#### **Blue Spader Contractors, Inc.**



30375 Northwestern Hwy. Suite 101 Farmington Hills, MI 48334 PHONE: (734) 394-0923 FAX: (248) 479-0808

THE CURCENTRACT ACREENTING ENTERED INTO THE 1.4

SUBCONTRACT NO.**Text** JOB NO COMMITMENT NO. .

DITE ODADED CONTRACTOR INC

## **SUBCONTRACT**

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2017 1

#### JOB NAME: Text

Subcontractor Name	Ph:	Phone	Fx:	Fax Number
Subcontractor Address	Contact:	Contact	Cell:	Cell Number
	Email:	Email	VC:	VC
erein termed "Subcontractor".				
. OWNER/ A/E /CONTRACT DOCUME	NTS/SUBCON	TRACT DOCUMENTS.		
a. Contractor has entered into a prime constructio	tor has entered into a prime construction contract with		ddress	
erein termed "Owner" for the construction of <b>Text</b>				
accordance with the Contract Documents prepared by				
erein termed "A/E."		A/E Name A/E Address		

portions of the Agreement between Contractor and Owner (except Contractor's private financial data), Addenda, Plans, Drawings, Specifications, General, Special and Supplementary Conditions and Provisions, Guarantees, and all other documents forming or by reference made a part of such Agreement; and this Subcontract, and all authorized modifications, changes, additions and deletions thereto.

#### **B. SUBCONTRACT WORK.**

a. Subcontractor agrees to furnish all labor, supervision, safety protection, insurance, materials, fixtures, equipment, tools, supplies, other property and services necessary to perform and complete in a good and workmanlike manner and in strict compliance with the Subcontract Documents, including but not limited to all of the work and services (herein termed "Subcontract Work") described in the Scope of Subcontract Work, Subcontractor pre-award meeting, and on the Exhibits identified below which are attached and incorporated as part of this Subcontract by reference:

- b. <u>Exhibit "A"</u> List of Drawings, Specifications and Addenda. Subcontractor is responsible for verifying that Exhibit "D" correctly identifies all Contract Documents applicable to the Subcontract work. Any misdescription or omissions shall not relieve Subcontractor of the duty to perform all necessary work called for by such Contract Documents.
- c. <u>Exhibit "B"</u> Subcontractor Checklist.
- d. <u>Exhibit "C"</u> Contractor's Project Rules and Regulations. Please see <u>www.bluespader.net</u> (Initial)
- e. <u>Exhibit "D"</u> Certificate of Non-Segregated Facilities Form (Subcontractor must complete and sign form for Subcontracts which exceed \$10,000.00). Please see <u>www.bluespader.net</u> (Initial)
- f. <u>Exhibit "E"</u> Insurance Requirements. Please see <u>www.bluespader.net</u> (Initial)
- g. <u>Exhibit "F"</u> Blue Spader's 5 Easy steps to payment. Please see <u>www.bluespader.net</u> (Initial)
- h. <u>Exhibit "G"</u> Application Procedure for National Maintenance Agreement. (as applicable) Please see <u>www.bluespader.net</u> (Initial)
- i. <u>Exhibit "H"</u> General Terms and Conditions. Please see <u>www.bluespader.net</u> (Initial)
- j. <u>Exhibit "I" -</u> Subcontractor Pre-Award.

#### C. SCOPE OF SUBCONTRACT WORK See scope on page 2a.

In addition to the above, this Subcontract includes, but is not limited to:

1. Breakdown:

Base Bid \$

Alternate No. Alternate Number

SUBCONTRACT TOTAL <u>\$</u>

(Continue Scope Description on additional pages continuing on 2a.)

#### ALL WORK MUST BE PERFORMED IN ACCORDANCE WITH ALL FEDERAL, STATE, LOCAL AND OWNER'S SAFETY LAWS, RULES AND REGULATIONS

#### D. SUBCONTRACT SUM.

Contractor agrees to pay Subcontractor, upon full performance of the Subcontract Work and fulfillment of this Subcontract, the sum of

(the "Subcontract price"), subject to adjustment for all authorized modifications, changes, additions and deletions thereto effected after this Subcontract is entered into by the parties, and subject to the condition precedent of payment by Owner to Contractor.

Retention of <u>10</u>% will be withheld from Subcontractor's progress payments and paid to Subcontractor if and when paid by Owner to Contractor provided Contractor deems Subcontractor's progress satisfactory and full performance of the Subcontract is reasonably assured.

#### E. ENTIRE INTEGRATED AGREEMENT/MODIFICATIONS.

This Subcontract Agreement is the entire and integrated agreement between the parties. All prior negotiations, proposals, representations or agreements, whether written or oral, not expressly incorporated herein, are superseded. Except as otherwise provided in the Subcontract Documents all modifications of this Subcontract must be in writing and signed by the parties hereto to be valid.

IN WITNESS WHEREOF, the parties have executed this Subcontract the day and year first above written. Blue Spader Witness: BLUE SPADER CONTRACTORS, INC.:

Ву		By	Estimator			
	Title D	ate	Title	Date		
The Above Blue Spader	Representative Signatures Have Been	Executed In Michigan After Subcontr	actor Signatures.			
UBCONTRACTOR,	SIGN AND WITNESS BELOW	THIS DOTTED LINE.				
Subcontractor Witness Signature Below:		Subcontractor:	Subcontractor			
noconnación miness	Signature Detorr.					
Зу	Title	Ву	Title			
Witness (Only) Signature Here		Owner/Authorized R	epresentative Signature Here			
	Please fill out c	ompletely: A Corporation	<u>y</u> : A $\Box$ Corporation $\Box$ Partnership $\Box$ Sole			
		Proprietorship (Desig	Proprietorship (Designate type of organization) of the State of			
		with its principal pla	ce of business at			

SUBCONTRACT NO.

