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Knoxville, TN 37918  
Tel: 865.688.1335 / Fax: 865.688.9291  
[www.creativestructuresinc.com](http://www.creativestructuresinc.com)

Attention: Prospective Subcontractors

Re: Prequalification Applications

Creative Structures, Inc., appreciates your participation with our pre-qualification process. We continually strive to partner with subcontractors who have the ready capability to provide competitive pricing during our bid period services, operate in a safe and professional manner, and have the ability to meet our insurance requirements.

Please complete the attached forms and return to Creative Structures, Inc. for review. The forms available are:

- I. Subcontractor Prequalification Questionnaire
  - a. Please complete with assistance from your insurance agent(s)
  
2. Bidder's List Solicitation and Requirements
  - a. Please complete and return to allow Creative Structures, Inc. to add your company to our database

You will also find a document explaining the insurance requirements that all Subcontractors must carry. Please also forward a copy of your insurance certificate(s) and your contractor's and/or business license(s).

Please submit your completed prequalification packet to [info@creativestructuresinc.com](mailto:info@creativestructuresinc.com). Questions or comments can also be sent to this address.

Thank you,

Creative Structures, Inc.  
General Contractors



## Insurance Requirements

Prior to the start of the Subcontractor's Work, Subcontractor shall procure and maintain in force for the duration of the Project Workers' Compensation Insurance, Employer's Liability Insurance, Commercial General Liability Insurance, and Automobile Liability Insurance on all owned, non-owned and hired vehicles.

CREATIVE STRUCTURES, INC. shall be named as additional insured on each of these policies except for Workers' Compensation. A waiver of subrogation in favor of CREATIVE STRUCTURES, INC. is required from all insurance carriers including the Workers' Compensation.

Subcontractor's Commercial General Liability, Automobile Liability Insurance, and Workers' Compensation shall be primary and non-contributory and any applicable insurance carried by either the owner or CREATIVE STRUCTURES, INC. shall be excess over subcontractor's insurance. The policies shall be written with limits of liability not less than the following:

- A. Commercial General Liability including Premises and Operation, Completed Operations carried (for a period of two years after the completion of the project), Contractual Liability to cover Subcontractor's obligation in the Indemnity Clause, XCU Coverages, and Contractors Protective Liability Coverage:
  - Bodily Injury & Property Damage: \$1,000,000 Per Occurrence
  - \$2,000,000 Aggregate
  - Aggregate limit shall apply specifically to this job.
  - Additional Insured status shall apply to both ongoing and completed operations.
- B. Automobile Liability: \$1,000,000 Combined Single Limit for Bodily Injury and Property Damage on all Owned, Non-Owned and Hired Vehicles (Symbol I Coverage OR Any Auto)
- C. Workers' Compensation: Statutory coverage in accordance with the laws of the state in which the work is to be performed. The certificate must show the state where the project is located as a covered state for the statutory benefits of that state. Any applicable Federal or Maritime coverage (e.g., Longshoremen's and Jones Act) that may be required due to subcontractors work shall be included in subcontractor's coverage.
  - Employers' Liability: \$100,000 Per Accident
  - \$500,000 Disease Policy Limit
  - \$100,000 Disease Each Employee
- D. Excess Liability \$1,000,000 excess/following form coverage over General Liability, Auto Liability And Employers' Liability
- E. Watercraft Liability \$1,000,000 If Applicable
- F. Aircraft Liability \$1,000,000 If Applicable
- G. Design - Professional Errors and Omissions Coverage - \$1,000,000 If Applicable

Subcontractor shall maintain in effect all insurance coverage required at Subcontractor's sole expense and with insurance companies acceptable to CREATIVE STRUCTURES, INC.

All insurance policies shall contain a provision that the coverages afforded thereunder shall not be canceled or not renewed, nor restrictive modifications added, until at least thirty (30) days prior written notice has been given to CREATIVE STRUCTURES, INC.

Certificates of Insurance in the form of the attached Sample Certificate, and upon request certified copies of policies acceptable to CREATIVE STRUCTURES, INC., shall be filed with Contractor prior to start of the Subcontractor's Work.

