



## **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.



KOKOLAKIS CONTRACTING

FORGING RELATIONSHIPS



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.

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.

PRODUCER: AGENT NAME & ADDRESS; CONTACT NAME, PHONE, FAX, E-MAIL, ADDRESS; INSURER(S) AFFORDING COVERAGE; NAIC#; INSURED: SUBCONTRACTOR NAME & ADDRESS; INSURER B, C, D, E, 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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADD'L USER INSR, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include General Liability, Automobile Liability, Umbrella Liability, Workers Compensation, and Professional Liability.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
J. Kokolakis Contracting, Inc. dba Kokolakis Contracting and (Owner) are included as additional insureds on the above Named Insureds GENERAL LIABILITY and UMBRELLA LIABILITY policies...

CERTIFICATE HOLDER: J. Kokolakis Contracting, Inc. dba Kokolakis Contracting; CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.