



LETTER OF INSTRUCTIONS

RE: Trade Contractor Prequalification Statement

- We want you to know that we are very interested in your company and want to receive quotations from you.
- We have found that the best way to accomplish this is to have information regarding your company on file in our computer log for quick reference.
- To take that step we need your help in completing and returning the enclosed Prequalification Statement as soon as possible by mail or fax.
 1. **PART III, indicate the name of the carriers for the Payment and Performance Bonds, Worker's Compensation and General Liability. Please do not list your insurance or bonding agent since that will just require us to contact you again.**
 2. **Forward a current updated Insurance Certificate "any and all jobs" from your insurance agent.**
 3. **Please forward the "Exhibit E-1" (Insurance Agent Information) we have provided to your insurance agent and have them fill it out and fax back to us.**
 4. **Exhibit "E" (Chanen Insurance Requirements) has been revised as of April 2003, please send a copy to your insurance agent.**
 5. **Send a list of your projects, their contract amounts and any other information about your company.**
 6. **Be sure to include your email address for future addendums, which, will be located on the Chanen Estate Homes, L.L.C., website.**

Please forward the completed forms to Sandra G. McLean our office as follows:

Facsimile: 602-285-9268

OR

Mailing Address: P. O. Box 33967
Phoenix, Arizona 85067.

Thank you in advance for your cooperation.

CHANEN ESTATE HOMES, LLC
3300 North 3rd Avenue
Phoenix, Arizona 85013
Telephone: (602) 266-3600
Facsimile: (602) 285-9268

<http://www.chanenestatehomes.com/>



TRADE CONTRACTOR PREQUALIFICATION STATEMENT

Part I

Firm Name: _____

Address: _____

City/State/Zip: _____

Telephone & Fax Nos: _____

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: _____

Material Suppliers: 1) _____

2) _____

Customer References: 1) _____

2) _____

Part II –Status of Company

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 (corporation, partnership, limited liability company, proprietorship, etc.)? _____



PART III

SURETY OR CARRIER NAMES

PAYMENT AND PERFORMANCE BOND

Payment and Performance Bonding Carrier _____

Bonding Capacity: Single _____ (Limits) Aggregate _____ (Limits)

WORKERS COMPENSATION:

Worker's Compensation Carrier Name _____ ****

*****Please provide a copy of your current insurance certificate with the endorsements and additional insured.**

Worker's Compensation Experience Modification Factor: _____ (Indicate Rating)

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

General Liability Carrier Name _____ (*)

Agent Name _____

Phone # _____

Fax # _____

Email _____

*Please provide a copy of your current insurance certificate with the endorsements and additional insured. To be qualified, your company must have the minimum coverages referenced in "EXHIBIT E". Please forward the both "Exhibit E-1 and Exhibit E" to your insurance agent/broker to be completed and faxed back with your update.

****PROVIDE A LIST OF YOUR COMPANY'S PROJECTS****

Insurance Agent

Exhibit "E-1"

Insurance Agent

UPDATED: 1/18/07

CHANEN ESTATE HOMES, LLC:

Subcontractor General and Excess Liability Insurance Coverage Supplemental Checklist and Certification

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

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)	<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. Mold	<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

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

Worker's Compensation
Employers Liability

MINIMUM LIMITS OF 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 "SUBCONTRACTOR 'S 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, "mold," "fungi," "bacteria" coverage may be provided under a separate policy.
- If the scope of the " SUBCONTRACTOR'S 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 "SUBCONTRACTOR'S 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

Sub-contractor shall procure and maintain Excess (Umbrella) Liability insurance with limits of liability not less than:

\$1,000,000 per occurrence
\$1,000,000 aggregate

ERRORS AND OMISSIONS LIABILITY

(Architectural, Engineering and Surveying Firms)
All Architect and Engineering policies subject to review of terms and revision of limits by contractor.

\$3,000,000 per occurrence
\$3,000,000 Aggregate

Conditions:

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. 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 be endorsed to be "follow form" of scheduled primary liability policies.
7. Above insurance and endorsements shall be evidenced by a Certificate of Insurance using the ACORD Form or its equivalent.
8. A supplemental certificate form (Exhibit "E-1" attached) must similarly be completed.
9. 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 Estate Homes, LLC
3300 North Third Avenue
P.O. Box 33967
Phoenix, Arizona 85067

10. Contractor reserves the sole right to modify the insurance requirements contained herein.

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

ACORD **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YY) / /

PRODUCER	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.		
	INSURERS AFFORDING COVERAGE		
INSURED: NAME OF SUBCONTRACTOR ATTN: CONTACT NAME ADDRESS OF SUBCONTRACTOR	INSURER A:	Insurance Companies with an	
	INSURER B:	A.M. Best Rating of B++/VIII	
	INSURER C:	or Better	
	INSURER D:		
	INSURER E:		

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY CLAIMS PAID.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJ-JECT <input type="checkbox"/> LOC	SPECIFY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS-COMP/CP AGG \$2,000,000
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	SPECIFY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY-EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC AGG
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY-EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC AGG
	EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION	SPECIFY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	SPECIFY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
	OTHER ERRORS & OMISSIONS (SEE EXHIBIT "E")	SPECIFY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	EA CLAIM AGGREGATE \$3,000,000 \$3,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

For General Liability 1.) the Certificate Holder, its Owner/Client & Architect are additional insureds as respects Job # (SPECIFY) per CG2010 0704 attached; 2.) includes primary & non-contributory provision; 3) Extension of Contractual Liability as respects "any and all projects". Regarding Excess, policy "follows form" of primary policies, Regarding General Liability & Workers' Compensation, subrogation waivers apply.

CERTIFICATE HOLDER	Y	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
CHANEN ESTATE HOMES, LLC ATTN: SUBCONTRACT COORDINATOR P.O. BOX 33967 PHOENIX, AZ 85067-3967			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES AUTHORIZED REPRESENTATIVE

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.

Insurance Agent

UPDATED: 1/24/07

CONTRACTOR'S PRE-QUALIFICATION QUESTIONNAIRE

Contractor's name _____ SIC Code _____

Address _____

SAFETY, HEALTH AND ENVIRONMENTAL PRACTICES

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? _____

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----- _____
(Changes format to meet 2002 reporting criteria for year after 2002)

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

3. Who is your current workers' compensation insurance carrier? _____

4. How long have you been covered by this carrier? _____

5. What is your current Experience Modification Rating (E.Mod.) _____

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

Signature of person submitting data: _____ Date _____

Name and job title _____
(Please print)