

For internal use only- Approvals

Financial _____

Safety _____

BUL/PM _____

Please complete this form and forward it by email to:

Susan Schanz susan.schanz@worthandcompany.com

All disclosures of information by your company will be treated confidentially.

Date: _____

Legal Name of Company: _____

D&B Number (if applicable): _____

Registered Address: _____

Primary Contact: _____

Primary Phone Number: _____

Estimator Name: _____ Phone # & Email Address: _____

Company History

Business Volume for the last three (3) years:

20_____ 20_____ 20_____

Average contract in approximate dollars signed in the last three (3) years?

20_____ 20_____ 20_____

Largest contract in approximate dollars signed in the last three (3) years?

20_____ 20_____ 20_____

State current backlog.

Briefly describe the primary area of business specialization, trade or products.

State average project size.

Bonding Company _____

Bonding Agent _____ **Bonding Agent Phone** _____

Financials

Please provide your existing and prior year Financials.

State Licenses

In which states are you licensed:

Certifications

_____ MBE
_____ DBE
_____ WBE
_____ Other

Claims and Suits

Has your organization ever failed to complete any work awarded to it? _____ Yes _____ No

If yes, please attach explanation.

Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers? _____ Yes _____ No

If yes, please attach explanation.

Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the last five years? _____ Yes _____ No

If yes, please attach explanation.

Insurance Company _____

Insurance Agent Phone _____

Insurance Agent _____

Insurance Interstate Experience Modification for the last three (3) years:

20__ _____ 20__ _____ 20__ _____

Total Number of Employees: _____

If total number of employees is 9 or under, the chart below can be left blank.

Last 3 Years	NAICS Code	TRIR	DART	Hrs. Worked	# Employees
20					
20					
20					

Please provide a copy of your safety program and 3 years of the OSHA 300A logs.

List any OSHA violations from the past five years.

Provide the name, title and contact information for your organization's safety representative.

Signature _____

Printed Name _____

Title _____

PLEASE SEE PAGE 3 FOR MINIMUM INSURANCE REQUIREMENTS FOR SUBCONTRACTORS.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

Today's Date

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 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 ABC Company 123 Anywhere Street Anywhere, USA 12345-1234	CONTACT NAME:	
	PHONE (A/C, No. Ext):	FAX (A/C, No):
INSURED DEF Contractor 123 Your Street Your Town, USA 1111-2222	E-MAIL ADDRESS:	
	PRODUCER CUSTOMER ID #:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A: ABC	
	INSURER B: DEF	
INSURER C: GHI		
INSURER D:		
INSURER E:		
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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			TBD	TBD	TBD	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG \$ 2,000,000
<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							\$
B	AUTOMOBILE LIABILITY			TBD	TBD	TBD	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						\$
<input checked="" type="checkbox"/> NON-OWNED AUTOS			\$				
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			TBD	TBD	TBD	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 2,000,000
							\$
							\$
							\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			TBD	TBD	TBD	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N	N / A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Project: _____

The undersigned certificate holder is also listed as additional insured in regards to general liability for the work performed by the insured as required by written agreement.

CERTIFICATE HOLDER**CANCELLATION**

Worth & Company, Inc. 6263 Kellers Church Road Pipersville, PA 18947	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 Authorized Representative's Signature Here

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