



Subcontractor & Vendor Registration Form

Thank you for your interest in the Schlitterbahn Vacation Village. Please fill out the form below to be added to the Schlitterbahn Vacation Village project database.

Schlitterbahn Vacation Village
1709 N. 98th Street
Kansas City, KS 66111
Attention: Bernice Perez
Phone: 913.334.5200
Fax: 913.334.5206

Date: _____

SUBCONTRACTOR & VENDOR REGISTRATION FORM

Name of Company: _____

Street Address: _____

(city) (state) (zip)

Phone: _____ Fax: _____

Contact _____ Phone: _____ Cell Phone: _____ E-mail: _____

Website: _____

Is your Company:

MBE WBE

MBE/WBE Certified by: _____

Please attach copies of all certifications.

Is this address the: Main Office Regional Office Branch Office

Name of Parent Company: _____

Address of Parent Company: _____

Trades

Please fill-in the trade(s) that your Company is interested in bidding

Year Company Started: _____ Type of Company: Corp. Partnership Proprietorship Sub. S. Corp.

State of Incorporation: _____ Date of Incorporation: _____

Contractor's License Number: _____ State: _____ Expiration: _____ (Attach list if needed)

State Sales Tax Registration Number: _____ (attach list as needed)

State Unemployment Insurance Number: _____ (attach list as needed)

Federal ID Number _____

SUBCONTRACTOR & VENDOR REGISTRATION FORM (continued)

How many people does your Company presently employ:
 Home Office _____ Field Supervisory _____ Tradespeople _____

Has your Company ever had a claim made against it for improper, delayed, defective or non-compliant work or failure to meet warranty obligations? _____ Yes _____ No
 If yes, please explain: _____

Is your Company or any of its owners, officers or major shareholders currently involved in any arbitration or litigation? _____ Yes _____ No
 If yes, please explain: _____

Does your Company have any outstanding judgements or claims against it? _____ Yes _____ No
 If yes, please explain: _____

Please list any litigation brought against your Company in the past five (5) years asserting that you failed to make payments to anyone. _____

List the geographical areas in which you work : _____

List Unions which you have agreements with:

Local Number	Union Name	Agreement Expiration
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List the trades you normally perform with your own forces: _____

What percentage of the Company's work is normally subcontracted? _____ %

What trades do you normally subcontract? _____

What is the largest contract your Company has completed?

Amount: \$ _____ Year: _____ Project name and scope: _____

What is the largest dollar volume job you expect to do during this year?

Amount: \$ _____ Project name and scope: _____

What is your expected annual volume this year: \$ _____ # of Projects _____

What was the average annual volume of work performed over the past 5 years:

Yr./Vol.	_____	Yr./Vol.	_____	Yr./Vol.	_____
Yr./Vol.	_____	Yr./Vol.	_____	Yr./Vol.	_____

SUBCONTRACTOR & VENDOR REGISTRATION FORM (continued)

MBE/WBE Participation in work which you subcontract (average participation for last 3 years) MBE _____ % WBE _____ %
 Minority/Female workforce participation (average percentage utilization for last 3 years) MIN _____ % FEM _____ %

Bonding Company:

A. Name of Surety _____ Key Contact Person/Phone _____

B. Bonding Capacity: Per Job \$ _____ Aggregate: \$ _____

Date of Last Bond _____ Amount: \$ _____
 Bond Rate _____ %

C. Please list the persons or entities who provide indemnification to your Surety: _____

List three of your major suppliers:

- A. Name: _____
 Address: _____ Telephone: _____
 Contact: _____
- B. Name: _____
 Address: _____ Telephone: _____
 Contact: _____
- C. Name: _____
 Address: _____ Telephone: _____
 Contact: _____

List three contractors that you do business with:

- A. Name: _____
 Address: _____ Telephone: _____
 Contact: _____
- B. Name: _____
 Address: _____ Telephone: _____
 Contact: _____
- C. Name: _____
 Address: _____ Telephone: _____
 Contact: _____

Trade Association Memberships: _____

List local or national accredited training programs in which you participate (craft or management training): _____

List key office personnel and field supervisors (attach resumes):

	<u>Name</u>	<u>Position</u>	<u>Year of Birth</u>	<u>Years Experience</u>	<u>Previous Employer</u>
A.	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____

We have attempted to answer all questions in a full and complete manner to assure that our answers are not in any respect misleading either by expressing ourselves in a misleading or ambiguous manner or omitting information.

Dated at _____

Name of Company: _____
 Completed by: _____
 Title: _____

**Exhibit A
Subcontractor Insurance Form**

Agent/Broker: _____
 Contact: _____
 Phone: _____

A. Commercial General Liability

Insurance Carrier:

1. Policy Form _____ Policy Number _____ Policy Period From _____ To _____ Occurrence Based _____
 Claims Made _____
2. Any exclusion from Standard CGL Policy? (Y/N) _____
3. Limits:

	Current	Max Obtainable
General Aggregate	\$ _____	\$ _____
Products-Comp/Op Agg.	\$ _____	\$ _____
Personal/Adv. Injury	\$ _____	\$ _____
Each Occurrence	\$ _____	\$ _____
Fire Damage (any one fire)	\$ _____	\$ _____
Med. Exp (any one person)	\$ _____	\$ _____
4. Deductible \$ _____
5. Per Project limits Yes _____ No _____

B. Excess Liability

Insurance Carrier:

1. Policy Form _____ Policy Number _____ Policy Period From _____ To _____ Occurrence Based _____
 Claims Made _____
2. Umbrella _____
 Or Excess: _____
3. Each Occurrence

	Current	Max Obtainable
Each Occurrence	\$ _____	\$ _____
Aggregate:	\$ _____	\$ _____

C. Worker's Compensation and Employer's Liability

Insurance Carrier:

1. Policy Form _____ Policy Number _____ Policy Period From _____ To _____
2. Limits \$ _____

- 3. E.L. Each Accident \$ _____
- 4. E.L. Disease-Policy Limit \$ _____
- 5. E.L. Disease-Each Employee \$ _____

Insurance Form (Continued)

D. Automobile Liability

Insurance Carrier:

- 1. Policy Form _____ Policy Number _____ From _____ To _____

	Current	Max Obtainable
2. Combined Single Limit	\$ _____	\$ _____
3. Bodily Injury (per person)	\$ _____	\$ _____
4. Bodily Injury (per accident)	\$ _____	\$ _____
5. Property Damage	\$ _____	\$ _____

E. Professional Liability Insurance

Insurance Carrier:

- 1. Policy Form _____ Policy Number _____ From _____ To _____

- 2. Office Policy Limit: \$ _____ Deductible: \$ _____

- 3. Project Specific Limit available: \$ _____ Extended Reporting Period (tail) _____ yrs.
 Prior Acts: Yes _____ No _____