



# Prospective Subcontractor Qualification

This is an electronic fillable form. Please consider the environment before printing.

Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Idaho Contractor Registration #: \_\_\_\_\_ Idaho Public Works #: \_\_\_\_\_

WA Contractor License #: \_\_\_\_\_ WA UBI #: \_\_\_\_\_

Trades: \_\_\_\_\_

### ESTIMATOR

First Name	
Last Name	
Title	
Email	

### ESTIMATOR

First Name	
Last Name	
Title	
Email	

Below is a summary of our insurance requirements:

- Carrier shall have an AM Best Rating of A or Greater.
- Limits:

Commercial General Liability	\$1,000,000 per Occurrence \$2,000,000 Aggregate
Commercial Auto Liability – Any auto, Hired Autos, Non-Owned Autos	\$1,000,000 Bodily Injury/Property Damage
Workers Compensation/Employers' Liability	\$500,000 Each Accident \$500,000 Disease Ea Employee \$500,000 Disease Policy Limit

- Endorsements:
  - Contractor named as Additional Insured on independent contractors policy.
  - Additional Insured coverage applies as primary insurance and non-contributory with respect to any other insurance afforded to Owner and Contractor.
  - Additional Insured Status to include completed operations exposures (Either through form CG2010 11/85 or combination of CG2010 10/01 plus CG2037 10/01 or equivalents)
  - Per Project Aggregate Commercial General Liability Limit (through endorsement form CG 2503 or equivalent)
  - Waiver of Subrogation for General Liability
  - WA Stop Gap Endorsement (if applicable)
- Workers Compensation/Employers' Liability: The law requires all employers to carry workers compensation insurance. Owner/Operators must be included on the policy if they will be onsite at any time. **Subcontractors must have elective coverage on the owner if they do not have any employees.**
- If your company performs residential work at any time, your policy **must** include the clause: "This Policy does not contain an exclusion for residential work".

[Please email completed form to tiffany@ginnoconstruction.com](mailto:tiffany@ginnoconstruction.com)