

# **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 <a href="mailto:sarah@ginnoconstruction.com">sarah@ginnoconstruction.com</a>. In addition, review the minimum insurance requirements and sample certificate included with this form.

Company:	Ad	dress:		
Phone: F	Fax: Ci	ty:	State:	Zip:
Idaho Contractor Registration	#:	Idaho Public	Works #:	
WA Contractor License #:		WA U	JBI:	
Trade(s):				
ESTIMATOR		ESTIMATOR		
First/Last		First/Last		
Title		Title		
Cell		Cell		
Email		Email		

You can create a free account at 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 retainment 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

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).

PRODUCER	CONTACT Agent/CSR				
ABC Insurance Agency 1111 Shady Lane	PHONE (A/C, No, Ext): XXX-XXX-XXXX	FAX (A/C, No):			
Coeur d'Alene, ID 83814	È-MAIL ADDRESS: agent@insurance.com				
	INSURER(S) AFFORDING COVERAGE		NAIC#		
	INSURER A: Insurance Company		12345		
INSURED	INSURER B:		1		
XYZ Construction Company	INSURER C:		1		
999 Sunny Lane	INSURER D:	1			
Coeur d'Alene, ID 83815	INSURER E:		1		
	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.

INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	х	Policy Number	Date	Date	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000
	X	\$XX DED Per Occ			_			MED EXP (Any one person)	\$	10,000
	X	\$XX DED Per Claim						PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRU-						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						WA STOP GAP	\$	1,000,000
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	X	Х	Policy Number	Date	Date	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
		DED RETENTION \$							\$	
Α	WOR	RKERS COMPENSATION EMPLOYERS' LIABILITY Y/N						PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		Policy Number	Date	Date	E.L. EACH ACCIDENT	\$	500,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	500,000	
	If yes	s, describe under CRIPTION OF OPERATIONS below						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.
Goedi d Alene, ib 00010	AUTHORIZED REPRESENTATIVE
	Agent Signature