Letter of Instructions

Re: Trade Contractor Prequalification Statement

After review of our records, we either do not have a prequalification statement filled out by your company or it needs to be updated. In order to keep your information current in our database, we need you to complete the following and return it at your earliest convenience by email to prequal@chanen.com.

1. Prequalification Statement completed, see attached. ____
2. List of Completed Projects with the contract amounts. ____
3. Part II Indicates the name of carriers for Payment and Performance Bonds, Worker's compensation coverage, and General Liability. ____
4. Insurance coverage Certificate along with Additional Insured Endorsements and our Exhibit E-1 as outlined in our Exhibit E. ____
5. Please provide a current Financial Statement (Including Independent Accountant Report) (Held in Strict Confidence) ____
6. Good guy letter with amounts of single and aggregate with Power of Attorney attached. Dates must be the same. ____
7. Three Letters of recommendation, or provide GC's email and contact name. ____

Please forward the above information to prequal@chanen.com .
Please call (602-266-3600) Ext. 358 if you have questions or need clarifications.

Thank you in advance for your interest in Chanen Construction Company., Inc.

CHANEN CONSTRUCTION COMPANY, INC.
3300 N. 3rd Avenue
Phoenix, Arizona
602-266-3600
FAX: 602-285-9268

TRADE CONTRACTOR PREQUALIFICATION STATEMENT

CHANEN

Part I

Firm Name: _____

Address: _____

City/State/Zip: _____

Telephone & Fax Nos: _____

Scope of Work: _____

Federal ID No.: _____

Contracto License No.: _____

Worker's Comp. Policy No.: _____

Name of Principal(s): _____

Name of Bid Contact: _____

E-MAIL ADDRESS: _____

Bank Reference: _____
(provide Company, contact name & phone number) _____

Material Suppliers: 1) _____
_____

2) _____
_____

Customer References:

1) Company: _____ Contact Name: _____ Email: _____

2) Company: _____ Contact Name: _____ Email: _____

3) Company: _____ Contact Name: _____ Email: _____

Part II –Status of Company

What year did your company go into business? _____
How many years experience have the Owner's had? _____
Has your company ever failed to complete work awarded them? _____
Has your company ever been placed in default? _____
Has your company ever failed to satisfy a claim for unpaid material, equipment or Labor? ___
Has your company ever filed for bankruptcy? _____

CHANEN

Are there legal action(s) pending against your company?_____
What geographic area(s) does your company work in?_____
What type of entity is your business (corporation, partnership, limited liability company, proprietorship, etc.)? _____

PART III

SURETY OR CARRIER NAMES

PAYMENT AND PERFORMANCE BOND

If this section is left blank, you will not qualify.

Payment and Performance Bonding Carrier_____

Bonding Capacity: Single Limits_____ **Aggregate Limits**_____

WORKERS COMPENSATION:

Worker's Compensation **Carrier Name**____****_____

Worker's Compensation Experience Modification Factor:_____ **(Indicate rating)**

GENERAL LIABILITY: (with Exhibit E-1 Supplement and Insurance Certificate)

General Liability **Carrier Name**_____***_____

Agent Name _____

Phone # _____

Fax # _____

Email _____

PROJECTS

*** Attach a list of your projects and their contract amounts.***

CONTRACTOR'S PRE-QUALIFICATION QUESTIONNAIRE

Contractor's name_____SIC Code_____

Address_____

SAFETY, HEALTH AND ENVIRONMENTAL PRACTICES

1. Describe your safety organization (Staff, outside consultants etc.)_____

_____

_____

2. Do you have a current written safety program?_____

3. Are your current employees trained in all aspects of the above safety program? _____

   Describe how the training is provided and the frequency of updates_____

_____

ACCIDENT REPORT RESULTS

1. Please use your most recent three (3) years OSHA LOG to complete:
   a. Total number of injuries and illness ---------- _____ _____ _____
   b. Total number of cases involving days away from work---------- _____ _____ _____
   c. Total number of cases involving days of restricted work--------- _____ _____ _____
      (Changes format to meet 2002 reporting criteria for year after 2002)

2. List and describe all serious OSHA citations your firm has had in the last three (3) years.

_____

_____

_____

3. Who is your current workers' compensation insurance carrier?_____

4. How long have you been covered by this carrier? _____

5. What is your current Experience Modification Rating (E.Mod.) _____

6. Have you ever performed any work with our company in the past? _____ If yes, describe date, location and type of work performed._____

_____

Signature of person submitting data: _____ Date _____

Name and job title_____
(Please print)

