



8035 Craig St., Indianapolis, IN 46250 Ph: 317-547-1838 Fax: 317-547-1839

Subcontractor Application

Company Name: _____ Date: _____

Address: _____ City/Zip: _____

Contact Name: _____ Phone #: _____

of employees _____

Do you have your own equipment? Yes _____ No _____

Are you willing to travel? Yes _____ No _____

Do you meet attached insurance requirements? Yes _____ No _____

Have you worked on lifts before? Yes _____ No _____

If yes, what kind of lifts _____

What type of work (circle one or both) Commercial or Residential

What kind of work (circle all that apply) Cut Roll Spray Drywall Vinyl Wallcovering Special Coatings

List 3 contractors you've worked with in the past year:

1. _____

2. _____

3. _____

****You must attach a copy of your W-9 and Certificate of Insurance****



Subcontractor's Insurance

Before commencing the Subcontract work, and as a condition precedent to any payment, the Subcontractor shall purchase and maintain insurance in conformance with the provisions contained in this Exhibit. This insurance will provide a defense and indemnify the Contractor, but only with respect to liability for bodily injury, property damage and personal and advertising injury caused in whole or in part by the Subcontractor's acts or omissions or the acts or omissions of those acting on the Subcontractor's behalf.

Proof of this insurance shall be provided to the Contractor before the work commences, as set forth below. To the extent that the Subcontractors subcontracts with any other entity or individual to perform all or part of the Subcontractor's work, the Subcontractor shall require the other Sub-Subcontractors to furnish evidence of equivalent insurance, in all respects, terms and conditions as set forth herein, prior to the commencement of work by the Sub-Subcontractor. In no event shall the failure to provide this proof, prior to the commencement of the work, be deemed a waiver by the Contractor of Subcontractor's or the Sub-Subcontractor's insurance obligations set forth herein.

In the event that the insurance company(ies) issuing the policy(ies) required by this exhibit deny coverage to the Contractor, the Subcontractor or the Sub-Subcontractor will, upon demand by the Contractor, defend and indemnify the Contractor at the Subcontractor's or Sub-Subcontractor's expense.

Minimum Limits of Liability

The Subcontractor must maintain the required insurance with a carrier rated A- or better by A.M. Best. The Subcontractor shall maintain at least the limits of liability as set forth below:

Commercial General Liability Insurance

1,000,000 Each Occurrence Limit (Bodily Injury and Property Damage) 2,000,000

General Aggregate per project

\$2,000,000 Products & Completed Operations Aggregate

\$1,000,000 Personal and Advertising Injury Limit

Business or Commercial Automobile Liability Insurance

\$1,000,000 combined single limit per accident

Workers' Compensation and Employers' Liability Insurance

\$100,000 Each Accident

\$100,000 Each Employee for Injury by Disease

\$500,000 Aggregate for Injury by Disease