## DONLAR CONSTRUCTION COMPANY SUBCONTRACTOR PREQUALIFICATION

COMPANY NAME					
ADDRESS					
PHONE			FAX		
PRIMARY CONTACT			TITLE		
E-MAIL			PHONE		
NAME OF OWNER OF	R COMPANY P	RINCIPALS			
DATE FORMED					
TYPE OF WORK PERI	FORMED				
UNION (Y/N)		_ IF YES, SIGNATO	ORY UNIONS		
DO YOU HAVE A DISA	ADVANTGED B	BUSINESS CERTIFIC	CATION (Y/N)?	_	
IF YES, CERTIFICAT	TION AND ISSI	UING AGENCY			
STAFFING LEVELS CURRENT PROJECT	OFFICE		FIELD WORKERS	OTHER	TOTAL
OVERALL				<u> </u>	
SAFETY					
DO YOU HAVE A SA	AFETY PROGR	AM (Y/N)	EMR	CURRENT YR	
OSHA VIOLATIONS	IN THE LAST	3 YEARS (Y/N):		PRIOR YEAR	
DETAILS				2 YRS AGO	
LEGAL				-	
_	LIENS/JUDGE	EMENTS OR PENDIN	NG LITIGATION/ARBITRAT	ION (Y/N)?	
HAS AN OWNER OF IF YES, DETAILS	R CONTRACTO	OR TERMINATED AI	NY CONTRACTS IN THE LA	AST 5 YEARS (Y/N	)
HAS YOUR COMPAI IF YES, DETAILS	NY FAILED TO	COMPLETE ANY P	PROJECTS IN THE LAST 5	YEARS (Y/N)	
BANKING					
BANK NAME			PHONE		
CONTACT			E-MAIL		
ADDRESS					
INCLIDANCE					
INSURANCE AGENCY NAME			PHONE		
CONTACT			E-MAIL		
ADDRESS			E-IVIAIL		
	AN DDOVIDE	A CERTIFICATE OF	INSURANCE MEETING TH	IE DEOLIIDEMENT	<u> </u>
		SAMPLE CERTIFIC			3
BONDING					
SURETY/BONDING	COMPANY				
AGENCY NAME			PHONE		
AGENT			E-MAIL		
ADDRESS			<del></del>		

BONDING LIMITS					
AGGREGATE	BOND RATE				
PER PROJECT	BOND CLAIMS IN LAST 5 YEARS				
TRADE REFERENCES					
COMPANY NAME		PHONE	≣		
CONTACT		E-MAIL	<u></u>		
ADDRESS					
COMPANY NAME		PHONE			
CONTACT		E-MAIL	<u></u>		
ADDRESS					
COMPANY NAME		PHONE	<u> </u>		
CONTACT		E-MAIL	_		
ADDRESS					
BACKLOG					
CURRENT					
AVERAGE	(OVER THREE YEARS)				
PROJECTS					
LARGEST PAST PRO	DJECT		YEAR:		
AVERAGE PROJECT	SIZE				
DDO IECT DEEEDENICE		VITHIN THE PAST 3 YEARS)			
OWNER/GC/CM	•	DUON	_		
CONTACT		E-MAIL	-		
ADDRESS			-		
PROJECT NAME					
PROJECT COMPLET	ION DATE	CONTRACT AMOL	JNT		
OWNER/GC/CM		<del></del> PHONE	 :		
CONTACT		E-MAIL			
ADDRESS					
PROJECT NAME					
PROJECT COMPLET	TION DATE	CONTRACT AMOL	JNT		
OWNER/GC/CM		<del></del> PHONI	=		
CONTACT		E-MAIL			
ADDRESS					
PROJECT NAME					
PROJECT COMPLET	ION DATE	CONTRACT AMOL	JNT		
		y of the above listed firms to Donla			
	listed above to be true to		ar Construction Company.		
, ,		,			
	AUTHORIZED SIGN	NATURE & TITLE	DATE		

Fill out and return to Donlar Construction by fax at 651-227-0132 or e-mail at <a href="mailto:karl.anderson@donlarcorp.com">karl.anderson@donlarcorp.com</a>



## **ACORD®**

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/26/2021

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

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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). CONTACT NAME: PRODUCER FAX (A/C, No): PHONE (A/C, No, Ext): ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: INSURED INSURER B: INSURER C: INSURER D : INSURER E : INSURER F : COVERAGES **CERTIFICATE NUMBER:** Sample for Subs **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. ADDL SUBR POLICY EFF (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER COMMERCIAL GENERAL LIABILITY 2,000,000 EACH OCCURRENCE DAMAGE TO RENTED CLAIMS-MADE | CCCUR PREMISES (Ea occurrence) MED EXP (Any one person) Υ 2,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE POLICY PRO-JECT 2,000,000 PRODUCTS - COMP/OP AGG \$ \$ OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY \$ 2,000,000 ANY AUTO BODILY INJURY (Per person) OWNED SCHEDULED AUTOS ONLY HIRED Υ BODILY INJURY (Per accident) \$ AUTOS NON-OWNED PROPERTY DAMAGE \$ AUTOS ONLY **AUTOS ONLY** \$ UMBRELLA LIAB 2,000,000 OCCUR EACH OCCURRENCE **EXCESS LIAB** Υ 2,000,000 CLAIMS-MADE AGGREGATE DED RETENTION \$ \$ WORKERS COMPENSATION X STATUTE AND EMPLOYERS' LIABILITY 500,000 ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT Ν N/A Υ OFFICER/MEMBER EXCLUDED? 500,000 (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below 500,000 E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Donlar Construction Company is included as additional insured in regard to the General Liability, Auto Liability & Umbrella/Excess Liability, on a primary and non-contributory basis, including ongoing and completed operations, per forms CG2010 04/13 & CG2037 04/13 or their equivalents. A Waiver of Subrogation, in favor of Donlar Construction Company, applies to the General Liability, Auto Liability, Workers Compesation and Umbrella policies. Donlar Construction Company shall be provided with 30 days prior written notice should any of the above policies be canceled or materially changed. CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. **Donlar Construction Company** 550 Shoreview Park Rd. **AUTHORIZED REPRESENTATIVE** MN 55126 Shoreview

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