Updated 7/11/11 - ARIZONA

Subcontractor Summary Sheet for the Scope of Work

N/A refers only to Mold, EIFS or Subsidence, Typically if mold required also water intrusion

CHANEN

DESCRIPTION	INSURANCE REQUIRED
DIVISION 02 - SITE WORK	
2a: Surveying	E & O/Professional Liability
Soil Sampling/Geotech/Percolation/Testing & Inspection	E&O Professional Liability required/review scope/subsidence
2b: Demolition	Subsidence
Interior Demolition	N/A
2c: Earthwork and Paving	Subsidence
2d: Site Utilities	Subsidence
2e: Landscaping and Irrigation	Review Scope-Mold required if work will introduce water to the interior
	Mold not required if work performed outside/Subsidence review scope
Fences & Gates	Subsidence if land disturbed otherwise N/A
DIVISION 03 - CONCRETE	
3a: Building Concrete, Site Concrete, Sidewalks and Curb & Gutter	Subsidence also Mold depending on scope
Cast-in-Place Concrete	Subsidence
Precast Concrete	E & O/Professional Liability, review scope for mold exposure
DIVISION 04 - MASONRY	
4a: Masonry	N/A
Estimator will review scope of work to determine insurance needs	Unless: subsidence needed if sub provides footings also
	Unless: mold required if providing water barrier
DIVISION 05 - METALS	
5a: Structural Steel	N/A
DIVISION 06 - WOOD & PLASTICS	
6a: Rough Carpentry	Mold depending on scope
6b: Finish Carpentry and Millwork	N/A
6c: Framing - Work Includes Exterior Framing	Mold required
DIVISION 07 - THERMAL & MOISTURE PROTECTION	
7a: Caulking and Sealants	Mold/EIFS
7b: Roofing & Waterproofing	Mold
Insulation	N/A
EIFS	Mold/EIFS
Skylights	Mold
Metal Roofing & Siding	Mold
Spray on Fireproofing - Building Steel Skeleton	N/A
DIVISION 08 - DOORS AND WINDOWS	
8a: Doors, Frames and Hardware	N/A
8b: Glass and Glazing	Mold
Overhead Coiling Doors	N/A
DIVISION 09 - FINISHES	
9a: Epoxy Floor Coating	N/A
9b: Acoustical Ceiling	N/A
Spray on Acoustical Treatment	N/A
Lath & Plaster/Stucco	Interior N/A, Outside need Mold/EIFS
Gypsum Board	N/A, need mold coverage if provides EIFS or Drywall exposed
Carpeting/Resilient	N/A
Tile/ceramic floor or wall tile	Mold,Depends on scope Review job by job basis
Painting & Wall Coverings	Interior N/A, Outside need Mold/EIFS review Scope
DIVISION 10 - SPECIALTIES	
10a: Misc. Specialties: Access Flooring	N/A
Signage	N/A
Toilet Accessories	N/A
DIVISION 11 - EQUIPMENT	
11a: Food Service Equipment	N/A
DIVISION 12 - FURNISHINGS	
12a: Manufactured Casework/Laboratory Casework/Multi Seating	N/A
DIVISION 13 - SPECIAL CONSTRUCTION	
13a: Preengineered Structures/Metal Buildings/Tent	E & O/Professional Liability,Mold/Subsidence/EIFS - Review Scope
Water Features, Pools/Fountains Indoor/Outdoor	Mold & Subsidence - Review Scope-per Job basis
DIVISION 14 - CONVEYING SYSTEMS	
14a: Elevators	N/A for mold, EIFS or Subsidence
DIVISION 15 - MECHANICAL	
15a: Fire Protection	Mold
15b: Plumbing	Mold & Subsidence - Review Scope
15c: H.V.A.C.	Mold & Subsidence - Review Scope
DIVISION 16 - ELECTRICAL	
16a: Electrical	N/A, Review scope for mold exposure

ACORD™ CERTIFICATE OF LIABILITY INSURANCE ID:

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: Contact Name	
NAME OF BROKER	555 - 555-5555	FAX (A/C, No): 555-555-5555
ADDRESS OF BROKER	E-MAIL ADDRESSS: contactname	
PHONE & FAX NUMBER OF BROKER	PRODUCER CUSTOMER ID #	

