



Letter of Instructions

Trade Contractor Prequalification Statement

Please complete the following and return at your earliest convenience by email to prequal@chanen.com.

1. Trade Contractor Prequalification Statement completed.
2. List of Completed Projects with the contract amounts.
3. Name of carriers for Payment and Performance Bond, Worker's Compensation Coverage & General Liability.
4. Insurance Certificate (G/L, Auto, Excess, W/C, Mold/Pollution (if applicable), E&O (if applicable)) along with the Additional Insured Endorsements and our E-1 Form as outlined in our Exhibit E.
5. Current Reviewed or Audited Financial Statement (including Independent Accountant Report). **HELD IN STRICT CONFIDENCE!**
6. Surety letter with single and aggregate bond limits, with Power of Attorney letter attached (dated the same).
7. Three (3) Letters of Recommendation from other's you have performed work for.

Again, please forward the above information to prequal@chanen.com or call 602-266-3600 x361 if you have any questions or need clarification.

Thank you in advance for your interest in Chanen Construction Company, Inc.

CHANEN CONSTRUCTION COMPANY, INC.
3300 N. 3rd Avenue
Phoenix, Arizona 85013
602-266-3600 (office)
602-285-9268 (fax)



TRADE CONTRACTOR PREQUALIFICATION STATEMENT

PART 1

Firm Name: _____

Address: _____

City/State/Zip: _____

Telephone & Fax No.: _____

Scope of Work: _____

Federal ID No.: _____

Contractor License No.: _____

Worker's Comp. Policy No.: _____

Name of Principal(s): _____

Name of Bid Contact: _____

E-Mail Address: _____

Bank Reference: _____

(Provide Company, Contact Name & Phone Number) _____

Material Suppliers: 1. _____

2. _____

Customer References:

1. Company: _____ Contact: _____ Email: _____

2. Company: _____ Contact: _____ Email: _____

3. Company: _____ Contact: _____ Email: _____



Status of Company
Part 2

What year did your company go into business: _____

How many years experience have the Owner's had? _____

Has your company ever failed to complete work awarded them? _____

Has your company ever been placed in default? _____

Has your company ever failed to satisfy a claim for unpaid material, equipment or labor? _____

Has your company ever filed for bankruptcy? _____

Are there legal action(s) pending against your company? _____

What geographic area(s) does your company work in? _____

What type of entity is your business (Corp., Partnership, LLC, Proprietorship, etc.)? _____

Surety/Bonding
Part 3

PAYMENT AND PERFORMANCE BOND

Payment & Performance Bonding Carrier: _____

Bonding Capacity Single Limit: _____ Aggregate Limit: _____

WORKERS COMPENSATION

Workers Compensation Carrier: _____

Workers Compensation Experience Modification Factor: _____ (indicates rating)

GENERAL LIABILITY (with Exhibit E-1 Supplement and Insurance Certificate)

General Liability Carrier: _____

Agent Name: _____

Phone: _____

Fax: _____

Email: _____

PROJECTS

* Attach a list of your projects and their contract amounts*



Safety, Health and Environmental
Part 4

SAFETY PROGRAM

1. Describe your safety organization (staff, outside consultants, etc.)

2. Do you have a current written safety program? _____

3. Are your current employees trained in all aspects of the above safety program? _____

4. Describe how the training is provided and the frequency of updates. _____

ACCIDENT REPORT RESULTS

1. Please use your most recent three (3) years OSHA Log to complete

a. Total number of injuries and illness _____

b. Total number of cases involving days away from work _____

c. Total number of cases involving days of restricted work _____

2. List and describe all serious OSHA citations your firm has had in the last three (3) years.

3. Have you ever performed any work with our company in the past? _____
If yes, describe date, location and type of work performed.

Person Submitting Data

Name: _____ Signature: _____

Job Title: _____ Date: _____

Updated 1/20/15 - ARIZONA



Subcontractor Summary Sheet for the Scope of Work

N/A refers only to Mold, EIFS or Subsidence, Typically if mold required also water intrusion

