

Bid List Requirements

Summit Construction requires every subcontractor to submit their W9 and Certificate of Insurance to the office to be included on our subcontractor bidders list. Also, we ask that all subcontractors include their W9 and Certificate of Insurance with every bid and/or contract that names Summit Construction as the Certificate Holder and Additionally Insured. An updated copy of your COI should be sent to us automatically every renewal year, preferably by email.

In addition to the requested information above, we need names and contact info of two general contractors that your company has worked for in the recent past. We also attached a referral form that one of your referrals will need to complete and return.

All of this information can be emailed back to heather@summit-construction.com. We appreciate your compliance with this request and please feel free to contact us with any questions or concerns.

Thank you,

Andy Vetter

Summit Construction
Controller
avetter@summit-construction.com
502-897-1044

| DATE | (MM/DD/YYYY) |
|------|--------------|
|------|--------------|

CERTIFICATE OF LIABILITY INSURANCE

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 have ADDITIONAL INSURED provisions or 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).

| commended to comment and the comment of the comment | | |
|--|--------------------------------------|-------|
| PRODUCER | CONTACT NAME: REQUIRED | |
| REQUIRED | PHONE FAX (A/C, No, Ext): (A/C, No): | |
| REQUIRED | E-MÁIL ADDRESS | |
| | INSURER(S) AFFORDING COVERAGE | NAIC# |
| | INSURER A: REQUIRED | |
| | INSURER B: | |
| | INSURER C: | |
| NAME AS IT APPEARS ON THE CONTRACT | INSURER D: | |
| | INSURER E : | |
| | INSURER F: | |

COVERAGES CERTIFICATE NUMBER: 2104357905 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 SLICH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| AGREAE | AIMS-N | | Y | BILITY CCUR | | Υ | Υ | | | | | |
|--|---|---|---|----------------|--|--|--|--|--|---|--|-------------------------------|
| AGREAE | MIVIO-IV | IADL | 00 | | | | ' | REQUIRED | DATESOF POLICYFALL | 1 SHOULD CONTRACT | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 \$ 500.000 |
| | | | | COR | | | | | WITHNDATES | | MED EXP (Any one person) | \$ 5,000 |
| | | | | | | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | | LMIAFRES | PER: | | | | | | | GENERAL AGGREGATE | \$2,000,000 | |
| ROICY | | PRO- JECT | X | LOC | | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 |
| OTHER: | | | | | | | | | | | | \$ |
| AUTOMOE | BILE | | | | | Υ | | | Y | | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| TY ANY AUTO OWNED AUTOS ONLY HIRED ONLY HIRED AUTOS NON- | | | | | | | | | | BODILY INJURY (Per person) | \$ | |
| | | | | | | | | | | BODILY INJURY (Per accident) | \$ | |
| A | UTOS | 0 | 1W0 | | | | | × | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | AUT | OS ONE | . ' | | | | | | , | \$ |
| UMBREL | LA LI | AB . | x _ | | | Y | Υ | | | | EACH OCCURRENCE | \$ 1,000,000 |
| EXCESS | LIAB | | CL | _AIMS-MA | DE | | | | | | AGGREGATE | \$ 1,000,000 |
| DED > | (RE | TENTIO | N \$ 0 | | | | | | | | | \$ |
| | | |) | | | | | DECLUBED | DATE: | | X PER OTH- | |
| ANYPROPRIETOR/PARTNER/EXECUTIVE 1' | | | | | | | | E.L. EACH ACCIDENT | \$ 1,000,000 | | | |
| (Mandatory in NH) | | | | | | | | DATES | | E.L. DISEASE - EA EMPLOYEE | \$ 1,000,000 | |
| DESCRIPTION OF OPERATIONS below | | | | | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 1,000,000 |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | EXCESS DED (ERS COMINO OYERS' LIA PROPRIETO CER/MEME latory in NH, describe | EXCESS LIAB DED X RE KERS COMPENSA OYERS' LIABILITY ROPRIETORPA CER/MEMBEREX atory in NH) describe under | EXCESS LIAB DED X RETENTIO (CERS COMPENSATION ANI OYERS' LIABILITY ROPRIET OR PARTNER/E CER/MEMBEREXCLUDED atory in NH) describe under | EXCESS LIAB CI | EXCESS LIAB CLAIMS-MA TO CLAIMS-MA CLAIMS-MA TO CLAIMS-M | EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 0 KERS COMPENSATION AND OYER'S LIABILITY ROPRIETOR/PARTNER/EXECUTIVE JERMEMBEREXCLUDED? atory in NH) describe under | EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 0 CERS COMPENSATION AND OYER'S LIABILITY ROPRIETOR/PARTNER/EXECUTIVE CERMEMBEREXCLUDED? atory in NH) describe under | EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 0 KERS COMPENSATION AND OYER'S LIABILITY ROPRIETOR/PARTNER/EXECUTIVE CER/MEMBEREXCLUDED? atory in NH) describe under | EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 0 KERS COMPENSATION AND OVER'S LIABILITY ROPRIETOR/PARTNER/EXECUTIVE CERMEMBEREXCLUDED? atory in NH) describe under | EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 0 KERS COMPENSATION AND OVER'S LIABILITY ROPRIETOR PARTNER EXECUTIVE CERMEMBER EXCLUDED? Atory in NH) describe under | EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 0 KERS COMPENSATION AND OVER'S LIABILITY ROPRIETOR/PARTNER/EXECUTIVE CERMEMBEREXCLUDED? atory in NH) describe under N N A REQUIRED DATECTOCONTRACT SHOULD FALWIFN DATES CONTRACT | EXCESS LIAB CLAIMS-MADE DED |