INSURED	INSURER(S) AFFORDING COVERAGE		NAIC #
NAME OF SUBCONTRACTOR	INSURER A:	Insurance Companies with an A.M. Best Rating of	
ATTN; CONTACT NAME	INSURER B:	B++/VIII Or Better	
ADDRESS OF SUBCONTRACTOR	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			SPECIFY NUMBER	EFF DATE	EXP DATE	EACH OCCURRENCE	$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea Occurrence)	$100,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
							GENERAL AGGREGATE	$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS-COMP/OPS AGG	$2,000,000
	POLICY X PROJECT LOC							$
	AUTOMOBILE LIABILITY			SPECIFY NUMBER	EFF DATE	EXP DATE	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	X ANY AUTO						BODILY Injury (Per person)	$
	ALL OWNED AUTOS						BODILY INJURY (Per accident)	$
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	$
	X HIRED AUTOS							$
	X NON-OWNED AUTOS							$
	UMBRELLA LIAB X OCCUR			SPECIFY NUMBER	EFF DATE	EXP DATE	EACH OCCURRENCE	$3MM $5MM
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	or $10,000,000
	DEDUCTIBLE							$(SEE
	X RETENTION $ SPECIFY							Exhibit "E")
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			SPECIFY NUMBER	EFF DATE	EXP DATE	WC STATTORY LIMITS / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N * If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					E.L. EACH ACCIDENT	$500,000
							E.L. DISEASE –EA EMPLOYEE	$500,000
							E.L. DISEASE – POLICY LIMIT	$500,000
	Errors & Omissions Liability Pollution (Mold/Water Intrusion) Liability			SPECIFY NUMBER SPECIFY NUMBER	EFF DATE EFF DATE	EXP DATE EXP DATE		$ (SEE EXHIBIT E)

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

(See Attached Description)**

CERTIFICATE HOLDER	CANCELLATION
CHANEN CONSTRUCTION COMPANY, INC. ATTN: SUBCONTRACT COORDINATOR 3300 N. 3RD Avenue PHOENIX, AZ 85013	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

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CUSTOMER ID: _____

ACORD®

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Name of Broker	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: 2009/09

For General Liability per attached CG2010 0704 & CG2037 0704 with respect to liability arising out of "any and all projects" performed by, or on behalf of, the Contractor, Certificate Holder, its Owner/Client & Architect are additional insureds. A Per Project Aggregate endorsement also applies. Coverage is Primary and Non-Contributory, and Waiver of Subrogation applies to General Liability and Workers' Compensation policies in favor of Chanen Construction Company, Inc. and Project Owner per the Exhibit E requirements. Extension of Contractual Liability as respects "any and all projects". Excess policy "follows form" of primary policies.

CANCELLATION EXCEPTION: 10 DAYS NOTICE FOR NON- PAYMENT

Additional Insured endorsement applies per Exhibit E as respects Pollution Liability and mold coverage when coverage required for scope of work performed. Chanen Construction Co., Inc. and Owner will be named as Additional Insureds for this coverage.

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ACORD™

CERTIFICATE OF LIABILITY INSURANCE

ID:

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		
NAME OF BROKER	CONTACT NAME: Contact Name	
ADDRESS OF BROKER	555 - 555-5555	FAX (A/C, No): 555-555-5555
PHONE & FAX NUMBER OF BROKER	E-MAIL ADDRESSS: Contact name	
	PRODUCER CUSTOMER ID #	

INSURED	INSURER(S) AFFORDING COVERAGE		NAIC #
NAME OF SUBCONTRACTOR	INSURER A :	Insurance Companies with an A.M. Best Rating of	
ATTN; CONTACT NAME	INSURER B :	B++/VIII Or Better	
ADDRESS OF SUBCONTRACTOR	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			SPECIFY NUMBER	EFF DATE	EXP DATE	EACH OCCURRENCE	$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea Occurrence)	$100,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
							GENERAL AGGREGATE	$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS-COMP/OPS AGG	$2,000,000
	POLICY X PROJECT LOC							$
	AUTOMOBILE LIABILITY			SPECIFY NUMBER	EFF DATE	EXP DATE	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	X ANY AUTO							
	ALL OWNED AUTOS						BODILY Injury (Per person)	$
	SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS						PROPERTY DAMAGE (Per accident)	$
	X NON-OWNED AUTOS							$
								$
	UMBRELLA LIAB X OCCUR			SPECIFY NUMBER	EFF DATE	EXP DATE	EACH OCCURRENCE	$3MM $5MM
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	or $10,000,000
	DEDUCTIBLE							$(SEE
	X RETENTION $ SPECIFY							Exhibit E)
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			SPECIFY NUMBER	EFF DATE	EXP DATE	WC STATTORY LIMITS / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N *	N/A				E.L. EACH ACCIDENT	$500,000
							E.L. DISEASE –EA EMPLOYEE	$500,000
							E.L. DISEASE – POLICY LIMIT	$500,000
	Errors & Omissions Liability Pollution (Mold/Water Intrusion) Liability			SPECIFY NUMBER SPECIFY NUMBER	EFF DATE EFF DATE	EXP DATE EXP DATE		$ (SEE EXHIBIT E)

