



HUB Subcontracting Opportunity Notification Form

In accordance with Texas Gov't Code, Chapter 2161, each state agency that considers entering into a contract with an expected value of \$100,000 or more shall, before the agency solicits bids, proposals, offers, or other applicable expressions of interest, determine whether subcontracting opportunities are probable under the contract. The state agency I have identified below in **Section B** has determined that subcontracting opportunities are probable under the requisition to which my company will be responding.

34 Texas Administrative Code, §20.285 requires all respondents (prime contractors) bidding on the contract to provide notice of each of their subcontracting opportunities to at least three (3) Texas certified HUBs (who work within the respective industry applicable to the subcontracting opportunity), and allow the HUBs at least seven (7) working days to respond to the notice prior to the respondent submitting its bid response to the contracting agency. In addition, at least seven (7) working days prior to submitting its bid response to the contracting agency, the respondent must provide notice of each of its subcontracting opportunities to two (2) or more trade organizations or development centers (in Texas) that serves members of groups (i.e., Asian Pacific American, Black American, Hispanic American, Native American, Woman, Service Disabled Veteran) identified in Texas Administrative Code, §20.282(19)(C).

We respectfully request that vendors interested in bidding on the subcontracting opportunity scope of work identified in **Section C, Item 2**, reply no later than the date and time identified in **Section C, Item 1**. Submit your response to the point-of-contact referenced in **Section A**.

SECTION A: PRIME CONTRACTOR'S INFORMATION

Company Name: _____

Point-of-Contact: Mike Purcell

E-mail Address: _____

State of Texas VID #: _____

Phone #: (972) 310-0867

Fax #: _____

SECTION B: CONTRACTING STATE AGENCY AND REQUISITION INFORMATION

Agency Name: The University of Texas Southwestern Medical Center

Point-of-Contact: _____

Phone #: (214) 648-5440

Requisition #: _____

Bid Open Date: _____

(mm/dd/yyyy)

SECTION C: SUBCONTRACTING OPPORTUNITY RESPONSE DUE DATE, DESCRIPTION, REQUIREMENTS AND RELATED INFORMATION

1. Potential Subcontractor's Bid Response Due Date:

If you would like for our company to consider your company's bid for the subcontracting opportunity identified below in Item 2,

we must receive your bid response no later than _____ on _____.
Central Time Date(mm/dd/yyyy)

In accordance with 34 TAC §20.285, each notice of subcontracting opportunity shall be provided to at least three (3) Texas certified HUBs, and allow the HUBs at least seven (7) working days to respond to the notice prior to submitting our bid response to the contracting agency. In addition, at least seven (7) working days prior to us submitting our bid response to the contracting agency, we must provide notice of each of our subcontracting opportunities to two (2) or more trade organizations or development centers (in Texas) that serves members of groups (i.e., Asian Pacific American, Black American, Hispanic American, Native American, Woman, Service Disabled Veteran) identified in Texas Administrative Code, §20.282(19)(C).

(A working day is considered a normal business day of a state agency, not including weekends, federal or state holidays, or days the agency is declared closed by its executive officer. The initial day the subcontracting opportunity notice is sent/provided to the HUBs and to the trade organizations or development centers is considered to be "day zero" and does not count as one of the seven (7) working days.)

2. Subcontracting Opportunity Scope of Work:

3. Required Qualifications:

☐ - NotApplicable

4. Bonding/Insurance Requirements:

☐ - NotApplicable

5. Location to review plans/specifications:

☐ - NotApplicable



Exhibit C
MANHATTAN CONSTRUCTION COMPANY
SUBCONTRACTOR'S MINIMUM INSURANCE REQUIREMENTS

*****PLEASE REVIEW SUBCONTRACTOR MGP INSURANCE RIDER FOR COMPLETE
 CONTRACTUAL INSURANCE REQUIREMENTS*****

**IT IS THE RESPONSIBILITY OF SUBCONTRACTOR AND THEIR AGENT TO MAKE SURE THEIR
 INSURANCE MEETS THEIR CONTRACTUAL OBLIGATIONS**

PROJECT: ALL JOBS FOR MANHATTAN CONSTRUCTION COMPANY

COMMERCIAL GENERAL LIABILITY (OCCURRENCE BASIS)

General Aggregate Limit	\$ 2,000,000
Products & Completed Operations Aggregate Limit	\$ 2,000,000
(To be carried for FOUR (4) years after completion of Project including required endorsements)	
Personal Injury Limit	\$ 1,000,000
Each Occurrence Limit	\$ 1,000,000

Aggregate Loss Limit to apply per Project (2503 Form or Equivalent)

Manhattan Construction Company, Owner & Others be included as Additional Insureds (CG2010 & CG2037 Forms or Equivalent type).

