



# Subcontractor Information Form

## Fort Worth

[Exhibit A]

All subcontractors are required to complete this questionnaire. This form must be filled out completely.

**Return completed form to: [Info@Blockcompanies.com](mailto:Info@Blockcompanies.com)**

Application Date:

**Do you have Multifamily Experience?** Yes      No

Background					
Company name		Type of company		Type of work Performed	
Street Address			Phone number	Fax Number	
City/State/Zip	Contact Name		Email address		
Year business was established	States we do work in		Previous name of company (if applicable)		
Contractor's License #, if applicable	D&B #		Union Non Union		
Safety					
Please check if your Company implements the following safety controls:				Yes	No
Has a written safety program.					
Has an implemented drug screening policy for all employees					
Performs safety orientation and training for all employees					
Performs continuing safety education for all employees					
Does your Company provide OSHA 10 training?					
Does your Company provide OSHA 30 training?					
If not, is your Company willing to provide OSHA 10/ 30 training, if necessary?					
Certification					
Please check if your Company has any of the following certifications:				Yes	No
Qualified minority business AND/OR Section 3 certified business? If yes, select certification: MBE      WBE      SBE      Section 3      Choose one, if applicable :    NCTRTA   DFW MSDC   WBESW					
Does your Company utilize apprenticeship programs?					
If no, is your Company willing to utilize apprenticeship programs, if necessary?					
If YES for any of the above, attach proof and/ or certifications to pre-qualification form.					
Compliance					
Is your Company familiar with the following?					
Davis Bacon Wage Rates?	YES	NO	BACON or Austin Pay or Play program?	YES	NO
Certified Payroll?	YES	NO	Section 3 labor goal requirements?	YES	NO
LCPTTracker?	YES	NO	MWSBE goal requirements?	YES	NO
Has your Company done work on a HUD funded project that required certified payroll within the past 2 years?				YES	NO
Does your company provide health insurance for all employees working 30 or more hours weekly?				YES	NO
If no, is your Company willing to provide health insurance to these employees during a specific project?				YES	NO
Compliance officer Contact		Phone number		Email address	



SUBCONTRACTOR PRE-QUALIFICATION FORM
Fort Worth

[Exhibit A]

Schedule
Provide summary of the 3 largest projects completed
Table with columns: Location, Start/ Completion, Amount

Bonding Information
Please provide the following bonding information:
Table with columns: YES, NO, Bond Rating, Bonding Capacity, Single Project, Aggregate, Bond Cost (% or \$/1000), Name of Bonding company, Contact, Phone Number, Last type of bond issued, Date, Amount

Banking Information
Please provide financial references
Table with columns: Name of current bank, Contact, Phone Number, Line of credit, Amount

References (The below references may be contacted by Block Builders for verification purposes)
Please provide 3 client/ supplier references
Table with columns: Company name, Contact, Phone Number

How did you hear about Block Builders, LLC? \_\_\_\_\_

I hereby certify that to the best of my knowledge, the information submitted herein, including any attachments, is true and sufficiently complete so as not to be misleading. By executing this document, I acknowledge, accept and agree that this form and the information supplied herein, will be shared with the Fort Worth Housing Solutions, as well as, consultants, developers and other entities doing work with and for the Stop Six development.

Completed by: \_\_\_\_\_ (Print or Type) \_\_\_\_\_ (Signature)

Title: \_\_\_\_\_ (Title) Date: \_\_\_\_\_

If you intend to work with Block Builders, LLCs, it is essential that you return the documentation. This document should not be construed to constitute a commitment, or a request to perform any work.



## Exhibit B

# Insurance Requirements

- I. Sub-Subcontractors coverage must be as broad as that of Subcontractor.
- II. Our acceptance of a certificate with deficient coverage does not constitute a waiver of any coverage requirement.

### 1. General Liability:

**\$1,000,000 Occurrence, \$2,000,000 General Aggregate.**

**Products and Completed Operations Aggregate: \$2,000,000**

- a. Primary/Non-Contributory Endorsements in favor of Holder.
- b. Waiver of Subrogation, Blanket or Specific.
- c. Subcontractor must name "Block Builders, LLC" as Additional Insured

The following forms are acceptable: **Copy of Endorsement must be attached.**

- I. CG 2010 11/85 (preferred)
- II. CG 2010 (07/04) AND CG 2037. (7/04)
- III. CG 2010 (04/13) or 2033 (04/13) AND CG 2037 (04/13) (acceptable)

GL endorsements **Not Allowed:**

- Contractual Liability Limitation Endorsement (CG 2139), (or similar language)
- Amendment of Insured Contract Definition (CG 24 26), (or similar language)
- Exclusion Bodily Injury to employees of subcontractors, (or similar language)

### 2. Workers Compensation:

- a. Statutory Coverage in the State where the work is being performed.
  - I. The State where work is being performed must be shown in item "3A" and "3C" of the Declarations Page.
  - II. **A copy of the Declarations Page or Endorsement must be attached.**
- b. Employers Liability \$1,000,000/\$1,000,000/\$1,000,000
- c. If any owner is excluded from coverage, they are NOT allowed on the jobsite. (See the attached 'Workers Compensation Insurance' Addendum) **Signed form must be attached.**

### 3. Automobile Liability:

- a. \$1,000,000 Combined Single Limit.
- b. Scheduled or Blanket Waiver of Subrogation.
- c. Primary Non-Contributory wording.
- d. Names "Block Builders, LLC" as Additional Insured.
- e. If the Subcontractor owns autos, the following must be provided:
  - I. Owned Autos.
  - II. Non-Owned Autos.
  - III. Hired Autos.
- f. If Subcontractor does NOT own vehicles, the following must be provided:
  - I. Non-owned Auto Coverage
  - II. Hired Auto Coverage.

