



### Prospective Vendor Information Sheet

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

We appreciate your interest in collaborating with Ginno Construction. Complete the following information and email this form to [sarah@ginnoconstruction.com](mailto:sarah@ginnoconstruction.com). In addition, review the minimum insurance requirements and sample certificate included with this form.

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

Trade(s): \_\_\_\_\_

#### ESTIMATOR

First/Last	
Title	
Cell	
Email	

#### ESTIMATOR

First/Last	
Title	
Cell	
Email	

The above individual(s) will receive an invite to Procore, our project management software, and be prompted to complete a prequalification questionnaire. You may also create a free account at [ginnoplanroom.com](http://ginnoplanroom.com) to view projects we currently have out to bid.

Before submitting any bids, please ensure the following:

- Entirely review all plans, specs, and contract documents
- You are appropriately licensed for the type (public works, federal, etc.) and location of the project
- You have the minimum required insurance and all endorsements in place
- You have included all applicable state sales tax
- You have included all freight or shipping costs

We look forward to working with you. Do not hesitate to reach out should you have any questions.

Sincerely,  
Sarah Priddy  
Project Administrator



### **Minimum Insurance Requirements**

**A certificate does not need to be provided at this time. This is for information purposes only.**

- Your carrier must have an AM Best Rating of A- or better.
- Review the **Sample Certificate** included with this letter for limits and other requirements.

### **Commercial General Liability Coverage**

- Subcontractors must submit the following endorsements with their certificate:
  - The Contractor, Owner, Architect, and their respective officers, directors, agents, and employees named as Additional Insured
    - a. Include Completed Operations Exposure (through forms at least as broad as ISO Form CG 20 10 11 85 or both CG 20 10, CG 20 26, CG 20 33, or CG 20 38; and CG 20 37 forms if later revisions used)
    - b. Coverage must be Primary and Non-contributory concerning any other insurance afforded to Owner and Contractor
  - Per Project Aggregate Commercial General Liability Limit (through endorsement form CG 2503 or equivalent)
  - Waiver of Subrogation
- Subcontractors may not have the following **Prohibited Restrictive Endorsements**:
  - CG 22 94 Damage to work performed by subcontractors on your behalf Exclusion
  - CG 21 86 12/04 Exterior Insulation and Finish Systems Exclusion – Only required by any subcontractors involved in this type of work
  - CG 40 04, CG 40 05, CG 40 06 Earth Movement or Subsidence Exclusion – Only required for subcontractors involved in retention structures, excavation, backfill, and compaction
  - CG 71 66 09 09 Prior Work Exclusion
  - Residential Construction Exclusion – Only applies to residential, multi-family, condos, or apartments

### **Workers' Compensation and Employers' Liability**

**Workers' Compensation laws require all employers who have one or more employees to carry workers' compensation insurance. Proper coverage will be purchased and proof provided. If appropriate coverage is not purchased, Ginno Construction is required to buy coverage on your behalf. The cost of the policy will be charged to the subcontractor via subcontract change order.**

- Owner/Operators must purchase elective coverage on themselves if they perform any work onsite
- Owner/Operators who do not have any employees are required to purchase elective coverage for themselves
- Stop Gap coverage is required for subcontractors operating exclusively on a project in a monopolistic state (ex: North Dakota, Ohio, Wyoming, and Washington)

### **Auto Liability**

**Commercial Automobile Liability insurance written on ISO Form CA 0001 covering Symbol 1 (any auto) or if no owned corporate autos, Symbol 8 (hired auto) & Symbol 9 (non-owned auto) are acceptable, covering all owned, leased, and non-owned vehicles used in connection with the subcontract.**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/10/2022

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 have ADDITIONAL INSURED provisions or 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).

<b>PRODUCER</b> ABC Insurance Agency 1111 Shady Lane Coeur d'Alene, ID 83814	<b>CONTACT NAME:</b> Agent/CSR <b>PHONE (A/C, No, Ext):</b> XXX-XXX-XXXX <b>E-MAIL ADDRESS:</b> agent@insurance.com	<b>FAX (A/C, No):</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b>  XYZ Construction Company 999 Sunny Lane Coeur d'Alene, ID 83815	<b>INSURER A : Insurance Company</b>		<b>12345</b>
	<b>INSURER B :</b>		
	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
	<b>INSURER F :</b>		

**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$XX DED Per Occ <input checked="" type="checkbox"/> \$XX DED Per Claim GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	X	Policy Number	Date	Date	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
							<b>WA STOP GAP</b>	\$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X	X	Policy Number	Date	Date	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	Policy Number	Date	Date	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000

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

PROJECT: Project Name

PROJECT LOCATION: Project Address

GINNO CONSTRUCTION OF IDAHO, INC. IS ADDITIONAL INSURED IN REGARD TO THE GENERAL AND AUTO LIABILITY, ALONG WITH A WAIVER OF SUBROGATION PER THE FORM(S) ATTACHED (INCLUDE ENDORSEMENTS. THE COVERAGE IS PRIMARY AND NON-CONTRIBUTORY WHERE REQUIRED BY A WRITTEN CONTRACT.

**RESIDENTIAL ONLY "THIS POLICY DOES NOT CONTAIN A RESIDENTIAL EXCLUSION"****CERTIFICATE HOLDER****CANCELLATION**

Ginno Construction of Idaho, Inc. 3893 N. Schreiber Way Coeur d'Alene, ID 83815	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  Agent Signature