



Subcontractor Pre-Qualification Questionnaire (BONDING - INSURANCE COVERAGE)

Instructions: Please have your insurance agent(s) complete this questionnaire concerning your current insurance program and return questionnaire to us along with a copy of your Certificate of Insurance(s).

Subcontractor Name: _____

1. Form I-9 - Employment Eligibility Verification
Do you ensure that employees possess proper authorization to work in the United States and that hiring practices do not unlawfully discriminate based on immigration status?: _____
2. Bonding Information:
 - a. bonding capacity _____
 - b. bonding rate _____
 - c. current bonded amount _____
3. All insurance carriers have a minimum Best's rating of A-VII. _____
4. The limit of liability of each policy is equal or exceeds the minimum limit required in the attached insurance requirements. _____
5. The General Liability coverage is written on an "occurrence" form. If written on a "claims-made" basis, what is the retroactive date? _____
6. The General Liability policy includes coverage for the following (subject to the normal policy terms, conditions and exclusions).
 - a. premises - operations _____
 - b. explosion, collapse and underground hazards _____
 - c. personal injury coverage _____
 - d. products / completed operations _____
 - e. contractual liability _____
7. Under the GENERAL LIABILITY policy, can you:
 - a. provide the general aggregate limit on a per project basis OR provide a separate general aggregate limit for a specific project _____
 - b. name C. F. Evans, the Owner(s) and others required in the contract as Additional Insured on standard ISO form for ongoing operations or the equivalent thereto _____
 - c. name C. F. Evans, the Owner(s) and others required in the contract as Additional Insured under standard ISO forms for completed operations or the equivalent thereto _____



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8. Under the AUTO policy:
- a. auto liability coverage applicable to "any auto" _____
9. Under the WORKER'S COMPENSATION policy, can you
(if covered by same insurance company - if not - see Item 10.)
- a. provide statutory WC benefits in the state of SC _____
- b. endorse the policy to waive right of subrogation
against C. F. Evans and others required by contract _____
- c. EMOD rating _____
10. Your policy does **NOT** contain the following exclusions:
- a. any habitational / residential or similar exclusions _____
- b. the CG2294 or similar endorsements _____

Insurance Agency / Company: _____

Authorized Representative (Signature): _____
(Insurance Agent)

Date: _____

Part 2 (Complete if Worker's Compensation is by different insurance provider)

11. ***If Worker's Compensation coverage is by a different insurance provider than GL insurance provider, please complete the following:***
- Under the WORKER'S COMPENSATION policy, can you
- a. name of carrier _____
- b. provide statutory WC benefits in the state of SC _____
- c. endorse the policy to waive right of subrogation against
C. F. Evans and others required by contract _____
- d. EMOD rating _____

Insurance Agency / Company: _____

Authorized Representative (Signature): _____
(Insurance Agent)

Date: _____