### 4. Umbrella Liability \$1,000,000

- a. Certificate must state Umbrella is Excess over GL, Auto, and Workers Comp Employers Liability.



# CERTIFICATE OF LIABILITY INSURANCE

DATE: (MM/DD/YY)

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 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).

<b>PRODUCER</b> Producer Name Producer Address City, State ZIP	<b>CONTACT NAME:</b> Agent's Name	<b>FAX (A/C, No):</b> Agent's Fax	
	<b>PHONE (A/C No, Ext):</b> Agent's Phone		
	<b>EMAIL ADDRESS:</b> Agent's Email		
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> Insurance Company Name		
<b>INSURED</b> Insured Name Insured Address City, State Zip	<b>INSURER B:</b> Insurance Company Name		
	<b>INSURER C:</b> Insurance Company Name		
	<b>INSURER D:</b> Insurance Company Name		
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

**COVERAGES****CERTIFICATE NUMBER:****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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	Policy Number	Effective Date	Expiration Date	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (ANY ONE PERSON) \$ PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> NON-OWNED <input type="checkbox"/> HIRED AUTOS ONLY	Y	Y	Policy Number	Effective Date	Expiration Date	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTIONS	Y	Y	Policy Number	Effective Date	Expiration Date	EACH OCCURENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT <input type="checkbox"/> E.L. DISEASE - EA EMPLOYEE <input type="checkbox"/> E.L. DISEASE - POLICY LIMIT If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Y	Policy Number	Effective Date	Expiration Date	E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Holder is Additional Insured on Comprehensive General Liability (CGL): CG 2010 11/85 OR CG 2010 (07/04) AND CG 2037 (04/13) OR CG 2033 (04/13) AND CG 2037 (04/13). CGL policy does not include Contractual Liability Limitation Endorsement (CG 21 39) or Amendment of Insured Contract Definition (CG 24 26). Primary/Non-Contributory Endorsement in favor of Holder on Auto, CGL and Umbrella.

Waiver of Subrogation Endorsement in favor of Holder on CGL, Workers Comp., Auto and Umbrella. Umbrella Follows form on CGL, Auto, and Employers Liability. Texas Is shown as an Insured State in Item 3A and 3C of the Worker's Compensation policy.

**CERTIFICATE HOLDER****CANCELLATION**

Block Builders, LLC 619 Jefferson Highway, Suite 2G Baton Rouge, Louisiana 70806	<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</b>
	<b>AUTHORIZED REPRESENTATIVE</b>



## OUR MISSION |

Block is committed to providing superior construction solutions with unsurpassed professionalism from our highly experienced team members. Block is also committed to long term sustainability by serving as a leader and partner in transforming and revitalizing the communities we serve.

## OUR PHILOSOPHY )

At Block, our company is guided by quality, honesty and hard work. Our team of highly experienced construction industry professionals are committed to operating with the highest ethical standards... we believe in doing the right thing each and every time!

We work hard to understand our customers' needs and assist them in achieving their goals — and that goes well beyond constructing quality projects safely, efficiently, on-time and within budget.

Our clients will always receive personalized 24/7 attention and our lines of communication are always open. We know what it takes to cultivate and maintain strong partnerships — including insuring that there is direct partner involvement on each and every project.

Every client is equally important to us - regardless of project size or the length of time of our relationship. From the small, intimate retail spaces to the large, complex multi-family developments, our team is committed to delivering the same high-quality level of service and attention, day-in and day-out.

At Block, building long-lasting relationships with our clients is the cornerstone of our business!

## OUR SERVICES |

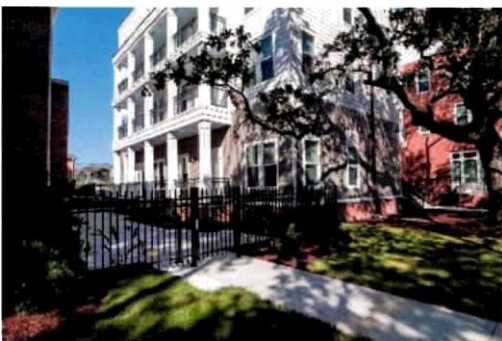
Bloch is a full-service General Contractor and Co-Developer, experienced across an extensive range of projects and industries. As a creative, collaborative team we can tailor our services to meet any client's unique project needs and existing partner relationships. In Houston, our current focus is on Multi-Family projects.

## OUR COMMITMENT TO MWBE |

At Block we are committed to developing business opportunities for MWBE Companies and Firms in the Greater Houston area. In order to build long-term sustainable relationships, we are seeking to identify MWBE's that have a track record of delivering superior technical capabilities at competitive prices to serve as sub-contractors as we expand our Texas foot print.

We are looking for MWBE Companies and Firms from all trades in the construction industry.

# BETTER WORK, STRONGER RELATIONSHIPS



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