



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: _____

State of Texas VID #: _____

Point-of-Contact: Mike Purcell

Phone #: (972) 310-0867

E-mail Address: _____

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
(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.

SAMPLE

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

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

NOTE PAD:HOLDER CODE
INSURED'S NAME

OP ID:

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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