

Prospective New Subcontractor

Dear Sir or Madam:

Turelk, Inc. is a general building contractor specializing in tenant interior construction, renovation and seismic retrofit construction. We have chosen to dedicate ourselves to tenant improvement construction, offering only the highest level of quality available.

Our objective is to be recognized as a company that provides the best product that can be produced in Southern California. We are interested in subcontractors who share these same goals and commitment to their work.

Please examine the information attached and return the forms via facsimile, mail or email. Prompt attention will be given to provide you with a quick response. **Packets that are returned without the appropriate insurance information will be discarded.**

Thank you for your interest in Turelk, Inc. We look forward to working with you.

Sincerely;
Turelk, Inc.

Jeff Turi
VP of Estimating and
Pre-Construction

SUBCONTRACTOR QUALIFICATION

Company Name:
Address:
Phone Number:
Cell Phone Number:
Fax Number:
Estimating Contact:
E-mail address:

Union: _____ Non-Union: _____ Federal Tax I.D.#: _____
Company Trade: _____
How many years in business? _____

General Contractor References:

<u>Name:</u>	<u>Address:</u>	<u>Phone:</u>	<u>Contact:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Completed Tenant Improvement Projects:

<u>Project:</u>	<u>Client (Name, Address, Phone No. & Contact)</u>
_____	_____
_____	_____
_____	_____

Annual volume in sales of firm? \$ _____

Has your firm ever failed to complete a project in the past five years?
If so, explain:

Has your firm filed a lien within the past two (2) years?
If so, explain:

Bonding capacity? \$ _____
Amount of bonding capacity available today? \$ _____

SUBCONTRACTOR QUALIFICATION

Bank Reference (Name, Address, Phone No., Contact, Account No.)

Turelk, Inc. requires it's subcontractors to carry General Liability limits of no less than \$1,000,000.00 combined single limit for bodily injury and property damage and that Turelk is named as additional insured for General Liability. We also require Workman's Compensation insurance for any and all projects.

Insurance Company (Name, Address, Phone No., Contact):

Coverage Includes: General Liability \$ _____
 Excess Liability \$ _____
 Auto Liability \$ _____
 Workman's Comp. \$ _____
Other: _____ \$ _____

Signed:
Title:
Date:

BIDDERS REQUEST INFORMATION

ALL SUBCONTRACTORS ARE TO BE AWARE OF THESE REQUIREMENTS. THE FOLLOWING APPLICABLE INFORMATION IS TO BE INCLUDED IN YOUR BID FOR COMPLETENESS AND COMPREHENSIVENESS.

1. Every subcontractor is responsible for walking the job site to verify all field conditions. Any special requirements should be included in your bid.
2. Turelk, Inc. requires subcontractor to remove their trash in a Turelk, Inc. provided trash bin and dispose of in a designated area daily. Failure to do so will result in Turelk, Inc. back-charging your company.
3. Bids are to be per plans and specifications. Any substitutions should be noted as alternates.
4. Include tax and delivery.
5. Any parking costs associated with the project should be included in bid.
6. Labor and materials: All costs associated with stocking project (include after hours if necessary).
7. Subcontractor must state lead-time and/or availability.
8. Subcontractor must obtain a city business license in the city where the work is being completed.
9. Subcontractor must provide Turelk, Inc. with a copy of their permit as soon as possible and hand carry applications to the city – DO NOT MAIL.
10. All work is to be performed in accordance with governing codes and OSHA requirements.
11. You shall not assign this order or any part thereof or any money due or to become due hereunder without prior written consent of Turelk, Inc.
12. Ten percent (10%) retention is held on all invoices. Turelk, Inc. will not release any retention until their receipt of retention from their client.
13. Payment by owner to the contractor is a condition precedent to the contractor's obligation to pay the subcontractor. The contractor does not agree to pay the subcontractor the subcontract price and other amounts due the subcontractor under the subcontract until contractor receives payment from the owner for the work completed by the contractor.
14. As-built drawings, warranties and all required closeout materials are to be delivered to Turelk, Inc. within fourteen (14) days of project completion. Failure to do so will result in a back-charge to your company for all costs incurred for an engineer to complete this work.
15. Shop drawings and submittals are due in this office within seven (7) days from dated of issuance of purchase order.
16. Turelk, Inc. will not prepay or deposit money to subcontractors unless arrangements have been made with Turelk, Inc. prior to issuance of purchase order.
17. **All Subcontractors are required to have proof of insurance. See attached letter for Turelk, Inc.'s requirements.**
18. **NO DAMAGES OR DELAY:** If subcontractor is obstructed or delayed in the performance of their work by acts of contractor or owner, subcontractor shall be entitled to a reasonable extension of time, provided that, as a condition precedent to such an extension being granted, subcontractor has provided contractor with a written notice of the delay within ten (10) days after the commencement of the delay. Such an extension of time will not entitle the subcontractor to monetary damages or other compensation for such obstruction, delay or inefficiency.

