Qualifications for Subcontract Work (NDOT 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 NDOT 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 Transportation shall be named as an additional insured 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 Transportation as the certificate holder. Please show it this way on the certificate of insurance form.

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

<table>
<thead>
<tr>
<th>Subcontractor’s (Company) Name:</th>
<th>Federal I.D. No.:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unemployment Insurance Account No.:</td>
<td></td>
</tr>
</tbody>
</table>

| Address: | |
|----------|-

| Today’s Date: | Phone No.: | E-mail Address: | |
|--------------|------------|---------------|-

A General Statement of Experience, Qualifications, Personnel, and Equipment available for the performance of the proposed subcontract work:

<table>
<thead>
<tr>
<th>Vendor Type:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Subcontractor - General Construction Activities</td>
</tr>
<tr>
<td>☐ Subcontractor - Trucking - Fleet</td>
</tr>
<tr>
<td>☐ Subcontractor - Trucking - Owner/Operator</td>
</tr>
<tr>
<td>☐ Consultant</td>
</tr>
</tbody>
</table>

If a SOLE PROPRIETORSHIP or PARTNERSHIP – Fill out the Following:

Name and Business Address of Owner:

Name and Business Address of All Owners/Partners:

If a CORPORATION – Fill out the Following:

President (Name and Business Address): Secretary (Name and Business Address): Treasurer (Name and Business Address):

State in which Chartered:

Email to: NDOT.Subcontracts@nebraska.gov  •  Fax to: Construction Division, (402) 479-3598
For questions, call: Construction Division, (402) 479-4532

NDOT Form 205 (NDOT), February 2019
The undersigned, a contractor for the Nebraska Department of Transportation, qualifies for one or more of the exceptions set out in Neb. Rev. Stat. § 48-115 from the requirement to carry workers’ compensation insurance. The exception(s) applicable to the undersigned is/are:

(Check applicable exceptions)

______ Self-employed sole proprietor and there no other workers.

______ A member of a partnership in which all the partners have claimed the exception and there are no other workers.

______ A member of a limited liability company (L.L.C.) in which all the members are engaged in the business on a substantially full-time basis, have claimed the exception, and there are no other workers.

Date: ______________________

____________________________
Signature

____________________________
Printed Name

____________________________
Business Name of Contractor