



Subcontractor Qualifications

If you would like to be placed on our priority list of bidders, please 1.) Fill out this form, 2.) Provide a **SAMPLE Certification of Insurance** per the attached requirements and 3.) Provide a list of references. Fax all items to: (310)645-9581 or (310)645-9582, Attn: Sam Haythorn

Company Name _____ Contractors License # _____

Address _____
Street (No P.O. Boxes) City State Zip

Phone # _____ Fax # _____

Estimator: _____ Email _____

Company's Principles: _____
Name Title

Work Performed: _____

Average Contract Size: _____

Any Insurance Exclusions for Residential Construction?: _____

Wage type you are willing to work?

Check all that apply:

- Federal Prevailing Wage
- State Prevailing Wage
- Non-Prevailing Wage

Are you Union or Non-Union?

Union Non-Union

Are you Bondable? Yes No

If yes w/who? _____

Is your company certified as a?

Check all that apply:

- Minority Business
- Women Business
- Disadvantaged Business
- Veteran Business

Areas you are willing to work?

Check all that apply:

- Los Angeles Basin
- San Fernando Valley
- Lancaster/Palmdale
- San Bernardino County
- Orange County
- Riverside County
- Ventura County
- Newhall/Valencia

What types of projects do you have insurance for? Check all that apply:

New Construction

- Residential
- Commercial
- Apartments
- Assisted Living Facilities
- Condos
- Hotels
- Planned Unit Developments
- Townhouses

Rehab

- Residential
- Commercial
- Apartments
- Assisted Living Facilities
- Condos
- Hotels
- Planned Unit Developments
- Townhouses

Signature: _____

Date: _____

Printed Name: _____

Standard Insurance Requirements

In order to prequalify both new and existing subcontractors who would like to work with Dreyfuss Construction, the following insurance documents must be collected: **(Please note that these certificates of insurance are for Proof of Insurance/Evidence of Insurance only at this time).**

General Liability Certificate of Insurance must provide the following coverages:

- \$1 million Per Occurrence limit.
- \$1 million limit for Personal & Advertising Injury.
- \$2 million General Aggregate limit for General Liability.
- \$2 million Products Completed Operations Aggregate.
- Occurrence box should be checked.
- It is preferred that the **Cancellation Clause language** on the Certificate of Insurance be modified to strike the words “endeavor to” and from “but failure to do so . . .” to the end of the line. Some carriers will not allow this but Dreyfuss prefers this amendment where possible.
- 30 days written notice in the cancellation clause with 10 day notice of cancellation for non-payment.
- Carrier should have a rating of A- or higher. (As provided by A.M. Best's Key Rating Guide (Property/Casualty) for the most current year published or at www.ambest.com.)

General Liability Additional Insured Endorsement:

- Additional insured endorsement by issuance of Form CG 20 10 11 85 (or its current equivalent). Endorsement must accompany the Certificate of Liability.
- Add the appropriate parties (Dreyfuss, Owner, Lender, etc.) as additional insured once a contract has been signed. A Waiver of Subrogation may be required also.

Auto Liability Certificate of Insurance must provide the following coverages:

- \$1 million Auto Liability combined single limit.
- Either* Any Auto **or both** Non-owned and Hired automobiles box should be checked.
- Carrier should have a rating of B+ or higher.
- Additional insured Endorsement and Waiver of Subrogation may be required.

Worker's Compensation Certificate of Insurance must provide the following coverages:

- \$1 million limit for Employer's Liability for each accident.
- \$1 million limit for Employer's Liability Disease for each employee.
- \$1 million policy limit for Employer's Liability Disease.
- Carrier should have a rating of B+ or higher.
- Additional Insured Endorsement and Waiver of Subrogation may be required.

Please do not send the documents one at a time – send a complete package with the GL, Additional Insured Endorsement, Auto and Workers Comp. If you have any questions regarding prequalification of your insurance, please contact: **Katie Krumbach** (Tel: 310-645-9565 x119 |

Fax: 310-645-9581 or 9582 | Katie.krumbach@dreyfussconstruction.com. Thank you.

6/12/2009

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