6 pages) is completed and returned along with a copy of your current **CA Contractor's License** and **Evidence of Insurance. No Exceptions**

Upon receipt and the subsequent review of your completed Pre-Qualification Package, PBG will send you a written notification of your approval, or rejection. Upon approval, your company will be eligible for future bids on PBG projects.

Please direct all completed Pre-Qualification Packages and questions/concerns directly to Rosemary Cohorst at:

Phone: 858-552-0600 Ext 108

FAX: 858-552-0604

Email: rcohorst@pacificbuildinggroup.com

Thank you and we look forward to working with you.

Rosemary
c/o Mark Irish, Chief Estimator



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Has your company ever performed work under a different company name? _____
If yes, please list the company name(s): _____

Has your company previously worked with Pacific Building Group? _____
If yes, please list each project(s) by name
1) _____
2) _____
3) _____

REFERENCES

***General Contractors**

- 1) Name: _____
Address: _____
Contact: _____
Phone: _____ Fax: _____
- 2) Name: _____
Address: _____
Contact: _____
Phone: _____ Fax: _____
- 3) Name: _____
Address: _____
Contact: _____
Phone: _____ Fax: _____

***Major Suppliers:**

- 1) Name: _____
Address: _____
Contact: _____
Phone: _____ Fax: _____
- 2) Name: _____
Address: _____
Contact: _____
Phone: _____ Fax: _____
- 3) Name: _____
Address: _____
Contact: _____
Phone: _____ Fax: _____

****REFERENCES ARE REQUIRED AND MANDATORY***

Failure to complete/address any and or all of the items in this document may result in the rejection of your pre-qualification



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Subcontractor Minimum Insurance Requirements

I. Commercial General Liability

Each subcontractor shall supply a Certificate of Insurance showing evidence of Commercial General Liability coverage with the following minimum limits:

- o \$2,000,000 General Aggregate
- o \$2,000,000 Products/Completed Operations Aggregate
- o \$1,000,000 Personal Injury Liability
- o \$1,000,000 Each Occurrence (combined single limit for bodily injury & property damage)
- o \$50,000 Fire Damage (Any one fire)
- o \$5,000 Medical Expense (Any one person)

II. Automobile Liability

Each Subcontractor shall supply a Certificate of Insurance showing Commercial Automobile Liability coverage for Any Auto (Symbol 1), with the following minimum limits

- o \$1,000,000 Each Occurrence (combined single limit for bodily injury & property damage)

III. Umbrella or Excess Liability

Each Subcontractor shall supply a Certificate of Insurance showing evidence of Umbrella or Excess Liability coverage with the following minimum limits:

- o \$1,000,000 Each Occurrence
- o \$1,000,000 Aggregate

IV. Workers Compensation and Employers Liability

Each Subcontractor shall supply a Certificate of Insurance showing Workers Compensation and Employers Liability coverage with the following minimum limits:

- o \$1,000,000 Each Accident (bodily injury by accident)
- o \$1,000,000 Policy Limit (bodily injury by disease)
- o \$1,000,000 Each Employee (bodily injury by disease)

Rating

All insurers shall have a minimum A.M. Best's rating of A VII and be admitted in California.

Cancellation Clause

Certificates should have the words, "Endeavor to" and "but failure to mail such notice shall... or representatives" crossed out. Written notice should be no less than 30 days.

Should be sent to:

Pacific Building Group
9752 Aspen Creek Court, Ste. 150
San Diego, CA 92126
Attn:

All Certificates must be in our office prior to the commencement of work. Failure to supply the required insurance coverage will necessitate removal of the subcontractor from the jobsite, and withholding any payments due.



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SUBCONTRACTOR MINIMUM INSURANCE REQUIREMENTS - AGREEMENT

_____ (Subcontractor Name) **can and will** meet **ALL** of the preceeding and attached minimum insurance requirements as identified on pages 3 and 4 of the Pre-Qualification Package. Further, Certificates of Insurance will be forwarded, on a job specific basis, for each project that we are awarded.

_____ X
Date Signature

Name and Title (Owner/Representative)

OR

_____ (Subcontractor Name) **cannot** meet **ALL** of the preceeding and attached minimum insurance requirements as identified on pages 3 and 4 of the Pre-Qualification Package. However, in the space provided below we have identified and stated our Insurance limits/deficiencies and would like to be considered based upon these limits:

- 1) Commercial General Liability: _____
(Please State Deficiencies)
- 2) Automobile Liability: _____
(Please State Deficiencies)
- 3) Umbrella or Excess Liability: _____
(Please State Deficiencies)
- 4) Worker's Compensation: _____
(Please State Deficiencies)
- 5) Errors and Omissions Insurance: _____
(Required for all "Design Build" and "Fire Sprinkler" Subcontractors)
(Please State Deficiencies)

_____ X
Date Signature

Name and Title (Owner/Representative)

In the event that your company cannot meet **ALL** of our Insurance Requirements, please be certain to identify and list your defencies (\$ Limits) above. Based upon those limits that you do have, PBG will evaluate and determine if your insurance is "acceptable".