In the event Subcontractor fails to obtain or maintain any required insurance coverage, CREATIVE STRUCTURES, INC. may (i) purchase such coverage and charge the expense thereof to Subcontractor (ii) stop all work by subcontractor pending adequate proof of the existence of proper coverage (no such stop work order shall entitle subcontractor to additional time or money (iii) terminate, immediately and without prior notice, this Agreement for default (iv) withhold any further payments to Subcontractor until arrangements for the required coverage are made.



## Creative Structures, Inc. Subcontractor Pre-Qualification Questionnaire (Bonding - Insurance Coverage)

Instructions: Please have your insurance agent(s) complete this questionnaire concerning your current insurance program and return questionnaire to us along with a copy of your Certificate of Insurance(s).

Subcontractor Name \_\_\_\_\_

**1. Form I-9 - Employment Eligibility Verification**

Do you ensure that employees possess proper authorization to work in the United States and that hiring practices do not unlawfully discriminate based on immigration status?

Yes     No

**2. Bonding Information**

a. bonding capacity \_\_\_\_\_

b. bonding rate \_\_\_\_\_

c. current bonded amount \_\_\_\_\_

**3. All insurance carriers have a minimum Best's rating of A-VII**

Yes     No

**4. The limit of liability of each policy is equal or exceeds the minimum limit required in the attached insurance requirements**

Yes     No

**5. The General Liability coverage is written on an "occurrence" form. If written on a "claims-made" basis, what is the retroactive date?**

Yes     No \_\_\_\_\_

**6. The General Liability policy includes coverage for the following (subject to the normal policy terms, conditions and exclusions)**

- |   |  |
|---|--|
| <input type="checkbox"/> premises - operations    | <input type="checkbox"/> explosion, collapse & underground hazards |
| <input type="checkbox"/> personal injury coverage | <input type="checkbox"/> products / completed operations           |
| <input type="checkbox"/> contractual liability    |  |

**7. Under the GENERAL LIABILITY policy, can you:**

a. provide the general aggregate limit on a per project basis OR provide a separate general aggregate limit for a specific project

Yes     No

b. name Creative Structures, Inc, the Owner(s) and others required in the contract as Additional Insured on standard ISO forms for ongoing operations or the equivalent thereto

Yes     No

c. name Creative Structures, Inc, the Owner(s) and others required in the contract as Additional Insured under standard ISO forms for completed operations or the equivalent thereto

Yes     No

**8. Under the WORKER'S COMPENSATION policy, can you (if covered by the same company - if not - see Item 9)**

- provide statutory WC benefits in the state that you are applying for
- endorse the policy to waive right of subrogation against Creative Structures and others required by contract
- EMOD Rating

Insurance Company Name \_\_\_\_\_

Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_



Part 2 (Complete if Worker's Compensation is by different insurance provider)

9. If Worker's Compensation coverage is by a different insurance provider than General Liability insurance provider, please complete the following:

Under the WORKER's COMPENSATION policy, please provide:

Name of Carrier \_\_\_\_\_

- provide statutory WC benefits for the state in which you are applying
- endorse the policy to waive right of subrogation against Creative Structures, Inc and others required by contract
- EMOD Rating

Insurance Company Name \_\_\_\_\_

Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

You may print and submit this form by any of the following methods:

Mail: 3208 Tazewell Pike, Suite 103  
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Fax: 865.688.9291

Email: info@creativestructuresinc.com



**Bid Solicitation  
Subcontractor / Supplier Questionnaire**

Company Name \_\_\_\_\_ Date \_\_\_\_\_

Physical Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PO Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Cell Number \_\_\_\_\_ Email \_\_\_\_\_

Years in business \_\_\_\_\_ # of Employees \_\_\_\_\_ Bond Rate % \_\_\_\_\_ EMR \_\_\_\_\_

State Contractor's License No. \_\_\_\_\_

- Work Types:  Commercial  Residential  
 Industrial  Educational  
 Institutional  Multi Family

Trades Performed \_\_\_\_\_  
\_\_\_\_\_

States Worked In \_\_\_\_\_

Can you provide current licenses for each of the states listed above? \_\_\_\_\_

Current Projects \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

References \_\_\_\_\_  
\_\_\_\_\_

- Insurance Carried:  Workers Compensation  
 General Liability  
 Automobile

- Certified:  MBE - Minority Business Enterprise  
 WBE - Women Business Enterprise  
 SB - Small Business  
 SDB - Small Disadvantaged Business  
 VOSB - Veteran Owned Small Business

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