Attached Additional Insured Endorsement(s) shall be for Ongoing and Completed Operations.

Insurance shall be Primary and Non-contributory.

Waiver of Subrogation in favor of *Manhattan Construction Company, Owner & Others*.

No Residential Exclusions Apply.

BUSINESS AUTO LIABILITY

Combined Single Limit for Bodily Injury & Property Damage	\$ 1,000,000
(Above to include Owned, Hired, and Non-Owned Auto)	

Manhattan Construction Company, Owner and Others to be included as Additional Insureds.

No Airport Exclusions Apply.

WORKERS COMPENSATION/EMPLOYER'S LIABILITY

Covers **ALL** employees of the Insured in ALL States except Monopolistic states.

Each Accident	\$ 1,000,000
Disease Limit – Policy	\$ 1,000,000
Disease Limit – Each Employee	\$ 1,000,000

Waiver of Subrogation in favor of *Manhattan Construction Company, Owner and Others*.

UMBRELLA LIABILITY or EXCESS POLICY (Follow Form) (OCCURRENCE BASIS)

Combined Single Limit	\$ 3,000,000
(Over/above General, Auto and Employer's Liability Limits)	

Manhattan Construction Company, Owner and Others to be included as Additional Insureds

Waiver of Subrogation in favor of *Manhattan Construction Company, Owner and Others*

Insurance is Primary and Non-Contributory to any other available insurance to the Additional Insureds.

PROFESSIONAL LIABILITY AND POLLUTION LIABILITY

Limit of Liability	\$ 2,000,000
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(Must be carried for four (4) years after completion of the project)

Manhattan Construction Company, Owner & Others be included as Additional Insureds on Pollution Policy. Pollution is to be Primary & Non-Contributory and Waiver of Subrogation is to apply to all Additional Insureds. NOTE: ADDITIONAL INSURED ENDORSEMENT IS TO BE PROVIDED FOR THE POLLUTION LIABILITY COVERAGE.

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 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	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
****AGENTS PLEASE REVIEW SUBCONTRACTOR MGP INSURANCE RIDER FOR ALL CONTRACTUAL INSURANCE REQUIREMENTS***	E-MAIL ADDRESS:	
	PRODUCER CUSTOMER ID #:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A :	
	INSURER B :	
INSURED	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
		X	X				PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS	X	X				PROPERTY DAMAGE (PER ACCIDENT) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						\$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$
	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR						EACH OCCURRENCE \$ 5,000,000
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	X	X				AGGREGATE \$ 5,000,000
	DEDUCTIBLE						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input type="checkbox"/>	N/A	X			E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	Professional Liability	X	X				\$ 2,000,000
	Pollution Liability			Will also require additional Insured Status in Favor of Manhattan, Owner & Others on Pollution policy as applicable			\$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES

Certificate Applies to All Jobs for Manhattan Construction Company

* See Notepad for additional requirements *

CERTIFICATE HOLDER

CANCELLATION

Manhattan Construction Company
5601 S. 122nd E. Ave
Tulsa, OK 74146

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

NOTEPAD:HOLDER CODE
INSURED'S NAME

OP ID:

PAGE 2

Date

Additional Insured in favor of Manhattan Construction Company, Owner, Architect, and others as required by written contract on GL, Auto & Umbrella Policies.

Additional Insured Endorsements for Ongoing and Completed Operations are attached.

Excess and/or Umbrella follows form.

All policies, including excess or umbrella policies, are primary and non-contributory to any other insurance available to the Additional Insureds.

Waiver of Subrogation in favor of Manhattan Construction Company, Owner, Architect, and others as required by written contract on GL and WC Policies.

Workers Compensation Coverage covers ALL employees of the insured in all states, except monopolistic states.

General Liability and Excess/Umbrella Policies do not contain a residential exclusion