model construction

2170 Gilbert Ave, Cincinnati, OH 45206

Phone: (513) 559-0048 Fax: (513) 559-4578

SUBCONTRACTOR	QUALIFICATION	STATEMENT
		-

This form must be completed in full in order to be considered

				Project County:	
	(If applicable)			(If applicable)	
1	Company Information:			Number of voors in k	
	Company Name			Number of years in b	
	Address			Previous Year Sales	: \$
				FEIN <u>#</u>	
2	<u>General</u> Contact Name	Cell		Phone	Fax
	Title	E	mail (mandatory)		
	Person authorized to sign Co	ontracts, COs and POs			
	Type of entity:	Corporation	Partnership	Sole prop	
	-	Union	Open Shop	Merit Shop	
	Geographic areas Company	works:			
	51 15				
3	Scopes of work Company per Business Enterprise (Entity Please check if your compar	//Certified by):	DBE/	DOT r (Specify)	WBE/ WBENC Section 3 Business
4	Ownership:	Caucasian	_African American	Female	Other (Specify)
5	Insurance Carriers: Workers Comp	*Ge	neral Liability	Au	to
	*See attached Model's insurance	e requirements			
6	Can your company secure	a Payment/Performance E	Bond?	Yes <u>No</u>	
7	Safety: Safety Manager				
	Phone Number				
	Email Address				
8	Signature		Title		Date



Ą		EX#		^{LE} ICATE OF LIAI	BII I			· F [-	ISCHWARTZ (MM/DD/YYYY)
C B	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, AN	MA IVEL SURA	TTEF Y OF	R OF INFORMATION ON R NEGATIVELY AMEND, DOES NOT CONSTITU	LY AN	D CONFERS ND OR ALT	NO RIGHTS	UPON THE CERTIFICA DVERAGE AFFORDED	TE HOL BY THE	E POLICIES
th	IPORTANT: If the certificate holde e terms and conditions of the policy ertificate holder in lieu of such endors	, cer	tain	policies may require an e						
PRO	DUCER				CONTAC NAME:	СТ				
	AGENT ADDRESS			-	PHONE (A/C, No E-MAIL ADDRES	o, Ext):		FAX (A/C, No):		
	LITY			-	INSURER(S) AFFORDING COVERA				OVERAGE NAIC #	
				-	INSURE		D CARRIER			
INSU	RED				INSURE					
					INSURE	RC:				
	Insured Name and Address				INSURE	RD:				
				_	INSURE	RE:				
					INSURE	RF:				
			-	ENUMBER:				REVISION NUMBER:		
IN CE	HIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORE	N OF A DED BY	NY CONTRA	CT OR OTHER	R DOCUMENT WITH RESPE	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	X COMMERCIAL GENERAL LIABILITY	INOD						EACH OCCURRENCE	\$ 1	000,000
	CLAIMS-MADE X OCCUR	х	Х					DAMAGE TO RENTED PREMISES (Ea occurrence)		0,000
А							x xx/xx/xx	MED EXP (Any one person)	\$5,0	
				POLICY NUMBER		xx/xx/xx		PERSONAL & ADV INJURY	\$ 1,	000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$2,	000,000
	POLICY X PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$2,	000,000
	OTHER:								\$	
								COMBINED SINGLE LIMIT (Ea accident)	\$1,0	000,000
_		Х	Х	POLICY NUMBER		XX/XX/XX	XX/XX/XX	BODILY INJURY (Per person)	\$	
A	ALL OWNED SCHEDULED AUTOS AUTOS V NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	X HIRED AUTOS X NON-OWNED AUTOS						(Per accident)	\$		
									\$	
7	X UMBRELLA LIAB X OCCUR	v	v	POLICY NUMBER		xx/xx/xx	xx/xx/xx	EACH OCCURRENCE		000,000
A	EXCESS LIAB CLAIMS-MADE	Х	X	FOLICI NOMBER		MA/ MA/ MA		AGGREGATE	\$	
	DED RETENTION \$							PER OTH-	\$	
	AND EMPLOYERS' LIABILITY Y / N					xx/xx/xx	xx/xx/xx	A STATUTE ER	. 1	
в	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A		OH STOP GAP OF				E.L. EACH ACCIDENT		000,000
	(Mandatory in NH)			WC/EMPLOYERS I	LTAD			E.L. DISEASE - EA EMPLOYEE \$ 1,00		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,	,000,000
С	PROFESSIONAL(IF REQUIRED)	х		POLICY NUMBER		XX/XX/XX	XX/XX/XX			
D	POLLUTION LIAB(IF REQ'D)	х								
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES (A	CORE	0 101, Additional Remarks Schedul	le, may b	e attached if mor	e space is requir	red)		
Certi	ficate holder and Owner are included a 's equivalent) for Ongoing and Comple	s Ado	ditior	nal Insured with respects to	o liabilit	ty arising froi	m work perfo	rmed by the above insure		