DESCRIPTION	INSURANCE REQUIRED
DIVISION 01 - GENERAL REQUIREMENTS	
Final Cleaning	N/A
All Work Self Performed - BONDS WAIVED	
Excess Liability 1m instead of 3m	
All Other Insurance Requirements Prevail	
DIVISION 02 - SITE WORK	
2a: Surveying	E & O/Professional Liability
Soil Sampling/Geotech/Percolation/Testing & Inspection	E&O Professional Liability required/review scope/subsidence
2b: Demolition	Subsidence
Interior Demolition	N/A
2c: Earthwork and Paving	Subsidence
2d: Site Utilities	Subsidence
2e: Landscaping and Irrigation	Review Scope-Mold required if work will introduce water to the interior Mold not required if work performed outside/Subsidence review scope Subsidence if land disturbed otherwise N/A
Fences & Gates	
DIVISION 03 - CONCRETE	
3a: Building Concrete, Site Concrete, Sidewalks and Curb & Gutter	Subsidence also Mold depending on scope
Cast-in-Place Concrete	Subsidence
Precast Concrete	E & O/Professional Liability, review scope for mold exposure
DIVISION 04 - MASONRY	
4a: Masonry	N/A
Estimator will review scope of work to determine insurance needs	Unless: subsidence needed if sub provides footings also Unless: mold required if providing water barrier
DIVISION 05 - METALS	
5a: Structural Steel	N/A
DIVISION 06 - WOOD & PLASTICS	
6a: Rough Carpentry	Mold depending on scope
6b: Finish Carpentry and Millwork	N/A
6c: Framing - Work Includes Exterior Framing	Mold required
DIVISION 07 - THERMAL & MOISTURE PROTECTION	
7a: Caulking and Sealants	Mold/EIFS
7b: Roofing & Waterproofing	Mold
Insulation	N/A
EIFS	Mold/EIFS
Skylights	Mold
Metal Roofing & Siding	Mold
Spray on Fireproofing - Building Steel Skeleton	N/A
DIVISION 08 - DOORS AND WINDOWS	
8a: Doors, Frames and Hardware	N/A
8b: Glass and Glazing	Mold
Overhead Coiling Doors	N/A
DIVISION 09 - FINISHES	
9a: Epoxy Floor Coating	N/A
9b: Acoustical Ceiling	N/A
Spray on Acoustical Treatment	N/A
Lath & Plaster/Stucco	Interior N/A, Outside need Mold/EIFS
Gypsum Board	N/A, need mold coverage if provides EIFS or Drywall exposed
Carpeting/Resilient	N/A
Tile/ceramic floor or wall tile	Mold, Depends on scope Review job by job basis
Painting & Wall Coverings	Interior N/A, Outside need Mold/EIFS review Scope
DIVISION 10 - SPECIALTIES	
10a: Misc. Specialties: Access Flooring	N/A
Signage	N/A
Toilet Accessories	N/A
DIVISION 11 - EQUIPMENT	
11a: Food Service Equipment	N/A
DIVISION 11 - SPEC SECTION 11 82 39	
Continuous Flow Effluent Decontamination System	E & O/Professional Liability, Mold/Pollution
DIVISION 12 - FURNISHINGS	
12a: Manufactured Casework/Laboratory Casework/Multi Seating	N/A
DIVISION 13 - SPECIAL CONSTRUCTION	
13a: Preengineered Structures/Metal Buildings/Tent	E & O/Professional Liability, Mold/Subsidence/EIFS - Review Scope
Water Features, Pools/Fountains Indoor/Outdoor	Mold & Subsidence - Review Scope-per Job basis
DIVISION 14 - CONVEYING SYSTEMS	
14a: Elevators	N/A for mold, EIFS or Subsidence
DIVISION 15 - MECHANICAL	
15a: Fire Protection	Mold
15b: Plumbing	Mold & Subsidence - Review Scope
15c: H.V.A.C.	Mold & Subsidence - Review Scope
DIVISION 16 - ELECTRICAL	
16a: Electrical	N/A, Review scope for mold exposure

Chanen Construction Company, Inc.
Construction Subcontract
«subcontract»
«projectno»/«projectname»
«company»

EXHIBIT "E"
INSURANCE COVERAGES

The Subcontractor shall procure and maintain the following insurance coverage:

INSURANCE CERTIFICATE MUST BE EXACTLY AS SPECIFIED BELOW OR IT WILL BE RETURNED FOR CORRECTION.

If the Subcontractor fails to provide a certificate of insurance complying with all requirements of its contract with Contractor, then Contractor shall be entitled to procure the required insurance and back charge the cost of the insurance to Subcontractor.

