

## INSURANCE AND OTHER REQUIREMENTS

Please insure that all insurance and other requirements are submitted and complied with as follows:

- Provide a copy of your current [Contractor's State License](#).
- Provide a signed [W-9 form](#).
- Provide a copy of your current [City Business License](#) for **where the job is located**.

### MINIMUM INSURANCE REQUIREMENTS

- Original Signature if possible (stamp is also acceptable)
- Your agent must agree to mail "Written Notice Prior to Cancellation" 30 days in advance (10 days for non-payment) to the California address listed below:
- The Certificate of Insurance must have the words "**endeavor to mail**" and "**but failure**" removed.
- The Certificate of Insurance from Subcontractor must include **BOGART CONSTRUCTION, INC., and the project owner (if requested) as "ADDITIONAL INSURED" onto General Liability policy.**
- The actual "ADDITIONAL INSURED" should be in an [ENDORSEMENT FORM](#), when issued, must also be forwarded to Bogart Construction, Inc. Form must be in a CG 2010/1185 form OR equivalent with Primary and Non Contributory wording.
- In addition, the General Liability certificate must include a "[WAIVER OF SUBROGATION](#)" in favor of Bogart Construction, Inc. and must be forwarded to Bogart Construction.
- Certificate of Insurance must be for "[Job Name & Address](#)" OR "[ONGOING & COMPLETED OPERATIONS](#)".**
- Your insurance carrier must carry a "Best's Insurance Rating Guide" rating of "A", "X" or better.

### INSURANCE FEES/CHARGES, IF ANY, WILL BE THE SUBCONTRACTOR'S RESPONSIBILITY.

**General Liability:** Coverage must be in the form listed below. Note that the "Claims Made" form of insurance policy will not be accepted. Owner and contractor protective, Broad form Property Damage; Advertising Injuries and Personal Injuries must be included. It is important that your certificate indicate the coverage's herein:  
Limits: \$1,000,000 Each Occurrence, Bodily Injury/Property Damage. \$2,000,000 aggregate per project.

**Auto Liability:** Limits: \$1,000,000 Bodily Injury/Property Damage per accident.

**Coverage:** Hired, Owned and Non-owned vehicles. An insurance carrier who is non-admitted to California is not acceptable.

**Workers Comp:** Limits: \$1,000,000 Employees Liability per aggregate, per disease each employee.

**Excess Liability:** Limits: \$1,000,000 Each Occurrence and per aggregate at least a \$2,000,000 aggregate on both the Products/Completed Operations and Each Occurrence

**NO SUBCONTRACTOR MAY MAN THE JOB UNTIL THE INSURANCE DOCUMENTS ABOVE ARE ON FILE IN OUR OFFICE. NO EXCEPTIONS!**

Please fax all documents to Evie Loreto at (949) 453-1099 or email: [EvieL@bogartconstruction.com](mailto:EvieL@bogartconstruction.com)

Contractor Initial

Subcontractor Initial

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**BOGART CONSTRUCTION, INC.**  
12 Mauchly, Bldg. F, Irvine, CA 92618  
Office 949/453-1400 Fax 949/453-1414