for it's equivalent) for Orgoing and Completed Operations. Certificate Holder and Owner are Additional Insured on Auto Liability Coverage. Waiver of Subrogation applies in favor of the Additional Insured and Owner on General Liability, Automobile and Umbrella policies. Insurance is Primary and Non-Contributory in favor of the Additional Insured and Owner on General, Automobile and Umbrella Liability policies. Umbrella coverage is endorsed to meet above requirements or is follow form. The per project aggregate applies per form CG2503 or its equivalent. This applies to all projects. 30 days notice of cancellation or reduction in coverage to the Additional Insured and Owner, except 10 days notice for non-payment of premium, applies. Worker's Comp coverage applies to Project location state. Employers Lability included within Worker's Comp or General Liability coverage applies. If Design or Engineering SEE ATTACHED ACORD 101

CERTIFICATE HOLDER	CANCELLATION
Model Construction LLC 2170 Gilbert Avenue Cincinnati, OH 45206	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
	SIGNATURE
	© 1988-2014 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

AGENCY CUSTOMER ID: DMER ID: _____ LOC #: _____



JSCHWARTZ

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY		NAMED INSURED Insured Name and Address
POLICY NUMBER		
SEE PAGE 1		
CARRIER	NAIC CODE	
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1
	•	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

Services are provided professional liability applies. If Environmental or Remediation Services are provided Pollution Liability applies (if available naming certificate holder and owner as additional insured).

Insurance Requirements

Subcontractors shall be bound by the minimum insurance terms and general conditions and obligations, if any, as set forth in the contracts between **Model Construction LLC and Owner** with an insurance carrier having a current A.M. Best's Rating of at least A - VII. In no event, shall subcontractor provide less than the following coverage:

A. General Liability:

Per Occurrence	\$1,000,000
Damage To Rented Premises (Per Occurrence)	\$100,000
General Aggregate	\$2,000,000
Products & Completed Operations Aggregate	\$2,000,000
Personal & Advertising Injury Limit	\$1,000,000
A delition of Domestic many sector	

Additional Requirements:

- Model Construction LLC and Owner are to be additional insureds on subcontractor's policy as per form CG 2010 11/85 or CG2010 10/01 and CG 2037 10/01 or using substitute forms that provide equivalent coverage.
- General Aggregate to apply on a per-project basis
- Waiver of Subrogation in favor of Model Construction LLC and Owner
- Subcontractor's insurance to apply on a primary and non-contributory basis as to Model Construction LLC and Owner
- · Products & Completed Operations Insurance to be maintained for a period of two years from Project's Certificate of Occupancy date

\$1,000,000

\$1.000.000

\$1,000,000

B. Automobile Liability:

Combined Single Limit

Additional Requirements:

- Model Construction LLC and Owner are to be additional insureds
- Subcontractor's auto liability insurance to apply to any auto, all owned, hired and non-owned
- Waiver of Subrogation in favor of Model Construction LLC and Owner
- Subcontractor's insurance to apply on a primary and non-contributory basis as to Model Construction LLC and Owner

C. Umbrella:

Per Occurrence

Aggregate

Additional Requirements:

- Follow form for additional insured and primary & non-contributory (or endorsed)
- Waiver of Subrogation in favor of Model Construction LLC and Owner

D. Workers Compensation:

Workers' Comp and Employer's Liability is required for the state the project is located

State	Statutory Limits
Employers Liability (or Ohio Stop Gap if project is in Ohio)	-
Bodily Injury by Accident	\$1,000,000 Each Accident
Bodily Injury by Disease	\$1,000,000 Policy Limit
Bodily Injury by Disease	\$1,000,000 Each Employee

E. Professional Liability: (If Design or Engineering Services are provided)

j: (
Each Claim	\$1,000,000
Total Limit	\$1,000,000
Maximum Deductible	\$100,000

Additional Requirements:

- The General Aggregate shall be Project Specific
- The Insurance shall contain prior acts coverage sufficient to cover all of the Subcontractor's Work rendered by Subcontractor or its Designer(s)
- The Insurance shall be continued in effect with an extended period of two (2) years following final payment to Subcontractor and the deductible shall be paid by Subcontractor or Designer(s)

F: Pollution Liability: (If Environmental or Remediation Services	are provided)
Each Claim	\$1,000,000
Total Limit	\$1,000,000
Maximum Deductible	\$100,000
Additional Requirements:	

If reasonably available, name additional insureds as required under CGL

G. Certificates of Insurance:

Subcontractor shall provide a Certificate of Insurance that complies with the insurance requirements noted above. Such certificate of insurance shall state that insurer WILL provide no less than 30 days notice for any cancellation or reduction in coverage. Such certificate shall also designate **Model Construction LLC and Owner** as additional insureds and **Model Construction LLC** as the certificate holder.