NOTE TO ALL SUBCONTRACTORS:
PLEASE ATTACH A COPY OF YOUR COMPANY'S "EVIDENCE OF INSURANCE" (CERTIFICATE NOT SPECIFIC TO PBG)

FAILURE TO COMPLETE/ADDRESS ANY AND OR ALL OF THE ITEMS IN THIS DOCUMENT MAY RESULT IN THE REJECTION OF YOUR PRE-QUALIFICATION

PRODUCER: AGENCY LIC. #: _____
 NEAR NORTH INSURANCE BROKERAGE OF CALIFORNIA, INC.
 1840 CENTURY PARK EAST, SUITE 500
 LOS ANGELES, CA 90067
 PHONE: (858) 587-2190

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED:
 ABC CONTRACTING
 ADDRESS _____
 CITY, STATE ZIP _____

INSURERS AFFORDING COVERAGE

INSURED A: **ABC INSURANCE COMPANY**
 INSURED B: **AAA INSURANCE COMPANY**
 INSURED C: _____
 INSURED D: _____
 INSURED E: _____
 INSURED F: _____

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR _____ _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	000111	03/01/03	07/31/08	EACH OCCURRENCE \$ 1,000,000.00
					FIRE DAMAGE (Any one fire) \$ 50,000.00
					MED EXP (Any one person) \$ 5,000.00
					PERSONAL & ADV INJURY \$ 1,000,000.00
					GENERAL AGGREGATE \$ 2,000,000.00
					PRODUCTS-COMP/OP AGG. \$ 2,000,000.00
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS _____ _____	000222	03/01/03	07/31/08	COMBINED SINGLE LIMIT (Each accident) \$ 1,000,000.00
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO _____ _____				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
A	EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE _____ _____ DEDUCTIBLE _____ RETENTION \$ _____	000333	03/01/03	07/31/08	EACH OCCURRENCE \$ 1,000,000.00
					AGGREGATE \$ 1,000,000.00
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY _____ _____		03/01/03	07/31/08	<input checked="" type="checkbox"/> WC STATU- <input type="checkbox"/> OTHER TORY LIMITS \$
					E.L. EACH ACCIDENT \$ 1,000,000.00
					E.L. DISEASE - EA EMPLOYEE \$ 1,000,000.00
					E.L. DISEASE - POLICY LIMIT \$ 1,000,000.00
	OTHER:				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:
 OWNER, LENDER AND LESSOR TO BE NAMED AS ADDITIONAL INSUREDS, ENDORSEMENT FORM CG 2010 1185 OR COMPARABLE (ATTACHED)
 PROJECT SPECIFIC: EXAMPLE - JOB #1-06-0981; 4TH AVENUE TENANT IMPROVEMENTS
 PROJECT ADDRESS: EXAMPLE - 850 4TH AVENUE, SAN DIEGO, CA 92101

CERTIFICATE HOLDER **ADDITIONAL INSURED; INSURER LETTER:** **CANCELLATION**

PACIFIC BUILDING GROUP
 9752 ASPEN CREEK COURT, STE. 150
 SAN DIEGO, CA 92126
 Attn: _____

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.
 AUTHORIZED REPRESENTATIVE _____



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JOBSITE POLICY

The following provisions are incorporated into the Subcontract Agreement, executed by the parties hereto.

The following is included and made part of this contract:

It is the policy of Pacific Building Group to provide a safe and comfortable work environment for both workers and tenants. The utmost courtesy will be extended to the tenants and building staff. The jobsite will be left clean and organized each day. It is the duty of each and every worker to obey all company safety and common decency rules, along with current OSHA standards. Listed below are some general safety rules and company policies that each worker should follow:

- 1 A clean place is a safe place. Keep your assigned area clean by adopting a "pick up as you go" method of housekeeping. Remember that safety rules are for your own protection and the protection of others.
- 2 Smoking is not permitted in the building.
- 3 Radios are not allowed on the job.
- 4 Anyone known to be under the influence of intoxicating liquor or drugs will not be allowed on the job and are subject to discipline.
- 5 No one will be permitted on the jobsite who has in his or her possession firearms, ammunition or articles of a similar nature.
- 6 Horseplay and practical jokes are forbidden.
- 7 Each worker is required to wear personal protective devices, including hardhats.
- 8 Shorts, tank tops, shirts with obscene or suggestive language will not be permitted on the jobsite.
- 9 Workers are to park in designated areas only.
- 10 Building access will vary from job to job, but workers should use delivery entrances whenever possible.
- 11 Material deliveries are prohibited during high traffic hours, such as 7:30AM to 8:30 am, 12:00 PM to 2:00 pm and 4:00 pm to 5:00 pm.
- 12 Limit elevator use to freight elevators whenever possible.
- 13 Use designated restrooms only. Leave restrooms neat and clean.
- 14 All injuries, no matter how minor, must be reported to management immediately.
- 15 All workers should familiarize themselves with the location of first aid equipment.
- 16 Each employee is expected to be responsible for his own safety and at the same time to exercise care in avoiding injury to his fellow workers and others.
- 17 Be sure that all tools are maintained in a good state of repair.
- 18 Do not use equipment and machinery that have defective safety devices.
- 19 Practice good housekeeping by keeping work stations neat and orderly. Deposit refuse in proper containers.
- 20 Locate dumpster in designated area only.
- 21 All building areas are to be kept clean at all times, NO EXCEPTIONS.
- 22 Subcontractors "Tailgate" Safety Meeting Reports are required to be submitted to Contractors superintendent every week when subcontractors employees are employed at jobsite.

I understand and agree to abide by this policy.

SUBCONTRACTOR (Company Name):

By: _____

(Signature)

(Print Name & Title)