To Whom It May Concern:

A prerequisite for all subcontractors bidding / performing work for Turelk, Inc. are required for General Liability, Auto Liability and Workers Compensation insurance. This proof of per occurrence in the form of a certificate of insurance evidencing active General Liability and Auto Liability limits of no less than \$1,000,000.00. If you are bidding our work we prefer that you provide the required insurance / endorsements now. If your carrier will not comply, then we need a sample certificate along with a letter from your insurance carrier stating you are able to supply the needed endorsements.

Turelk, Inc. must be named as additional insured for “your work” on the General Liability and an endorsement for Additional Insured-Owners, Lessees or Contractors, (Form B) CG 2010 (1185), or an equivalent endorsement, which alters the insurance policy, must accompany the Certificate of Insurance. Your instance must apply on a primary and non-contributory basis.

On the endorsement the words “All Operations” must be inserted. Or if your certificate is provided on a job to job basis we need ongoing and completed endorsements for each job (see following sample endorsements).

Please note that the cancellation notice must read 30 days and 10 days for Non-payment of premium, however the words “Endeavor to” and “By failure to mail such---“ wording should be stricken out.

All certificates must be in out office within 10 days from notice, otherwise you will not be permitted on the jobsite. NO payments will be made prior to certificates being received.

The Certificate Holder must be EXACTLY named as follows:

If you have any questions or concerns please contact Kelly Mushaney at 310/835-3736 ext. 1118 or fax to her at 310/518-5523 or e-mail her at Kelly.Mushaney@Turelk.com.

Turelk, Inc.
3700 Santa Fe Ave., Suite 200
Long Beach, CA 90810



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/24/09

PRODUCER Insurance Company Name Address		PHONE: FAX:	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.

INSURED ABC123, Inc. 1122 Insurance Lane Long Beach, CA 90810	INSURER A: LANDMARK	NAIC #
	INSURER B: PROGRESSIVE	
	INSURER C: NATIONAL	
	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 PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	ABC123DEF	3/20/2009	3/20/2010	EACH OCCURRENCE	\$ 1,000,000
		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 50,000	
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADVER INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS-COMP/OPS AGG	\$ 2,000,000
B		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULE AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____	ABC123DEF	6/28/2009	6/28/2010	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		BODILY INJURY (Per person)				\$	
		BODILY INJURY (Per accident)				\$	
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				PROPERTY DAMAGE (Per accident)	\$
						AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER/EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	ABC123DEF	6/28/2009	6/28/2009	<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
		E.L. EACH ACCIDENT				\$ 1,000,000	
		E.L. DISEASE - EA EMPLOYEE				\$ 1,000,000	
						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
		OTHER					\$

SAMPLE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSION ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 *10 DAY NOTICE OF CANCELLATION FOR NON-PAYMENT OF PREMIUM, 30 DAY ALL OTHER.

 "All Operations"

CERTIFICATE HOLDER Attn: Turelk, Inc. 3700 Santa Fe Avenue, Suite 200 Long Beach, CA 90810	Fax #: CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED 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 MARK BENTON <i>Mark Benton</i>
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Turelk must be named as additional insured for “your work” on the General Liability. Examples of the correct endorsements that we accept are listed below. Please call Kelly Mushaney if you have any questions regarding this matter.

EXAMPLES

The Forms CG20101185 (“Your Work”) also known as ANF- ES160 5/2006 or CGL-216 (04/98) are acceptable and required.

When required by written contract (contract must be executed prior to issuance of this form): WHO IS INSURED (Section II) is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of “Your Work” for that insured by or for you.

If you cannot get one of the forms above, then the following forms are equivalent to, but you must have both “Ongoing” and “Completed” together.

Either: #20101001 “Ongoing” with #20371001 “Completed”
or
#CG20100704 “Ongoing” with #CG20371001 “Completed”
or
#CG20330704 “Ongoing” with #CG20370704 “Completed”

Either way, Turelk, Inc. must be named as additionally insured.

SAMPLE

Policy Number:

THE ENDORSEMENT CHANGES THE POLICY- PLEASE READ IT CAREFULLY

ADDITIONAL INSURED- OWNERS, LESSEES OR CONTRACTORS (FORM C)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Names of Person or Organization:

Turelk, Inc.

Name of Job:

XXXX

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to Liability arising out of "your work" for that insured by or for you.

To the extent required under contract this policy will apply as primary insurance to additional insured's scheduled above and other insurance which may be available to such additional insured's will be non-contributory.

Section IV Condition4 of this policy is amended accordingly

All other Terms and Conditions of the Policy remain unchanged.

CGL 216 (04/98)

POLICY NO.:
INSURED:

Commercial General Liability

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED — OWNERS, LESSEES or
CONTRACTORS (FORM B)**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART
Schedule**

Name of person or organization:

Any person or organization that the named insured is obligated by virtue of a written contract or agreement to provide insurance such as is afforded by this policy.

(If no entry appears above, information required to complete this endorsement will be shown on the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.

To the extent required under contract, this policy will apply as primary insurance to additional insureds scheduled above and other insurance which may be available to such additional insureds will be non-contributor

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
Turelk, Inc.	
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 No.

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
Turelk, Inc.	
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".