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

Summit Construction, LLC, and any other party as required by contract documents, are included as Additional Insureds, on a Primary, Non-contributory basis, and Waiver of Subrogation is provided regarding General Liability, Auto Liability & Umbrella, when required by contract.

| CERTIFICATE HOLDER | CANCELLATION |
|---|--|
| Summit Construction, LLC | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| 4852 Crittenden Dr Louisville KY 40203 | AUTHORIZED REPRESENTATIVE |
| Louisville IVI 40200 | REQUIRED |
| 1 | |

© 1988-2015 ACORD CORPORATION. All rights reserved.



4852 Crittenden Drive Louisville, KY 40209

| Da | ate: Company (giving reference) |
|-----------|---|
| Co | ontact Name: |
| Re | e: Reference for |
| | |
| 1. | Are you willing to provide a reference for the above Subcontractor/Supplier? Yes \(\sigma\) No \(\sigma\) If No, please fax the questionnaire to our office as soon as possible |
| <u>GI</u> | ENERAL |
| 2. | Has your firm worked with the above named company for 3 years or more? Yes ☐ No ☐ |
| 3. | In your experience, has this Subcontractor/Supplier ever failed to execute an agreement when awarded? Yes \square No \square |
| 4. | Would you work with this Subcontractor/Supplier again? Yes □ No □ |
| 5. | In this trade, how would you rate this company's overall performance? □ Poor □ Below Average □ Average □ Above Average □ Excellent |
| <u>PE</u> | <u>ERFORMANCE</u> |
| 6. | Would you say this Subcontractor/Supplier provides quality installation in accordance with the plans, specs and governing codes? Yes \square No \square |
| 7. | Does this Subcontractor/Supplier provide the necessary staffing to complete the project in accordance with the Project Schedule Yes \square No \square |
| 8. | Does this Subcontractor/Supplier attend and participate in the regular subcontractor coordination meetings? Yes 🗆 No 🗅 |
| 9. | Does this Subcontractor/Supplier provide submittals and shop drawings in a timely fashion and, in your experience, are the materials and supplies delivered to the site on time? Yes \square No \square |
| 10. | Is paperwork (such as pay requests, schedule of values, change proposals and releases) produced in a timely fashion and a professional manner? Yes \(\sigma\) No \(\sigma\) |
| FI | NANCIAL |
| 11. | How would you rate this Subcontractor/Supplier competiveness with respect to pricing, with Poor being the least? □Poor □ Below Average □ Average □ Above Average □ Excellent |
| 12. | Does this Subcontractor/Supplier provide proper lien releases from suppliers and subcontractors prior to receiving payment? Yes \square No \square |
| 13. | Are you aware of any instances when this Subcontractor/Supplier has failed to pay their suppliers or subcontractors? Yes □ No □ |



| 14. | What is the nature of work they performed for your firm? |
|-------|---|
| 15. | Other Remarks: |
| | |
| | ow-up phone call may be necessary to obtain additional information on answers you may have provided in this ionnaire. |
| Phone | e Number: 502-897-1044 |
| | |
| | PLEASE EMAIL THIS DOCUMENT TO: |
| | Summit Construction |
| | heather@summit-construction.com |
| | |
| Thar | nk You |
| Sum | amit Construction |