

Subcontractor's Insurance Pre-Qualification Form

Subcontractor Name: _____

Address: _____

Phone: _____ Fax: _____

Contact Person: _____ Principal: _____

Contact email: _____ Principal email: _____

General Liability Policy

Insurance Carrier: _____

1. A.M. Best Rating: _____
2. Licensed & Admitted in NY Yes No
3. Policy Effective Date: _____
4. Policy Cancellation Date: _____
5. Is the policy as of today's date in cancellation status? Yes No
6. Current policy limits:

General Aggregate	
Products & Completed Operations Aggregate	
Personal & Advertising Injury	
Each Occurrence Limit	
Damage to Rented Premise	
Medical Expense	
Property Damage	
Liability Deduction	

Forms & Endorsements:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 7. Does your policy provide Contractual Liability Coverage? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does the Contractual Liability Coverage extend to the Hold Harmless and Indemnification agreements you have with general contractors? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does your policy provide Third Party Over Action Coverage? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does your policy have any employee or employer exclusions? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Does your policy state that your insurance is "Primary & Non-contributory"? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Does your policy include Waiver of Subrogation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Does your policy have any Residential Work exclusions? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. What operations are you insured for (i.e. roofing, electrical, e.t.c.)
_____ | | |
| 15. Does your policy exclude frame construction? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your policy provide Independent Contractors Coverage for your subcontractors? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Does your policy have any height restrictions? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your policy have any Labor Law Exclusions? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your policy have any Scaffolding Exclusions? | <input type="checkbox"/> | <input type="checkbox"/> |

EXHIBIT ____

17. Please circle the exact additional insured endorsement being utilized on your general liability policy, if not listed below, please provide form.

Please note only those in Bold may be acceptable:

(CG 20 10 11/85 CG) (CG 20 10 10/93) (CG 20 10 03/97)

(CG 20 10 10/01) (CG 20 37 10/01) (CG 20 10 07/04)

Other: _____ (Please attach)

18. Are defense costs included within the limits of liability provided?

19. Do you have a per project aggregate?

Workers Compensation

20. Insurance carrier: _____

21. Policy Effective Date: _____

23. Policy Expiration Date: _____

24. Experience Modification Factor: _____

25. Does your policy include coverage for New York State? Yes No

26. Does your Workers Comp policy contain a Waiver of Subrogation? Yes No

Subcontractor's Insurance Representative's Information:

Name of Agency: _____

Agency Principal: _____

Phone number: _____

Signature of Agent/Broker: _____

Print Agent /Broker's Name: _____

Date: _____

As to Insurance Agent:

State of New York)

)ss:

County of _____)

On this _____ day of _____, 20____, before me, the undersigned, a Notary Public in and for said State, personally appeared _____,

Personally known to be or proved to me on the basis of satisfactory evidence to be the individual(s), whose name(s) is (are) subscribed to above and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the

Notary Public: _____

As to Subcontractor:

State of New York)

)ss:

County of _____)

On this _____ day of _____, 20____, before me, the undersigned, a Notary Public in and for said State, personally appeared _____,

Personally known to be or proved to me on the basis of satisfactory evidence to be the individual(s), whose name(s) is (are) subscribed to above and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the

Notary Public: _____