



**MIRANDA**  
C O N S T R U C T I O N

Bid List Requirements

Miranda Construction requires every subcontractor to submit their W9 and Certificate of Insurance to the office to be included on our subcontractor bidders list. Also, we ask that all subcontractors include their W9 and Certificate of Insurance with every bid and/or contract that names Miranda Construction as the Certificate Holder and Additionally Insured. An updated copy of your COI should be sent to us automatically every renewal year, preferably by email.

On page 2, please see a sample of our insurance requirements. If you win the bid, and you do not have proper insurance, you will be charged 14% of your invoice/contract, as we must pay your workers comp for that job.

In addition to the requested information above, we need names and contact info to three general contractors that your company has worked for in the recent past. We also attached one referral form that one of your referrals need to fill out and return.

All of this information can be emailed back to [tunderwood@mirandaconstruct.com](mailto:tunderwood@mirandaconstruct.com). We appreciate your compliance with this request and please feel free to contact us with any questions or concerns.

Thank you,

Tara Underwood

Miranda Construction  
Project Manager Assistant  
[tunderwood@mirandaconstruct.com](mailto:tunderwood@mirandaconstruct.com)  
502-727-2232



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).

PRODUCER  <b>REQUIRED</b>	CONTACT NAME: <b>REQUIRED</b>	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:		
NAME AS IT APPEARS ON THE CONTRACT	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A:	<b>REQUIRED</b>	
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

**COVERAGES**

CERTIFICATE NUMBER: 2104357905

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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y	Y	<b>REQUIRED</b>	<b>DATES OF POLICY SHOULD FALL WITHIN CONTRACT DATES</b>	1	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y				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 checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0	Y	Y				EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <b>(Mandatory in NH)</b> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	<b>REQUIRED</b>	<b>DATES OF POLICY SHOULD FALL WITHIN CONTRACT DATES</b>		<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

Miranda Construction, LLC, and any other party as required by contract documents, are included as Additional Insureds, on a Primary, Non-contributory basis, and Waiver of Subrogation is provided regarding General Liability, Auto Liability & Umbrella, when required by contract.

**CERTIFICATE HOLDER****CANCELLATION**

Miranda Construction, LLC 322 E Kentucky St Louisville KY 40203	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  <b>REQUIRED</b>

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# MIRANDA

C O N S T R U C T I O N

322 E Kentucky St  
Louisville, KY 40203

Date: \_\_\_\_\_ Company (giving reference) \_\_\_\_\_

Contact Name: \_\_\_\_\_

Re: Reference for \_\_\_\_\_

1. Are you willing to provide a reference for the above Subcontractor/Supplier? Yes  No   
If No, please fax the questionnaire to our office as soon as possible

## GENERAL

2. Has your firm worked with the above named company for 3 years or more? Yes  No
3. In your experience, has this Subcontractor/Supplier ever failed to execute an agreement when awarded? Yes  No
4. Would you work with this Subcontractor/Supplier again? Yes  No
5. In this trade, how would you rate this company's overall performance?  
 Poor  Below Average  Average  Above Average  Excellent

## PERFORMANCE

6. Would you say this Subcontractor/Supplier provides quality installation in accordance with the plans, specs and governing codes?  
Yes  No
7. Does this Subcontractor/Supplier provide the necessary staffing to complete the project in accordance with the Project Schedule?  
Yes  No
8. Does this Subcontractor/Supplier attend and participate in the regular subcontractor coordination meetings? Yes  No
9. Does this Subcontractor/Supplier provide submittals and shop drawings in a timely fashion and, in your experience, are the materials and supplies delivered to the site on time? Yes  No
10. Is paperwork (such as pay requests, schedule of values, change proposals and releases) produced in a timely fashion and a professional manner? Yes  No

## FINANCIAL

11. How would you rate this Subcontractor/Supplier competitiveness with respect to pricing, with Poor being the least?  
 Poor  Below Average  Average  Above Average  Excellent
12. Does this Subcontractor/Supplier provide proper lien releases from suppliers and subcontractors prior to receiving payment?  
Yes  No
13. Are you aware of any instances when this Subcontractor/Supplier has failed to pay their suppliers or subcontractors?  
Yes  No



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322 E Kentucky St  
Louisville, KY 40203

14. What is the nature of work they performed for your firm? \_\_\_\_\_  
\_\_\_\_\_

15. Other Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**A follow-up phone call may be necessary to obtain additional information on answers you may have provided in this questionnaire.**

**Phone Number:** \_\_\_\_\_

**PLEASE EMAIL THIS DOCUMENT TO:**

**Miranda Construction  
TUNDERWOOD@MIRANDACONSTRUCT.COM**

Thank You!

Miranda Construction