



**GENERAL INFORMATION:**

Company Name:					
Name:			Office Contact:		
Address:					
City:		State:		Zip:	
Office #:			Mobile #:		
Alternate #:			Fax #:		
E-mail:			Website:		
Is your company incorporated?(please circle) YES / NO		*Federal Tax ID # or Social Security #:			
<b>*(NOTE: A valid number and a W-9 must be on file)</b>					

**INSURANCE INFORMATION (For Subcontractors):**

Our Insurance Policy is as follows:							
<p>You <b>MUST</b> carry the <i>minimum coverage</i> as follows:</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding-right: 20px;">General Liability:</td> <td style="text-align: right;">\$2,000,000.00</td> </tr> <tr> <td>Worker's Compensation:</td> <td style="text-align: right;">\$500,000.00</td> </tr> <tr> <td>Auto Liability</td> <td style="text-align: right;">\$1,000,000.00</td> </tr> </table> <p style="text-align: center;"> <b>Wolfe Homes must be named as Additional Insured</b>  <b>Waiver of Subrogation must be instated for Wolfe Homes</b> </p> <p><b><u>ALL SUBCONTRACTORS are required to carry Worker's Compensation and General Liability Insurance.</u></b></p>		General Liability:	\$2,000,000.00	Worker's Compensation:	\$500,000.00	Auto Liability	\$1,000,000.00
General Liability:	\$2,000,000.00						
Worker's Compensation:	\$500,000.00						
Auto Liability	\$1,000,000.00						

<p><b>You are responsible for getting that information to us from your insurance company.</b></p> <p>(We will <b>NOT</b> contact your insurance company for you.)</p> <p>If at any time you have a lapse in coverage, or do not have a current COI, we will deduct a minimum of 25% from your invoice: 20% for Worker's Compensation and 5% for General Liability. You may also be asked to leave the job site until this can be provided or reinstated.</p>	
<p>_____</p> <p>Subcontractor Signature</p>	<p>_____</p> <p>Date</p>

<p><b>INDEMNIFICATION</b></p> <p>To the fullest extent permitted by law, the Subcontractor shall defend, indemnify and hold harmless the Contractor, the owner and the architect and their agents and employees from and against all claims, damages, losses and expenses including but not limited to the attorney's fees, arising out of or resulting from the performance of the work provided that any such claims, damage, loss or expense (1) is attributable to bodily injury, sickness, disease, or death or injury to or destruction of tangible property (2) is caused in whole or in part by any negligent act or omission of the Subcontractor, anyone directly employed by any of them or anyone for whose acts any of them may be liable, regardless of whether or not it is caused in part by the party indemnified hereunder. Such obligation shall not be construed to negate, abridge, or otherwise reduce any other right or obligation of indemnity which would otherwise exist to any party or person described in this paragraph.</p> <p>– Insurance and Waiver of Subrogation</p>
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**A. Required Minimum Insurance Coverage's.** Effective as of the date Contractor is to commence performing Services, Contractor shall provide and maintain in full force and effect the following minimum insurance coverage's.

**a. Statutory Worker's Compensation** according to the laws of the states having jurisdiction showing Employers' Liability Insurance in the minimum amount of \$500,000/\$500,00/\$500,000.

**b. Business Auto Liability Insurance** including all owned, hired, and non-owned automobiles used by or on behalf of Contractor, including bodily injury and property damage coverage in the minimum amount of \$1,000,000 combined single limit and insured and underinsured motorist coverage, in the minimum amount of \$1,000,000 combined single limit.

**c. Commercial General Liability Insurance** for claims by third parties for bodily injury, property damage, personal injury and advertising injury including at minimum limits a \$2,000,000 General Aggregate; \$2,000,000 Products Completed Operations Aggregate; \$1,000,000 Per Occurrence limit and \$1,000,000 Personal and Advertising Injury Limit. Such insurance shall provide coverage for products-completed operations, contractually assumed liabilities, explosion, collapse and underground coverage and include General Aggregate per Project verbiage. Coverage shall be maintained by Contractor for two years after completion of Services.

**d. Coverage** shall be placed with or carried by insures with an A.M. Best Rating of A- or better.

**e. Each policy** shall provide, either by its terms or by endorsement, that the insurer shall furnish Company at least 30 days' notice in writing before the insurance coverage will be cancelled, non-renewed or materially changed.

**f. Company** shall be named as an additional insured or insured the General Liability policy, either by the terms of the policy or by endorsement per ISO CG2010 (11/85) or its equivalent, including completed operations for two years after completion of Services. Contractor's Liability insurance shall be primary and non-contributory to Company's insurance or self-insurance program.

**g. Any liability deductible** remains the responsibility of the subcontractor.

**h. Waiver of Subrogation.** Contractor waives any rights of subrogation it may have or obtain, either at law or in equity, related to or resulting from Company's acts or omissions, and hereby agrees to obtain the same waiver from each of Contractor's insurers.

**Proof of Insurance.** Contractor shall furnish proof of compliance with the terms of this paragraph on a standard ACORD 25 Certificate, in advance of beginning the Services, by providing certificates of insurance certifying for each coverage listed above: (1) name of insurer; (2) type of coverage; (3) limits of coverage; (4) the notice of cancellation stated in paragraph1 (d) above; and (5) any endorsements or special provisions related specifically to the Service rendered by Contractor to Company. Commencement of Services shall not operate as a waiver of the requirements of this Paragraph.

**PAYMENT POLICY (For Vendors and Subcontractors):**

Our Payment Policy is as follows:

**Invoices received in our office by the 10th will be paid on the 25th**

**Invoices received in our office by the 25th will be paid on the 10th**

**Submit invoices to *invoices@wolfehomes.com***

If the 10th or 25th falls on **a weekend and/or a holiday**, checks will be released on **the following business day**  
All invoices are to be turned in for completed work only and are subject to managers' approval and proper verification of W-9s and insurance certificates.

Your invoices will **NOT** be paid until **ALL** information is received.

\_\_\_\_\_  
Vendor/Subcontractor Signature

\_\_\_\_\_  
Date

By signing below you agree: I have read and fully understand these policies for Vendors and Subcontractors.

\_\_\_\_\_  
Vendor/Subcontractor Signature

\_\_\_\_\_  
Date