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

(See Attached Description)**

CERTIFICATE HOLDER	CANCELLATION
CHANEN CONSTRUCTION COMPANY, INC. ATTN: SUBCONTRACT COORDINATOR 3300 N. 3RD Avenue PHOENIX, AZ 85013	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

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ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Name of Broker	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: 2009/09

For General Liability per attached CG2010 0704 & CG2037 0704 with respect to Job # (SPECIFY) on behalf of, the Contractor, Certificate Holder, its Owner/Client & Architect are additional insureds. A Per Project Aggregate endorsement also applies. Extension of Contractual Liability as respects job # (SPECIFY). Coverage is Primary and Non-Contributory, and Waiver of Subrogation applies to General Liability and Workers' Compensation policies in favor of Chanen Construction Company, Inc. and Project Owner (job specific) per the Exhibit E requirements. Excess policy "follows form" of primary policies.
CANCELLATION EXCEPTION: 10 DAYS NOTICE FOR NON- PAYMENT

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POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 20 37 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location And Description Of Completed Operations
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. **Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

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Arizona
Exhibit "E-1"

CHANEN CONSTRUCTION COMPANY:
Subcontractor General and Excess Liability Insurance Coverage Supplemental Checklist and Certification

Subcontractor Name: _____ **Date of ACORD Certificate Issuance:** _____
Policy Term: _____

The ACORD Certificate of Liability Insurance form (25-S), which is completed to attest to the scope of your insurance coverage, only summarizes the various policies listed as to the limits and coverages provided. It DOES NOT show restrictions, exclusions, or limitations of coverage, which may cause a material breach under the subcontract agreement. PLEASE HAVE YOUR INSURANCE REPRESENTATIVE MARK THIS FORM AS A SUPPLEMENT TO THE Acord CERTIFICATE AS TO COVERAGE FOR THE EXPOSURE LISTED. COVERAGE IS DEEMED TO BE PROVIDED IF NOT EXCLUDED.

General Liability Insurance

Coverage does include:	**YES**	**NO**
1. A Per Project Aggregate	☐	☐
2. The General Contractor and its Owner/Client as Additional Insureds as respects the Premises/Operations hazard (CG 20 10 0704 edition or equivalent and CG 2037 0704 or equivalent)	☐	☐
3. Primary & Non-Contributory wording	☐	☐
4. A Subrogation Waiver	☐	☐
5. Defense Costs outside of policy limits	☐	☐
6. Contractors Pollution/Mold Liability (indicate if separate policy)	☐	☐
7. EIFS	☐	☐
8. Subsidence	☐	☐
9. XCU(Explosion, collapse, and underground)Scope Requirement	☐	☐
10. Water Intrusion	☐	☐
11. Contractual Liability	☐	☐
12. Please specify any other extraordinary exclusions that have been attached to your general liability policy that restrict coverage beyond the standard ISO Commercial General Liability form (CG000110 01).	a. _____ b. _____ c. _____	

Umbrella (Excess) Liability Insurance

Coverage does include:	**YES**	**NO**
Your policy is "Following Form" to the insured General Liability Policy (meaning no additional exclusions that aren't already on the CGL policy).	☐	☐

Signature _____ **Date** _____
Insurance Company or Agency Name: _____

End of Document

Chanen Construction Company, Inc.
Construction Subcontract
«subcontract»
«projectno»/«projectname»
«company»

EXHIBIT "E"(Arizona)
INSURANCE COVERAGES

The Subcontractor shall procure and maintain the following insurance coverage:
INSURANCE CERTIFICATE MUST BE EXACTLY AS SPECIFIED BELOW OR IT WILL BE RETURNED FOR CORRECTION.
If the Subcontractor fails to provide a certificate of insurance complying with all requirements of its contract with Contractor, then Contractor shall be entitled to procure the required insurance and back charge the cost of the insurance to Subcontractor.