FORM OF COVERAGE

MINIMUM LIMITS OF LIABILITY

Worker's Compensation
Employers Liability

Statutory
\$500,000 each accident
\$500,000 policy limit
\$500,000 each employee

GENERAL LIABILITY

Subcontractor shall procure and maintain Commercial
General Liability Insurance of not less than:

\$2,000,000 aggregate
\$2,000,000 Products Completed Operations aggregate
\$1,000,000 each occurrence

- If the scope of the "WORK" involves the delivery of, protection from, or containment of water in any manner or form whatsoever, no "mold," "fungi," "bacteria" or "water intrusion" or similar exclusion may be attached to the subcontractor's general liability policy. In the alternative, liability coverage for "mold," "fungi," "bacteria" may be provided under a separate policy.

- If the scope of the "WORK" involves the disturbance of land (the pad), or construction of the foundation, no **subsidence** or similar exclusion may be attached to the subcontractor's general liability policy. In the alternative, subsidence may be provided under a separate policy.

No exclusion for XCU, (explosion, collapse, and underground) may be attached to the subcontractor's general liability policy.

- If the scope of the "WORK" involves the design, manufacture, construction, fabrication, preparation, installation, application, maintenance or repair (including remodeling, service, correction or replacement) of any "exterior insulation finish system (EIFS) or any part thereof, or substantially similar system, no exclusion relating to such "EIFS" work may be excluded under the subcontractor's general liability policy. In the alternative, "EIFS" coverage may be provided under a separate policy.

AUTOMOBILE LIABILITY

Subcontractor shall procure and maintain Automobile
Liability Insurance for liability arising out of the
ownership, maintenance, or use of owned, hired and non-owned
automobiles.

Combined single limit of not less than:

\$1,000,000 each accident

EXCESS (UMBRELLA) LIABILITY

Subcontractor shall procure and maintain Excess (umbrella)
Liability Insurance

If sub-contractor project value is \$500,000 or less,
Then combined single limit of not less than:

\$3,000,000 per occurrence
\$3,000,000 aggregate

If sub-contractor project value is \$1,000,000 or less,
then combined single limit of not less than:

\$5,000,000 per occurrence
\$5,000,000 aggregate

If sub-contractor project value exceeds
\$1,000,000, then the limit shall not be less than:

\$10,000,000 per occurrence
\$10,000,000 aggregate

CONTRACTORS POLLUTION/MOLD LIABILITY

Depending on scope of work, a greater limit of coverage for
Pollution/Mold liability may be required; see #7 below.

\$1,000,000 each occurrence
If provided via separate policy.

ERRORS AND OMISSIONS LIABILITY

(Precast Concrete or Pre-engineered Structures)
(Architectural, Engineering and Surveying Firms)
All Architect and Engineering policies subject to review
of terms and revision of limits by contractor.

\$2,000,000
\$5,000,000

1. Insurance companies shall have an A.M. Best rating of B++ VIII or better.
2. Certificates shall reference name of project: (Project Name) and specifically confirm General Liability policy's extension of contractual liability to the project by name.
3. **Contractor, Architect and Owner shall be named as additional insureds on Subcontractor's General Liability policy, using Endorsement CG2010 (0704) or its equivalent and CG 2037 0704 or equivalent. The General Liability policy shall be endorsed by attachment of CG2503 or equivalent that subcontractor coverage is "primary", and any coverage carried by the Contractor or Owner, Architects and Engineers is "excess" and non-contributory.**
4. Subcontractor's General Liability insurance will be endorsed to provide a "per project" aggregate.
5. Waiver of Subrogation on behalf of the Owner and Contractor shall be added for General Liability and Worker's Compensation. Waiver of Subrogation shall be noted on Certificate of Insurance.
6. Excess (umbrella) Liability insurance will "follow form" of scheduled primary liability policies.
7. Minimum limit of Contractors Pollution/Mold Liability is \$1MM for Prequalification purposes; however, depending on actual scope and subcontract value, additional limits of Pollution/Mold may be required when subcontract is awarded. **Additional Insured endorsement in favor of Chanen Construction Company, Inc., and Owner as per written contract shall be required.**
8. Above insurance and endorsements shall be evidenced by a Certificate of Insurance using the ACORD Form or its equivalent.
9. A supplemental certificate form (Exhibit "E-1" attached) must similarly be completed.
10. Such Certificate of Insurance shall state that the insurance shall not be canceled without **thirty (30)** days prior written notice to the noted address:

Chanen Construction Company, Inc.
3300 North Third Avenue
Phoenix, Arizona 85013

The Subcontractor shall carry sufficient insurance to fully protect himself for loss or damage to his equipment at the Project site of the Subcontract Work and while traveling to and from the Project site. It is expressly understood and agreed that the Contractor, Owner or Architect/Engineer shall have no responsibility therefore.

