



## **NEW VENDOR SETUP**

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

### **MINORITY STATUS:**

*(cannot be left blank)*

☐ MBE    ☐ SBE    ☐ VBE    ☐ DBE    ☐ WBE    ☐ None

### **TEXTURA CONTRACT ADMINISTRATOR INFORMATION:**

*(This should be the person processing pay applications)*

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

### **ADDITIONAL DOCUMENTS REQUIRED:**

- ☐ 2020 W9 – recently dated
- ☐ Trade License (s) – as applicable
- ☐ Proof of Registered Entity of the Company in the required State
- ☐ Certificates of Insurance per attached Requirements and Sample



# INSURANCE REQUIREMENTS

## NEW VENDORS

### Summary of Minimum Limits of Insurance<sup>1</sup>:

#### COMMERCIAL GENERAL LIABILITY ("CGL")

Bodily Injury & Property Damage	\$1,000,000 per occurrence
General Aggregate other than Products/CO	\$2,000,000 per project
Products and Completed Operations	\$2,000,000 Aggregate

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

EMPLOYER'S LIABILITY / WORKERS COMPENSATION \$1,000,000 each accident or statutory limits  
\$1,000,000 disease per employee or statutory limits  
\$1,000,000 disease policy aggregate or statutory limits

EXCESS / UMBRELLA LIABILITY \$3,000,000 per occurrence  
\$3,000,000 per project general aggregate  
\$3,000,000 Products & Completed Operations Aggregate

PROFESSIONAL LIABILITY (if applicable) \$2,000,000 per claim  
\$2,000,000 per aggregate

POLLUTION LIABILITY (if applicable) \$2,000,000 each occurrence  
\$2,000,000 per aggregate

- Certificates of Insurance for General Liability, Automobile and Pollution (if applicable) must name **DeAngelis Diamond Construction, LLC and Owner** as Additionally Insured on a primary and non-contributory basis, as per Prime Contract.
- General Aggregate Limit Applies per "Project" must be checked off.
- Professional Liability Insurance is required if the Work includes fire alarm design, mechanical work, plumbing work, fire sprinkler work or any professional service.
- Pollution Liability Insurance is required if the Work includes excavation, remediation, transporting or disposing of hazardous materials or any other pollution services.
- Insurer must provide an Additional Insured Endorsement on ISO Form CG 20 10 11 85 and CG 20 37 or their equivalent(s). Additional Insured is granted for Ongoing and Completed Projects. Submitted forms must be referenced in Description of Operations on the provided certificates.
- Project Name, Project Number and Project Address must be referenced in Description of Operations.

All Certificates of Insurance must name **DeAngelis Diamond Construction, LLC** as Certificate Holder.

All Certificates of Insurance must state that **DeAngelis Diamond Construction, LLC** will be given 30 days prior written notice of cancellation and termination.

**Waiver of Subrogation:** Subcontractor shall obtain for each of its insurers a waiver of subrogation on **Commercial General Liability** and **Workers Compensation** in favor of **DeAngelis Diamond Construction, LLC**. Waiver forms used are required to be referenced in Description of Operations on the provided certificates. Waiver forms must also be submitted with the provided certificates.

**In the event that the Prime Contract requires insurance greater than set forth above, all insurance must comply with requirements listed in the Prime Contract**

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<sup>1</sup> Subcontract Terms and Conditions shall control in the event of any conflict



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

Date Required

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).

<b>PRODUCER</b>		<b>CONTACT NAME:</b>	
Insurance Agent/Broker Name		<b>PHONE (A/C. No. Ext):</b>	
Insurance Agent/Broker Street Address		<b>FAX (A/C. No):</b>	
City, State & Zip Code		<b>E-MAIL ADDRESS:</b>	
Contact Name & Phone Number		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> ABC Insurance Company	
		<b>INSURER B:</b> Workers' Compensation Insurance Company	
		<b>INSURER C:</b> Main Street Insurance Company	
		<b>INSURER D:</b> That Insurance Company	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**INSURED**

ABC Subcontractor, LLC  
123 Main Street  
Naples, FL

SPECIMEN ONLY

**COVERAGES****CERTIFICATE NUMBER:****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 SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>			ABC123456	01/01/2020	01/01/2021	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	Y				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
							MED EXP (Any one person)	\$ 5,000	
							PERSONAL & ADV INJURY	\$ 1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGATE	\$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000	
	OTHER:							\$	
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b>			CDE123456	01/01/2020	01/01/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	<input type="checkbox"/> ANY AUTO	Y	Y				BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	<input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY								\$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b>			GHI123456	01/01/2020	01/01/2021	EACH OCCURRENCE	\$ 3,000,000	
	<input checked="" type="checkbox"/> <b>EXCESS LIAB</b>	<input type="checkbox"/> CLAIMS-MADE	AGGREGATE				\$ 3,000,000		
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0		\$						
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			111222333	01/01/2020	01/01/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N	N / A				Y	E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> N						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
								E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
C	Professional Liability - Claims Made				ZYX000000	01/01/2020		01/01/2021	Ea. Claim/Aggregate
D	Pollution Liability - Claims Made			WTS000000	01/01/2020	01/01/2021	Ea. Claim/Aggregate	\$2MIL/\$2MIL	

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

DeAngelis Diamond Construction, LLC, DeAngelis Diamond Holdings, LLC and their employees, directors, officers and subsidiaries AND Owner (name) are included as Additional Insured with respect to General Liability form # CG 20 10 04 13 and CG 20 37 04 13 including a Waiver of Transfer of Rights # CG 24 04 05 09 & Primary Non-Contributory # CG 20 01 04 13 and Automobile Liability Additional Insured form #CA 20 48 10 13 including a Waiver of Transfer of Rights Form #CA 04 44 03 10. Workers' Compensation includes Waiver of Transfer of Rights form #WC 00 03 04 84. All policies contain 30 Days Notice of Cancellation except 10 Days for Non-Payment of Premium. Umbrella follows form and is excess over the General Liability, Automobile Liability and Employer's Liability portion of the Workers' Compensation Policy.

Project Name, Project Number and Project Address must be listed under Description of Operations

**CERTIFICATE HOLDER****CANCELLATION**

DeAngelis Diamond Construction, LLC. and Owners Name 6635 Willow Park Drive Naples, FL 34109-8917	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Agent Signature Required

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