<u>(\$</u>)

JOB NO. Text

Page 2 of 2

SCOPE DESCRIPTION (CONTINUED):

Continued on page 2b.

SUBCONTRACT NO. ACCEPTED: Text

Subcontractor Name

BY:

Page 2a

#### SCOPE DESCRIPTION (CONTINUED):

### **Blue Spader Contractors, Inc.** DRAWINGS, SPECIFICATIONS & ADDENDA

Specifications

Addenda

Drawings

SUBCONTRACT NO: Text

ACCEPTED: Subcontractor Name

BY:\_\_\_\_\_

# Blue Spader Contractors, Inc. SUBCONTRACTOR CHECKLIST

THE FOLLOWING ARE REQUIREMENTS OF THIS CONTRACT, AND MUST BE SUBMITTED PRIOR TO BEGINNING WORK

- 1) INSURANCE CERTIFICATE ON FILE IN OUR OFFICE LISTING THIS PROJECT AND NAMING "BLUE SPADER CONTRACTORS, INC., AND List Entities hereAS ADDITIONAL INSUREDS, AND CONTAIN PRIMARY AND NON-CONTRIBUTORY PROVISION".

- 4) 🛛 NATIONAL MAINTENANCE AGREEMENT EXTENSION NAMING THIS PROJECT, ON FILE IN OUR OFFICE.
- 6) D NAME AND PHONE NUMBER OF THE PROJECT MANAGER AND SUPERINTENDENT (INCLUDING 24 HOUR NUMBER).
- 7) A LIST OF ITEMS THAT WILL BE SUBMITTED FOR APPROVAL (ie. SHOP DRAWINGS, BROCHURES, CUTS OR SAMPLES).
- 8)  $\Box$  SUBCONTRACTOR DATA SHEET (ATTACHED).
- 9)  $\Box$  OTHER:

SUBCONTRACT NO: Text

ACCEPTED: Subcontractor Name

BY: \_\_\_\_\_



#### **Subcontractor Data Sheet**

It is critical that this data sheet is filled out completely along with any applicable attachments. As part of the contract package, this data sheet must be completed and returned with the signed contract before any payments can be released for completed work being billed to our accounting department. Please contact Chet Jablonski (Controller) at ext. 126 with any questions/concerns.

Company Name				State/Province			
Phone & Fax				Zip/Postal Code			
Address							
Are you a Small or Large Business	?		If you o	a contified minority contracts	-	1	
SBA defines Large of Small according to your NAICS code. Please				e a certified minority contracto	τ,		<b>—</b>
go to			a. Ar	e you current in CCR?		└─ Yes	
www.sba.gov/services/contractingopportunities/sizestandardsto			b. Ha	ve you been awarded any work	?	Yes	🗌 No
pics/tableofsize/index.html to de			c. Do	you have CPAR or Eval's from	0?	🗌 Yes	🗌 No
WORK CLASSIFICATION (NAICS or				-		<u>.</u>	
and the cap of anual revenue allo	wed per yea	r per your			4		
Classification Code.				a certified government contrac	lorr	Yes	No
Large Business Small Business		II Ducinocc	a. Ar	e you current in CCR?		L Yes	No No
		b. Ha	ve you been awarded any work	?	🗌 Yes	🗌 No	
Are you a VOB (Veteran Owned Business)?			c. Do	you have CPAR or Eval's from	:0?	Yes	
		lo	What cur	, rent jobs, if any, do you have o	n fodoral instal	lations?	
			what cur	rent jobs, il ally, do you have o	in rederar instar	lations:	
If so, are al also a SDVOB (Service	Disabled Ve	teran Owned					
Business)?							
Yes	<u>и</u> п	lo					
Are you registered on Vetbiz?							
_			a. Are	you a prime contractor?		Yes	
Yes	□ N	lo		you a sub contractor?		Yes	
			D. Ale				
Are you registered on CCR?			c. Are	you a supplier?		🗌 Yes	🗌 No
			What is th	e contract amount of any fede	ral iobs to date	?	
Yes		lo		Description:	,		
				•			
Have you won SDV awards?			Dolla	r amount: \$	Location:		
Yes		lo		Client			
Do you have certification(s) in any	/ of the belo	w Minority	b. Job D	escription:			
Designations? If so, have you won any awards related to your designation?			r amount: \$	Location:			
		Dona	·	Location.			
				Client			
Are you registered on CCR this wa	·		c. Job Do	escription:			
Yes		No	Dolla	r amount: \$	Location:		
				Client			
a.) HubZone Business Enterprise	2	Yes No	What is y	our bonding capacity?			
			a. Aggre	gate \$			
b.) Woman-Owned Small Busines		Yes No		Limit \$			
	3 (00030)		c. Larges	it job bonded to date \$			
c.) Woman-Owned (WOB, WBE)		Yes No		ng company name & phone:			
d.) 8 (a) Business Enterprise		Yes No					
e.) Alaska Native (ANC)							
f.) Native Hawaiian		Yes No	)				
		Yes No	,				
g.) Native American							
h.) Asian Pacific American		Yes No	What is y	our geographical capability?			
i.) Asian Indian American		Yes No					
j.) African American			a. Whe	re is (are) your office(s)?			
k.) Hispanic American		Yes 🗆 No	)				
I.) Aboriginal							
			<u>'</u>				
m.) Lesbian, Gay, Bi-Sexual, Trans	gender	🗆 Yes 🗖 No					
Business (LGBT)							
n.) SDB (small disadvantaged busi	ness)		,				
o.) DBE (disadvantaged business e	enterprise)		b. Wha	t distance are you willing to tra	vel for your ave	erage sized jo	b?
p.) MBE (minority-owned busines							
enterprise)	-		'				