FORM OF COVERAGE	MINIMUM LIMITS OF LIABILITY
Worker's Compensation	Statutory
Employers Liability	$500,000 each accident $500,000 policy limit $500,000 each employee
GENERAL LIABILITY Subcontractor shall procure and maintain Commercial General Liability Insurance of not less than:	$2,000,000 aggregate $2,000,000 Products Completed Operations aggregate $1,000,000 each occurrence

- If the scope of the "WORK" involves the delivery of, protection from, or containment of water in any manner or form whatsoever, no "mold," "fungi," "bacteria" or "water intrusion" or similar exclusion may be attached to the subcontractor's general liability policy. In the alternative, liability coverage for "mold," "fungi," "bacteria" may be provided under a separate policy.'

- If the scope of the "WORK" involves the disturbance of land (the pad), or construction of the foundation, no **subsidence** or similar exclusion may be attached to the subcontractor's general liability policy. In the alternative, subsidence may be provided under a separate policy.

  No exclusion for XCU, (explosion, collapse, and underground) may be attached to the subcontractor's general liability policy.

- If the scope of the "WORK" involves the design, manufacture, construction, fabrication, preparation, installation, application, maintenance or repair (including remodeling, service, correction or replacement) of any "exterior insulation finish system (EIFS) or any part thereof, or substantially similar system, no exclusion relating to such "EIFS" work may be excluded under the subcontractor's general liability policy. In the alternative, "EIFS" coverage may be provided under a separate policy.

AUTOMOBILE LIABILITY Subcontractor shall procure and maintain Automobile Liability Insurance for liability arising out of the ownership, maintenance, or use of owned, hired and non-owned automobiles. Combined single limit of not less than:	$1,000,000 each accident
EXCESS (UMBRELLA) LIABILITY Subcontractor shall procure and maintain Excess (umbrella) Liability Insurance	
If sub-contractor project value is $500,000 or less, Then combined single limit of not less than:	$3,000,000 per occurrence $3,000,000 aggregate
If sub-contractor project value is $1,000,000 or less, then combined single limit of not less than:	$5,000,000 per occurrence $5,000,000 aggregate
If sub-contractor project value exceeds $1,000,000, then the limit shall not be less than:	$10,000,000 per occurrence $10,000,000 aggregate
CONTRACTORS POLLUTION/MOLD LIABILITY Depending on scope of work, a greater limit of coverage for Pollution/Mold liability may be required; see #7 below.	$1,000,000 each occurence **If provided via separate policy.**
ERRORS AND OMISSIONS LIABILITY (Precast Concrete or Pre-engineered Structures)	$2,000,000
(Architectural, Engineering and Surveying Firms) All Architect and Engineering policies subject to review of terms and revision of limits by contractor.	$5,000,000

1. [illegible]
2. Certificates shall reference name of project: (Project Name) and specifically confirm General Liability policy's extension of contractual liability to the project by name.
3. **Contractor, Architect and Owner shall be named as additional insureds on Subcontractor's General Liability policy, using Endorsement CG2010 (0704) or its equivalent and CG 2037 0704 or equivalent. The General Liability policy shall be endorsed by attachment of CG2503 or equivalent that subcontractor coverage is "primary", and any coverage carried by the Contractor or Owner, Architects and Engineers is "excess" and non-contributory.**
4. Subcontractor's General Liability insurance will be endorsed to provide a "per project" aggregate.
5. Waiver of Subrogation on behalf of the Owner and Contractor shall be added for General Liability and Worker's Compensation. Waiver of Subrogation shall be noted on Certificate of Insurance.
6. Excess (umbrella) Liability insurance will "follow form" of scheduled primary liability policies.
7. Minimum limit of Contractors Pollution/Mold Liability is $1MM for Prequalification purposes; however, depending on actual scope and subcontract value, additional limits of Pollution/Mold may be required when subcontract is awarded. **Additional Insured endorsement in favor of Chanen Construction Company, Inc., and Owner as per written contract shall be required.**
8. Above insurance and endorsements shall be evidenced by a Certificate of Insurance using the ACORD Form or its equivalent.
9. A supplemental certificate form (Exhibit "E-1" attached) must similarly be completed.
10. Such Certificate of Insurance shall state that the insurance shall not be canceled without **thirty (30)** days prior written notice to the noted address:

Chanen Construction Company, Inc.
3300 North Third Avenue
Phoenix, Arizona 85013

The Subcontractor shall carry sufficient insurance to fully protect himself for loss or damage to his equipment at the Project site of the Subcontract Work and while traveling to and from the Project site. It is expressly understood and agreed that the Contractor, Owner or Architect/Engineer shall have no responsibility therefore.
End of Document