

CONTRACTOR'S LICENSE No.:

FEDERAL IDENTIFICATION No.:

ANNUAL VOLUME:

YEARS IN BUSINESS:

INSURANCE MODIFICATION RATE (EMR):

NO. OF OSHA CITATIONS:

GEOGRAPHICAL AREAS:

- SAN DIEGO COUNTY \_\_\_\_\_
- ORANGE COUNTY \_\_\_\_\_
- LOS ANGELES COUNTY \_\_\_\_\_
- RIVERSIDE COUNTY \_\_\_\_\_
- NORTHERN CALIFORNIA \_\_\_\_\_
- ARIZONA \_\_\_\_\_
- NEVADA \_\_\_\_\_
- TEXAS \_\_\_\_\_
- FLORIDA \_\_\_\_\_
- SOUTH CAROLINA \_\_\_\_\_
- NEW MEXICO \_\_\_\_\_
- OTHER(S) \_\_\_\_\_

MINORITY STATUS:

- WOSB \_\_\_\_\_
- HUBZONE \_\_\_\_\_
- VOSB \_\_\_\_\_
- MBE \_\_\_\_\_
- DBE \_\_\_\_\_
- SB \_\_\_\_\_
- SDB \_\_\_\_\_
- SDVOSB \_\_\_\_\_
- DBE \_\_\_\_\_
- DVBE \_\_\_\_\_
- WBE \_\_\_\_\_

NUMBER OF EMPLOYEES:

- OFFICE \_\_\_\_\_
- FIELD \_\_\_\_\_

COMPANY AFFILIATION:

- UNION \_\_\_\_\_
- NON-UNION \_\_\_\_\_
- SUPPLIER \_\_\_\_\_

COMPANY LEGAL NAME: \_\_\_\_\_

**LOCATION 1:**

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

PRINCIPAL: \_\_\_\_\_

ESTIMATOR: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**LOCATION 2:**

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

PRINCIPAL: \_\_\_\_\_

ESTIMATOR: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**TYPE OF CONSTRUCTION:**

RESIDENTIAL: \_\_\_\_\_

COMMERCIAL: \_\_\_\_\_

**IN THE PAST FIVE YEARS, HAVE ANY CLAIMS AGAINST YOUR FIRM CONCERNING YOUR WORK ON A CONSTRUCTION PROJECT BEEN FILED IN COURT OR ARBITRATION?**

\_\_\_\_\_

\_\_\_\_\_

**HAS YOUR COMPANY CHANGED NAMES OR LICENSE NUMBER IN THE PAST FIVE YEARS? IF YES, PLEASE EXPLAIN THE REASON FOR THE CHANGE.**

\_\_\_\_\_

\_\_\_\_\_

**HAS YOUR COMPANY WORKED PREVIOUSLY ON LUSARDI CONSTRUCTION PROJECTS? IF YES, PLEASE LIST EACH PROJECT BY NAME.**

\_\_\_\_\_

\_\_\_\_\_

**GENERAL CONTRACTOR REFERENCES**

(PLEASE LIST A MINIMUM OF 4)

COMPANY NAME: \_\_\_\_\_  
PROJECT(S): \_\_\_\_\_  
CONTACT: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_  
PROJECT(S): \_\_\_\_\_  
CONTACT: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_  
PROJECT(S): \_\_\_\_\_  
CONTACT: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_  
PROJECT(S): \_\_\_\_\_  
CONTACT: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_

**MAJOR SUPPLIERS**

(PLEASE LIST A MINIMUM OF 4)

COMPANY NAME: \_\_\_\_\_  
CONTACT: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
FAX NUMBER: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_  
CONTACT: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
FAX NUMBER: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_  
CONTACT: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
FAX NUMBER: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_  
CONTACT: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
FAX NUMBER: \_\_\_\_\_

**SUBCONTRACTOR BANK VERIFICATION**

**COMPANY NAME:**

**ADDRESS:**

**CONTACT:**

**PHONE:**

**FAX:**

**EMAIL:**

---

---

---

---

---

---

---

YOU HAVE BEEN LISTED AS A BANK REFERENCE FOR THE ABOVE LISTED FIRM.  
PLEASE VERIFY INFORMATION AT YOUR EARLIEST CONVENIENCE. THANK YOU

**BANK NAME/BRANCH:**

**PHONE/FAX:**

**CONTACT:**

**ACCOUNT NUMBER:**

**DATE OPENED:**

**AVERAGE BALANCE:**

---

---

---

---

---

---

---

**AUTHORIZATION SIGNATURE:**

**DATE:**

**VERIFICATION SIGNATURE:**

**DATE:**

---

---

PLEASE RETURN COMPLETED TO THE CONTRACTOR REQUESTING THIS INFORMATION  
ABOVE.

