

Subcontractor Requirements

The following qualifications have been established as a basis for determining the eligibility of the Subcontractor.

Insurance

 A current certificate of insurance with the coverages and limits as required in the attached sample certificate.

Bonding

Ability to provide payment and performance bonds, if required.

Licensing

- A valid contractor's license and/or trade license.
- A completed W-9 Form.

Safety

- EMR ratings for the past three years cannot exceed 1.
- Must provide copies of OSHA logs for the past three years, if applicable.
- Must provide a Corporate Safety Policy & Plan.
- All workers are required to have 10-hour OSHA training prior to starting work.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DDYYYYY)

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.

REPRESENTATIVE OR PRODUCER, A IMPORTANT: If the certificate holder	is an	ADE	ITTONAL INSURED, the					
the terms and conditions of the policy certificate holder in lieu of such endor						this certificate does not confer	rights to the	
PRODUCER					CONTACT NAME:			
AGENT NAME & ADDRESS					PHONE FAX (A/C, No.): E-MAIL			
				ADDRESS:				
				INSURER(S)AFFORDING COVERAGE NAIC# INSURER A: INSUR ANCE COMPANY NAMES			NAIC#	
INSURED					INSURER B :			
SUBCONTRACTOR NAME & ADDRESS				INSURE	ER 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. INSURANCE ADDITIONAL POLICY FOR POLICY FOR								
TYPE OF INSURANCE	INSR	WVD	POLICY NUMBER		POLICY EFF POLICY EXP		4 000 000 00	
A GENERAL LIABILITY			MUST BE		MUST BE	EACH OCCURRENCE \$ DAMAGE TO RENTED	7,000,000.00	
Y COMMERCIAL GENERAL LIABILITY			PROVIDED		CURRENT	DAMAGE TO RENTED PREMISES (Ealocot me toe) \$	50,000.00	
CLAIMS-MADE ✓ OCCUR	١,	,	I KO VIDED		COMMENT	MED EXP (Anyone person) \$	5,000.00 1.000.000.00	
	1	1				PERSO NAL & ADV INJURY \$	2,000,000.00	
						GENERAL AGG REGATE \$	2,000,000.00 2,000,000.00	
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC						PRODUCTS - COMP.OP AGG \$	<u> </u>	
A AUTOMOBILE LIABILITY			MUCT DE			COMBINED SINGLE LIMIT &	1,000,000.00	
A V ANY AUTO		A	MUST BE		MUST BE	BODILY INJURY (Perperson) \$	72.007	
ALLOWNED SCHEDULED AUTOS	1		PROVIDED	V	CURRENT	BODILY INJURY (Peracoldent) \$		
HIRED AUTOS NO N-OWNED AUTOS						PROPERTY DAMAGE (Peraccident)		
	S	1				\$		
A UMBRELLA LIAB V OCCUR					lмиsт ве	EACHOCCURRENCE \$	2,000,000.00	
A EXCESS LIAB CLAIMS-MADE	1	1	MUST BE PROVI	DED	CURRENT	AGGREGATE \$	2,000,000.00	
DED RETENTION \$	1000	-			OOTAL TITLE	\$		
AND EMPLOYERS' LIABILITY						✓ WC STATU- OTH- TORY LIMITS ER		
OFFICER/MEMBER EXCLUDED?		1	MUST BE PROVI	DED	MOSI BE	E.L. EACH ACCIDENT \$	1,000,000.00	
(Mandatory in NH) Ifyes, describe under DESCRIPTION OF OPERATIONS below					CURRENT	E.L. DISEASE - EA EMPLOYEE \$	1,000,000.00	
DÉSCRIPTION O FO PERATIONS below	0.4		No. of the last of			E.L. DISEASE - POLICY LIMIT \$	1,000,000.00	
A Professional Liability (as applicable to design work and/or professional services)			AS APPLICABLE		MUST BE CURRENT	\$5,000,000 each occurrence \$5,000,000 each occurrence - and omissions	design errors	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 10 1, Additional Remarks Schedule, iffmore space is required)								
J. Kokolakis Contracting, Inc. dba Kok Named Insureds GENERAL LIABILITY GENERAL LIABILITY and UMBRELLA dba Kokolakis Contracting and Owner Contracting, Inc. dba Kokolakis Contra Project: #########Project Name, Lo	and A LIA Wo cting	UM BILD rkers and	BRELLĂ LIABILITY poli FY policies will also incli s Compensation policy l	ude a ' liste d a	and such insurance is a Waiver of Subrogation above includes a Waiva	in favor of J. Kokolakis Contr er of Subrogation in favor of J	ory basis. acting, Inc. . Kokolakis	
i rojeci. mirmini mir Frojeci ivalile, Et 	catil	/11						
CERTIFICATE HOLDER					CANCELLATION			
J. Kokolakis Contracting, Inc. dba Kokolakis Contracting					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
(Address of office holding contract)					ACCOMPANDE WITH THE FOLIOT FROM SIGNAS.			
(Address of office flording contract)				A UTHORIZED REPRESENTATIVE				
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