



**WE RESPECTFULLY REQUEST THAT YOU COMPLETE THIS QUESTIONNAIRE IN FULL AND FAX TO TAMI JENNINGS (303) 741-2785. PLEASE CALL IF YOU HAVE ANY QUESTIONS (303) 741-6116.**

\_\_\_\_\_  
COMPANY NAME Years in Business

\_\_\_\_\_  
ADDRESS CITY/STATE    ZIP

\_\_\_\_\_  
PHONE FAX TAX ID #

\_\_\_\_\_  
ESTIMATING CONTACT EMAIL

\_\_\_\_\_  
OPERATIONS CONTACT EMAIL

\_\_\_\_\_  
SCOPE OF WORK  Front Range    Central Mountain    Western Slope  
AREAS YOU WILL WORK

\_\_\_\_\_  
AVERAGE ANNUAL VOLUME CURRENT AVERAGE PROJECT

\_\_\_\_\_  
BONDING RATE    BANKING INSTITUTION /CONTACT  
(BONDING REQUIRED IF CONTRACT EXCEEDS \$300,000.00)

TRADE REFERENCES ATTACHED:  YES  NO

GENERAL CONTRACTOR REFERENCES ATTACHED:  YES  NO

AIA A305 MUST BE ATTACHED:  YES

**SAFETY INFORMATION:**

a. Provide your worker's compensation experience modification factors for the last 3 years

\_\_\_\_\_  
Current Last Year 2 Years Ago

b. In the last 5 years, has your company been cited by OSHA for a "serious" or "willful" violation?

Yes    No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MINORITY INFORMATION:**

a. Please check all that apply:

- MBE (Minority Business)
  - AABE (African American Business)
  - ABE (Asian American Business)
  - HBE (Hispanic Business)
  - NABE (Native American Business)
- WBE (Woman’s Business)
- DBE (Disadvantage Business)
- SBE (Small Business)
- HUB (Historically Underutilized Business)
- None of the Above

b. Certification status:

- N/A
- Self
- Public
- Private

**JHL MINIMUM INSURANCE REQUIREMENTS:**

MINIMUM LIMITS OF LIABILITY. Subcontractor will obtain insurance with limits as specified below, or such higher limits if imposed by Owner or by the Prime Contract Documents.

TYPE OF INSURANCE	ALL LIMITS IN THOUSANDS	
Commercial General Liability		
Premises/Operations	General Aggregate (Per Project)	\$2,000,000.00
Products/Completed Operations	Products Comp/OPS Aggregate	\$2,000,000.00
Contractual	Personal & Advertising Injury	\$1,000,000.00
Independent Contractors	Each Occurrence / Combined	\$1,000,000.00
Broad Form Property Damage	Single Limit (BI/PD)	\$1,000,000.00
Personal Injury		
Explosion /Collapse/Underground (XCU)		
Automobile Liability		
Any Auto or All Owned Autos	Bodily Injury (Per Person)	\$ 500,000.00
Hired Autos	Bodily Injury (Per Accident)	\$ 500,000.00
Non-Owned Autos	Property Damage	\$ 500,000.00
	Or Combined Single Limit	\$ 500,000.00
Umbrella Liability Per Project Aggregate	All Subcontractors	\$1,000,000.00
Worker’s Compensation (Coverage A)	Coverage A – Statutory	
Employer’s Liability (Coverage B)	Coverage B - \$500 (Each Accident)	
	\$500 (Disease – Policy Limit)	
	\$500 (Disease – Each Employee)	
Errors and Omissions (When any design or professional services of any type is supplied)	Per Occurrence / Claim	\$1,000,000.00
	Aggregate with 3 Year Tail if Claims Made	\$1,000,000.00

List All Insurance Exclusions \_\_\_\_\_

DO YOU AGREE TO MEET THESE REQUIREMENTS  YES  NO

# Subcontractor Insurance Compliance Statement

The purpose of this document is to confirm that the insurance requirements contained in our Subcontract Agreement with your company are provided for our mutual protection. Certificates of Insurance forms typically used by the insurance industry are inadequate, given the number of restrictive endorsements currently used by the insurance industry and not notated on the certificates. This document supplements the Certificate of Insurance and needs to be reviewed by your insurance agent for our mutual benefit, and returned along with your initial Certificate of Insurance.

Does your current general liability policy contain?

Residential or multi-family exclusion	YES _____	NO _____
Subsidence or earth movement exclusion	YES _____	NO _____
EIFS or synthetic stucco exclusion	YES _____	NO _____
Mold or indoor air quality exclusion	YES _____	NO _____
Damage to your work performed by sub exclusion	YES _____	NO _____
Contractual coverage provided to include the tort liability assumed in the hold harmless agreement	YES _____	NO _____
Additional insured status to include completed operations exposures	YES _____	NO _____

Reviewed by:

\_\_\_\_\_

Name

\_\_\_\_\_

Date

\_\_\_\_\_

Agency

\_\_\_\_\_

Phone