



VENDOR PREQUALIFICATION FORM

Please complete this form and return via email to news@coastalrestor.com.

Name of Company:

Name of Principal:

Email:

Street Address:

City:

State:

Zip:

Phone:

Fax:

Website:

Mobile Phone:

☐ Subcontractor ☐ Supplier ☐ Professional Service ☐ Other

Firm certified as? ☐ MBE ☐ WBE (attach copy of certification)

Workforce is? ☐ Union ☐ Non-Union

Years in business under present name:

Total # of office staff:

Total # of field staff:

Average annual sales in last three (3) years:

Self-performed work:

BANK REFERENCE

Name of Bank:

Branch Location:

Account Number:

Contact Person:

Phone:

Email:

Total Bonding capacity:	Bonding capacity job:	Value of work currently bonded:
\$	\$	\$

Current Workers Compensation Experience Modification Rate:

Has your firm..? (if selected, submit detail on separate sheet/attachment):

<input type="checkbox"/> failed to complete a contract	<input type="checkbox"/> been involved in bankruptcy/reorganization
<input type="checkbox"/> any pending judgments	<input type="checkbox"/> any claims or suits against

Detailed Specifications – interested in bidding for:

1. The subcontractor shall provide Coastal Projects Management. (hereinafter referred to as "Coastal Projects Management") with a Certificate of Insurance prior to commencing any work listing "Coastal Projects Management" with address at 6301 NW 5th Way, Suite 1200, Fort Lauderdale, FL 33309 as an additional insured, to include the following minimum insurance limits:

Commercial General Liability

1,000,000 Any one Occurrence
1,000,000 Any one person / Organization
2,000,000 General Aggregate
2,000,000 Products/ Completed Operations

Aggregate Automobile Liability (Comprehensive Coverage)

1,000,000 each Accident

Employers' Liability – (Coverage "B" on the Worker's Comp. Policy)

Marked as "Per Statute"

2. Insurance of the Subcontractor shall be primary.
3. Subcontractors shall further indemnify and hold Contractor and its surety, if any, completely harmless from and against any and all claims, suits, actions, demands, damages, judgements, liabilities, interest, attorney fees, including reasonable actual attorney fees incurred by Contractor, costs or expenses of any nature arising out of or relating to Subcontractor's failure to fully pay or discharge any debt of Subcontractor to any sub subcontractor or supplier for labor, equipment, materials or supplies furnished for performance of work hereunder.
4. Waiver of Subrogation: Subcontractor waives all rights against Contractor, Owner and Architect and their agents, officers, directors, and employees for recovery of damages to the extent these damages are covered by commercial general liability, commercial umbrella liability, business auto liability or workers compensation and employer's liability insurances maintained per requirements stated above.
5. Subcontractor shall have current Certificates of Insurance on file with Coastal Projects Management before a contract can be issued, and any Work is to be performed. Insurance required is: Worker's Compensation, Auto, Umbrella and General Liability, naming Coastal Projects Management and its subsidiaries as an additional insured with respect to the General Liability coverage. Subcontractor insurance shall be primary and noncontributory with a 30-day notice of cancellation, completed operations coverage for itself and each additional insured for at least three (3) years after completion of work and a waiver of subrogation favoring Coastal Projects Management. Subcontractor shall provide Coastal Projects Management with Certificates of Insurance reflecting the requirements described herein.

This form must be signed by an officer of your company or individual authorized by the company.

Signature: _____

Printed Name: _____ Title: _____

Type of Company: ☐ Corporation ☐ Partnership ☐ Sole Proprietor ☐ LLC

Acknowledgement of Status

This Agreement is entered into between, _____,
located at: _____,
herein after referred to as "Contractor" and the following Employee _____,
hereinafter referred to as Employee.

EMPLOYEE STATUS with Contractor only: Contractor and the above-referenced employee hereby acknowledge and understand that Employee works as an employee for Contractor only and is specifically not an employee of Coastal. Employee further agrees that at no time will it hold itself out as an employee of Coastal for any purpose whatsoever, and the parties agree that the mere fact that Coastal may give Employee a Coastal shirt to wear on the job contemplated herein (which you may or may not wear at your sole discretion), shall in no way change the fact that you are an employee of Contractor only for all purposes, and specifically not an employee of Coastal for any purpose. You as Employee of Contractor only, further understand and acknowledge that Contractor, not Coastal, is solely responsible for you with respect to liability insurance, worker's compensation insurance, and any other insurance for any and all acts, omissions or events that you may be involved in at any time while performing the work contemplated in the attached Agreement, or otherwise, whether involving property damage, personal injury to you, injuries of claims of others, or otherwise. Employee also agree that in the event of any such claims or liabilities, either for negligence or otherwise, arise with respect to you or any third party, Employee, by signing below, further agrees to release, indemnify, and hold Coastal harmless against all such claims, acts, events or liabilities of whatever nature whatsoever.

Signature: _____ Date: _____

Employee Name: _____

Signature: _____ Date: _____

Subcontractor Principal Name: _____

SUBCONTRACTOR EMPLOYEE LIST

(Please list all Employees which you will be using for Coastal projects)

Employee Name:

Employee DOB:

Employee Name:

Employee DOB:

Employee Name:

Employee DOB:

Employee Name:

Employee DOB:

Employee Name:

Employee DOB:

Employee Name:

Employee DOB:

Employee Name:

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Employee Name:

Employee DOB:

Employee Name:

Employee DOB:

Employee Name:

Employee DOB:

ACH Authorization Form

Please complete the information below:

I, _____ as _____ of _____
(full name) (position) (company)

authorize Coastal Projects Management to Credit my bank account indicated below. (This includes authorization to correct any entries made in error. This authorization will remain in effect until I give written notice to cancel it.

In order to be eligible for ACH services, you must print, complete this form, and attach a voided check [Not necessary, but recommended] and return to mplanas@coastalrestor.com.

Billing Address:

City: State: Zip:

Phone#: Email:

Account Type: ☐ Checking ☐ Savings

Name on Acct:

Bank Name:

Account Number:

Bank Routing #:

Bank City/State:



I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Coastal Projects Management in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that Coastal Projects Management may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

Signature: _____ Date: _____