**INSURANCE REQUIREMENTS**

IN ADDITION TO INITIALING THIS DOCUMENT TO PLEASE SUBMIT A CERTIFICATE OF PROOF WITH YOUR COMPLETED PREQUALIFICATION PACKAGE FOR GENERAL INSURANCE, AUTO LIABILITY INSURANCE AND WORKER'S COMPENSATION.

Your subcontractor's insurance requirements **MUST BE fulfilled within ten (10) calendar days** after you sign the Subcontract. *Proof of compliance* must be submitted to us **before you start work**. Delay in compliance, or non-compliance can result in termination of the subcontract, delay to the job's progress for which you can be held responsible, and/or delay in payment of monies to you.

Compliance with the Insurance Requirements shall be accomplished by the submission of **Certificate(s) of Insurance, with appropriate Endorsements attached to: [qtomas@lusardi.com](mailto:qtomas@lusardi.com)** or, if necessary fax to (760)-471-3826 Please make sure your communications indicate the project job number.

**Commercial General Liability Insurance**

## TYPE OF INSURANCE

- 1) Policy must be "Occurrence" based, not "claims made"
- 2) Policy must provide for no more than a \$25,000 self-insured retention or deductible
- 3) Blanket Contractual Liability must be shown for the liability assumed in subcontract

## LIMITS

Your policy form must provide at least (a) bodily injury (b) property damage (c) contractor's protective and:

Each Occurrence minimum limit of:	\$1,000,000
General Aggregate minimum limit of:	\$2,000,000
Personal & Advertising Injury minimum limit of:	\$1,000,000
Products Completed Operations Aggregate:	\$1,000,000

## WAIVER OF SUBROGATION

Provide a Waiver of Subrogation in favor of Lusardi Construction Co. and any other specified Owner interest. Please note that "sole negligence" or "vicarious liability" is not acceptable on any endorsements.

**Automobile Liability Insurance**

## TYPE OF INSURANCE

- 1) "Any Auto" or
- 2) "Scheduled Autos", "Hired Autos", and "Non-Owned Autos"

## LIMITS

Your policy form must provide at least:

Combined Single Limit minimum of:	\$1,000,000
Any Auto minimum limit of:	\$1,000,000

**Workers' Compensation and Employer's Liability Insurance**

## LIMITS

Your policy form must provide at least:

	State statutory coverage limits
Workers' Compensation	
Employer's Liability:	
Each Accident:	\$1,000,000
Disease-policy limit	\$1,000,000
Disease-each employee	\$1,000,000

## WAIVER OF SUBROGATION

Provide a Waiver of Subrogation in favor of Lusardi Construction Co. and any other specified Owner interest.

**Additional Insured**

Status shown by endorsement, with all form numbers listed on Certificate of Insurance, must meet the following criteria for Lusardi Construction Company and any other parties required by the Subcontract. Please note that "sole negligence" or "vicarious liability" is not acceptable on any endorsements.

- 1) ISO Form CG 2010 (07/04) or its equivalent, naming Lusardi Construction Co. and any other specified party as an additional insured for "Ongoing Operations."
- 2) ISO Form CG 2037 (07/04), or its equivalent, naming Lusardi Construction Co. and any other specified party as an additional insured for "Completed Operations"
- 3) Any attached policy form must have the respective policy number identified.
- 4) "Primary" and "non-contributory" insurance for additional insured(s) must be evidenced
- 5) "Project Specific" or "all operations" basis must be evidenced

**General**

- 1) Insurance company must have AM Best rating of "A-VIII" or higher
- 2) Policies must be non-cancelable except upon 30 days prior written notice

**SUBCONTRACTOR ACKNOWLEDGES THAT IT CAN AND WILL COMPLY** \_\_\_\_\_ (initials)

**DECEMBER 2011**