End of Document



ADDITIONAL REMARKS SCHEDULE

CUSTOMER ID: _____

Page 2 of 2

AGENCY Name of Broker	NAMED INSURED
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ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: 2009/09

For General Liability per attached CG2010 0704 & CG2037 0704 with respect to liability arising out of "any and all projects" performed by, or on behalf of, the Contractor, Certificate Holder, its Owner/Client & Architect are additional insureds. A Per Project Aggregate endorsement also applies. Coverage is Primary and Non-Contributory, and Waiver of Subrogation applies to General Liability and Workers' Compensation policies in favor of Chanen Construction Company, Inc. and Project Owner per the Exhibit E requirements. Extension of Contractual Liability as respects "any and all projects". Excess policy "follows form" of primary policies.

CANCELLATION EXCEPTION: 10 DAYS NOTICE FOR NON- PAYMENT

Additional Insured endorsement applies per Exhibit E as respects Pollution Liability and mold coverage when coverage required for scope of work performed. Chanen Construction Co., Inc. and Owner will be named as Additional Insureds for this coverage.

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 20 10 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – SCHEDULED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional Insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 20 37 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location And Description Of Completed Operations
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

Arizona
Exhibit "E-1"

CHANEN CONSTRUCTION COMPANY:

Subcontractor General and Excess Liability Insurance Coverage Supplemental Checklist and Certification

Subcontractor Name: _____ **Date of ACORD Certificate Issuance:** _____
Policy Term: _____

The ACORD Certificate of Liability Insurance form (25-S), which is completed to attest to the scope of your insurance coverage, only summarizes the various policies listed as to the limits and coverages provided. It DOES NOT show restrictions, exclusions, or limitations of coverage, which may cause a material breach under the subcontract agreement. PLEASE HAVE YOUR INSURANCE REPRESENTATIVE MARK THIS FORM AS A SUPPLEMENT TO THE Acord CERTIFICATE AS TO COVERAGE FOR THE EXPOSURE LISTED. COVERAGE IS DEEMED TO BE PROVIDED IF NOT EXCLUDED.

General Liability Insurance

Coverage does include:	YES	NO
1. A Per Project Aggregate	<input type="checkbox"/>	<input type="checkbox"/>
2. The General Contractor and its Owner/Client as Additional Insureds as respects the Premises/Operations hazard (CG 20 10 0704 edition or equivalent and CG 2037 0704 or equivalent)	<input type="checkbox"/>	<input type="checkbox"/>
3. Primary & Non-Contributory wording	<input type="checkbox"/>	<input type="checkbox"/>
4. A Subrogation Waiver	<input type="checkbox"/>	<input type="checkbox"/>
5. Defense Costs outside of policy limits	<input type="checkbox"/>	<input type="checkbox"/>
6. Contractors Pollution/Mold Liability (indicate if separate policy)	<input type="checkbox"/>	<input type="checkbox"/>
7. EIFS	<input type="checkbox"/>	<input type="checkbox"/>
8. Subsidence	<input type="checkbox"/>	<input type="checkbox"/>
9. XCU(Explosion, collapse, and underground)Scope Requirement	<input type="checkbox"/>	<input type="checkbox"/>
10. Water Intrusion	<input type="checkbox"/>	<input type="checkbox"/>
11. Contractual Liability	<input type="checkbox"/>	<input type="checkbox"/>
12. Please specify any other extraordinary exclusions that have been attached to your general liability policy that restrict coverage beyond the standard ISO Commercial General Liability form (CG000110 01).	a. _____	b. _____
	c. _____	

Umbrella (Excess) Liability Insurance

Coverage does include:	YES	NO
Your policy is "Following Form" to the insured General Liability Policy (meaning no additional exclusions that aren't already on the CGL policy).	<input type="checkbox"/>	<input type="checkbox"/>

Signature _____

Date _____

Insurance Company or Agency Name: _____

End of Document

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____

Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) _____ Requester's name and address (optional)

6 City, state, and ZIP code _____

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number								
			-					
or								
Employer identification number								
			-					

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*
- By signing the filled-out form, you:
- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 - Certify that you are not subject to backup withholding, or
 - Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
 - Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.