



SUBCONTRACTORS QUALIFICATIONS

Name of Business: _____

Address: _____ Office Phone: _____

_____ Fax Number: _____

Email: _____ Cell Phone: _____

Home Phone: _____

Description of Trade: _____

The undersigned certifies under oath to the truth and correctness of the answers to the following questions:

1. State Contractors License #: _____ Expires: _____

2. If a corporation, answer the following:

a) Date of Incorporation: _____ State: _____

b) President: _____ Vice President: _____

Secretary: _____ Treasurer: _____

3. If individual, Partnership or LLC, answer the following:

Individual Partnership General Limited LLC

Names and addresses of all parties:

_____	_____
_____	_____
_____	_____
_____	_____

4. If other than a corporation or partnership, describe the organization and list names and addresses:

_____	_____
_____	_____
_____	_____
_____	_____

5. Your company normally performs _____% of the work with its own forces. List trades (functions) below:

6. Attach to this document the following:

a) Certificates of General Liability Insurance:

General Liability (\$1,000,000 each occurrence, \$2,000,000 General Aggregate, Additional Insured Status and Waiver of Subrogation). Insurance carrier must be "A-" rated or better. Name Jaffa Group Design/Build as Certificate Holder (use our mailing address below):

Jaffa Group Design/Build
1960 Sidewinder Dr., Ste 101
Park City, UT 84060

In addition in "Description of Operations" please state: "JGDB Inc. is listed as Additional Insured per form #CG2037, with respects to the General Liability. Waiver of Subrogation applies per form #CG2404".

Carrier: _____ Agent: _____
Address: _____ Agent Phone: _____
_____ Expiration Date: _____

b) Workers Compensation Certificate:

We will not accept a waiver of Workers Compensation insurance.

Carrier: _____ Agent: _____
Address: _____ Agent Phone: _____
_____ Expiration Date: _____

c) Copy of Contractors License

d) W-9 Form filled out, dated and signed

e) Service Agreement filled out, dated and signed

f) Do you have a current Safety Plan/Program in place for employees? Yes No

(NOTE: Jaffa Group requires all subcontractors to have a Safety Plan/Program in place).

g) Do you accept American Express payments? Yes No

7. If you have a commercial auto insurance policy, the limit must be \$1,000,000. If you do not have a commercial auto policy, there is NO requirement on the coverage for the auto (except non-owned auto coverage). If you do not have an auto insurance policy, then you must carry non-owned auto coverage in the amount of \$1,000,000 either on the commercial auto policy OR as an endorsement on your general liability insurance policy.

NAME OF BUSINESS

BY

TITLE

ATTEST

DATE