

2009 Springhill Drive Valdosta, GA 31601 Phone# (229) 506-6876 Fax# (229) 506-6879

SUBCONTRACTOR/SUPPLIER QUALIFICATION FORM

Type of Company Subcontra								
	ctor (Installation Onl Naterial Only)	/)						
Company Legal Name	Main Phone#			Main Fax#				
Physical Address	Mailing Address							
City	State Zip		City		State	Zip		
Principal Contact			Federal I.D.		Phone#			
Principal Contact E-ma	Mobile#		Fax#					
Estimating Contact	Title			Phone#				
Estimating Contact E-mail Address			Mobile#			Fax#		
Date of Incorporation State of Incor		corportation	LLC Corp Partnership		Partnership	Sole Proprietor	Sub S Corp	
Under what other nar	nes has your Company, o	rits owner(s), o	perated in the	past (5) years?	Give Dates.			
			Yes No		If yes, what type? DBE	MBE WBE		
Is your company a cer	tified minority business e	nterprise?			<u> </u>	<u> </u>	0 0	
If a minority business	enterprise, certified by w	ho?						
	ase list all state(s) where your company is properly licensed						11:	
State	License# State		License#			State	License#	
State	License#	State	State			State	License#	
State	License#	State	State			State	License#	
Insurance Great Southern, LLC w	vill require the following r	ninimum limits v	with respect to	corportate ins	surance.		•	
General Liability	Damage to Rented	Medical Ex	penses (Each	1			Products/Completed	
Each Occurrence	Premises	Pe	Person)		& Adv Injury	General Aggregate	Operation Aggregate	
\$1,000,000 General Liability must	\$100,000 apply per occurrence	\$10	\$10,000 Aggregate lim		per project	\$2,000,000	\$2,000,000	
Automobile Liability			1 00 0					
Limits must apply to a	ll owned autos, hired aut	os and non-own	ed autos			Combined Single Limit	\$1,000,000	
Worker's compensation	on & Employer's Liability	T		1				
El Each Accident			ŕ		apply to the statu	utory limits for each state and a Wai	ver of Subrogation must be	
\$500,000	\$500,000	\$50	0,000	provided.				
Umbrella Each Occurrence Aggregate								
\$1,000,000 \$1,000,000								
a 30-day written canc	ellation notice. A certifica	ite must also be	provided per p	project listing t	the Project name	·	and supply, at a minimum,	
	irements are provided for ance based on the above		rposes only. Co	ontract require Yes	No			
Checklist			_					
Yes No	Is a copy of your Conoral Contractor's License for all analisable states attached							
Yes No	Is a copy of your General Contractor's License for all applicable states attached?							
Yes No	Is a copy of your Subcontractor's License for all applicable states attached?							
Yes No	Is a Certificate of Insurance attached?							
Yes No	Is a copy of your State Tax ID attached? Material Suppliers only.							