

Nebraska Department of Roads
Qualifications for Subcontract Work (LPA Project)
(Does not apply to material suppliers)

These are the requirements that a potential subcontractor must meet when a prime contractor submits a subcontract request.

Insurance Coverage --- See Current Special Provisions posted on the NDOR Website

Insurance coverage must include Worker's Compensation, General Liability, Umbrella, Pollution Liability (*when identified in the plans or proposal*), and Automobile Liability. The certificate of insurance furnished to the Department must contain the following statement: **"General liability coverage is provided by a standard form Commercial General Liability Policy (CG 0001 or equivalent). The policy does not contain a total or absolute pollution exclusion."** The Worker's Compensation must be effective in Nebraska in the amount of \$500,000; General Liability and Pollution Liability must be at least \$1,000,000/\$2,000,000; and Umbrella and Automobile Liability must be at least \$1,000,000. See *Standard Specifications* and Contract Special Provisions for additional details regarding required coverage and waivers of subrogation (must be stated or marked on the certificate).

Owner/Operator truckers are only required to have Automobile Liability. (*This reduced coverage applies only to a driver who is the owner of the truck and does not apply to anyone else, including any family members.*)

The State of Nebraska Department of Roads and the owner, if coverage is for a Local Public Agency (LPA) project, shall be named as additional insureds on a primary and non-contributory basis, including completed operations for three (3) years after final acceptance and payment.

The policy needs to show the Nebraska Department of Roads and the owner, if an LPA project, as the certificate holder. Please show it this way on the certificate of insurance form.

Certificate Holder
 The Owner, if coverage is provided for a Local Public Agency project, and the
 State of Nebraska Department of Roads
 % Construction Division
 1500 Hwy 2
 PO Box 94759
 Lincoln NE 68509-4759

For potential subcontractors not already assigned a vendor number by the Department of Roads, please complete the following:

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| Subcontractor's (Company) Name: | | Federal I.D. No.: |
| Address: | | |
| Phone No.: | Fax No.: | E-mail Address: |
| A General Statement of Experience, Qualifications, Personnel, and Equipment available for the performance of the proposed subcontract work: | | |
| If a SOLE PROPRIETORSHIP or PARTNERSHIP – Fill out the Following: | | |
| Name and Business Address of Owners: | | |
| Name and Business Address of All Partners: | | |
| If a CORPORATION – Fill out the Following: | | State in which Chartered: |
| President (<i>Name and Business Address</i>): | Secretary (<i>Name and Business Address</i>): | Treasurer (<i>Name and Business Address</i>): |