



Dear Subcontractor:

Please read this letter carefully. The information contained in this letter will affect whether or not you may enter into a contract with us and may affect your receipt of prompt payment.

Should your bid succeed; our contract requires that you provide us with proof of insurance, showing commercial general liability (occurrence form), business auto liability and workers' compensation insurance. Your policies should also:

- Include \$1,000,000 limits for commercial general liability, business auto and workers' compensation
- Include commercial general liability aggregate limits of \$2,000,000 with the general aggregate limit applicable per project
- Name us as an additional insured on a primary basis on the commercial general liability portion for ongoing and completed work per ISO form CG 20 10 11 85 (or on a substitute form providing equivalent coverage) or on a combination of ISO forms, CG 20 10 10 01 and CG 20 37 10 01 (or on substitute forms providing equivalent coverage)
- Include a waiver of subrogation on the commercial general liability portion

Additionally, we require:

- Your business to carry completed operations insurance for two (2) years
- Your business to name our company as an additional insured on your commercial general liability insurance for two (2) years
- At least thirty (30) days written notice prior to cancellation or termination of your commercial general liability, business auto liability and workers' compensation insurance.

Per our contract, Certificates of Insurance must be returned to us with the signed contract prior to your business commencing any work or services for the project.

Please make sure you provide your insurance agent with a copy of this letter. You must include all insurance costs in your bid, as you will be unable to renegotiate these costs later. Should your agent require the names of carriers who provide these requirements, please contact us.

Note: This form can be completed electronically using the free Adobe Reader program. Please complete and return this form via email to prequal@dillinggroup.com

Sincerely,

Dilling Group, Inc.

Subcontractor Prequalification Form



Please complete the following form to begin qualifying to be a Dilling Group subcontractor or vendor

Company Name					
Street address					
City		State		Zip	
Phone		Fax			
Contact		Contact Phone		Contact Email	
Federal Tax ID		Date Formed		State Formed In	
Company Type		<input type="checkbox"/> Corporation		<input type="checkbox"/> Partnership	
		<input type="checkbox"/> Sole Proprietor		<input type="checkbox"/> Other	
Average sales volume over last 5 years (\$\$)			Total No. of Employees		
Average project size during the last year (\$\$)					
Preferred project size		Minimum (\$\$)		Maximum (\$\$)	
State(s) authorized to conduct business					
Trade(s) of work					
Are you able to bond projects?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
				Bonding Rate (%)	
Single Project Limit		Aggregate Limit		Bonding Company	
Agent Name		Agent Phone		Agent Email	
Please review the Dilling Subcontractor Insurance Limits Requirements (page 4). If you are accepted as a Dilling Subcontractor, you will be required to submit a Certificate of insurance evidencing coverage prior to beginning work on any project.					
Workers Compensation EMR		Current		Prior Year	
Insurance Company					
Agent Name		Agent Phone		Agent Email	
Bank Reference					
Banker Name		Banker Phone		Banker Email	
Is the company certified as any of the following?				<input type="checkbox"/> MBE	
				<input type="checkbox"/> WBE	
				<input type="checkbox"/> SBE	
				<input type="checkbox"/> DBE	
				<input type="checkbox"/> DVBE	
Certifying Agency					
Completed Projects (list 3 minimum)					

Subcontractor Prequalification Form



Current Projects (list 3 minimum)

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Trade References (list 3 minimum)

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Client References (list 3 minimum)

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Subcontractor Prequalification Form



Dilling Group, Inc. Insurance Requirements

Required Insurance Coverages: The Subcontractor shall maintain the following minimum coverages and limits unless it must maintain additional coverages and/or limits required by DGI's agreement with the Client

<p>A) Workers' Compensation Insurance Industrial</p> <p>Bodily Injury by Accident Bodily Injury by Disease Bodily Injury by Disease</p>	<p>Statutory as required by the State of Indiana, Indiana Board Certificate</p> <p>\$500,000 each accident \$500,000 each employee \$500,000 policy limit</p>
<p>B) Commercial General Liability Insurance Bodily Injury and Property Damage</p>	<p>\$1,000,000 per occurrence \$1,000,000 general aggregate \$1,000,000 products/completed operations aggregate</p>
<p>C) Commercial Automobile Liability Insurance Including Owned, Non-Owned and Hired Auto Coverage: Bodily Injury and Property Damage</p>	<p>\$1,000,000 combined single limit</p>
<p>D) Excess/Umbrella Liability</p>	<p>\$5,000,000 per occurrence</p>
<p>E) Additional Coverage requirements:</p> <ul style="list-style-type: none"> Workers' compensation and general liability will include waiver of rights of subrogation against Contractor and Owner Entity. DGI, the Client, the General Contractor (if not the Client), the Construction Manager (if not the Client), the Engineer and the Owner of the project (if not the Client) will be added as additional insured's for the commercial general liability and umbrella liability insurance. Such additional insured's will be primary and non-contributory with any other insurance in the name of or for the benefit of the additional insured entities with respects to claims arising for work performed by the Subcontractor. General Liability and umbrella liability coverage's will provide that the general aggregate applies separately to each project. Before any work is performed by the Subcontractor, the Subcontractor shall deposit with DGI Certificates of Insurance evidencing the after mentioned coverage's and limits. These certificates shall contain the following specific clause: "It is understood and agreed that in the event of a change or cancellation of the policies herein described, the insurance company hereby agrees to provide Dilling Group, Inc. 111 E Mildred St, Logansport, In 46947, with thirty (30) days prior written notice by certified mail before effecting any such change or cancellation. The insurance requirements as set forth above in this section are independent of Subcontractor's waiver, indemnification and other obligations under this contract and will not be construed or interpreted in any way to restrict, limit or modify Subcontractor's waiver, indemnification and other obligations, or in any way limit the Subcontractor's liability under the contract. 	