

TURELK

Turelk, Inc.
General Contractors
License #372562

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.

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

Sincerely,
TURELK, INC.

Jim Choi
Senior Estimator

SUBCONTRACTOR QUALIFICATION

Company Name: _____

Address: _____

Phone Number: _____

Cell Phone Number: _____

Fax Number: _____

Estimating Contact: _____

E-mail Address: _____

Federal Tax I.D. #: _____

Union:

Non-Union:

Years in Business: _____

Company Trade: _____

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? \$ _____

SUBCONTRACTOR QUALIFICATION
PAGE TWO

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? \$ _____

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

Turelk, Inc. requires its subcontractors to carry General Liability limits of no less than \$1,000,000 combined single limited for bodily injury and property damaged and that Turelk, Inc. is named as additional insured for General Liability, with ongoing and completed operations additional insured endorsements. We also require Workers Compensation insurance for any and all projects. Make sure you have read our insurance requirement package and are able to meet all of our requirements. Requirements can be found on turelk.com as well as in this package.

Coverage Includes: General Liability \$ _____

 Excess Liability \$ _____

 Auto Liability \$ _____

 Workman's Comp. \$ _____

Other: _____ \$ _____

Signed: _____

Title: _____

Date: _____

TURELK

Turelk, Inc.
General Contractors
License #372562

TO: ALL SUBCONTRACTORS

We are in a rapidly changing industry forcing many of us to readdress the way we conduct business. It has always been Turelk's policy for subcontractors to remove all debris associated with their trade from the jobsite.

However, in the past, almost every jobsite had a full time laborer cleaning and removing excess debris at no cost to the subcontractors. Effective immediately, Turelk will no longer have a laborer on site to perform this service. Turelk's superintendent will request each foreman to clean any debris related to their trade on a daily basis to maintain a clean jobsite for safety, as well as efficiency. Turelk will provide trash bins on site at no cost to subcontractors.

In the event that clean up does not occur per our request, Turelk will clean and debit your account accordingly. We will provide this service at a minimal cost with a four hour minimum.

Should you have any questions regarding this policy, please do not hesitate to call me. I can be reached daily at 310-863-2520. Your cooperation is appreciated.

Sincerely,
TURELK, INC.

Fred Capper
Sr. Vice President

TURELK

Turelk, Inc.
General Contractors
License #372562

TO: ALL SUBCONTRACTORS

RE: MATERIAL SAFETY DATA SHEETS

Material Safety Data Sheets to be submitted for all materials used on any of our projects. Please send these sheets to the attention of Fred Capper.

If you have any questions, please do not hesitate to call.

Sincerely,
TURELK, INC.

Fred Capper
Senior Vice President

JOBSITE RULES AND REGULATIONS FOR SUBCONTRACTORS

1. No shorts, tennis shoes, tank tops, or shirts with inappropriate language allowed.
2. All subcontractors will clean all trash associated with their trade at the end of every day, failure to comply will result in Turelk completing at the subcontractor's expense. When leaving work areas and crossing public corridors or lobbies wipe feet on mat. **DO NOT** track dirt into public area.
3. All food and drink trash to be disposed of immediately after breaks into appropriate containers, no food, drinks, or smoking allowed after carpet or wall finishes. **NO EXCEPTIONS.** Lunch must be eaten within work area or outside of the building only.
4. Safety meetings will be held every Monday, ALL subcontractors MUST attend. If you conduct your own tailgate safety meetings please provide the superintendent with a copy of your tailgate meeting minutes.
5. No driving or parking any vehicles inside the building, parking areas will be designated by the superintendent.
6. Windows are easily scratched. Any materials found leaning against or on the windowsills could result in a back charge to repair or replace them.
7. No radios or headsets allowed.
8. Tools and material to be kept inside work area or down in basement. No tools or materials in public corridors.
9. Any procedures causing excessive noise must be approved by superintendent prior to commencement.
10. All construction personnel are to use freight elevator only. Use of passenger elevators prohibited.
11. All doors to work areas to remain closed at all time. Do not string extension cords across public corridors or walkways.
12. Restroom facilities will be designated by superintendent.

** Failure to comply with the above rules will result in the person being asked to leave the jobsite. Your cooperation is required as well as appreciated.

JOB NAME _____

JOB # _____

SUBCONTRACTOR _____

DATE _____

SIGNATURE _____

PHONE _____

SUPERINTENDENT _____

OFFICE PHONE: 310-835-3736

NOTICE TO ALL SUBCONTRACTORS

PLEASE OBSERVE THE FOLLOWING CONSTRUCTION GUIDELINES

1. No shorts, tennis shoes, tank tops, or shirts with inappropriate language allowed.
2. All subcontractors will clean all trash associated with their trade at the end of every day, failure to comply will result in Turelk completing at the subcontractor's expense. When leaving work areas and crossing public corridors or lobbies wipe feet on mat. DO NOT track dirt into public area.
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12. Restroom facilities will be designated by superintendent.

Failure to comply with the above rules will result in the person being asked to leave the jobsite. Your cooperation is required as well as appreciated.

YOUR COOPERATION IS APPRECIATED

TURELK

Turelk, Inc.
General Contractors
License #372562

Vendor # _____
Date: _____

Dear Sir/Madam:

Under Federal Income Tax Law, we are required to maintain Taxpayer Identification Numbers of all persons and firms to whom we make disbursements.

You (as payee) are required to provide us (as payer) with your correct Taxpayer Identification Number (TIN). If you are an individual, your TIN is your Social Security Number. If you are a Corporation, your TIN is your Corporate Federal Identification Number.

If we are unable to obtain your TIN in writing within 30 days, payments that we make to you may be subject to backup withholding at a 31% rate. In addition, the IRS may impose certain penalties for failure to provide your correct TIN. Therefore, please complete this form and return the entire letter to the address shown below.

I/we certify under penalties of perjury that:

1. The number shown on this form is my correct Taxpayer Identification Number or I am waiting for a number to be issued to me, and
2. I am not subject to backup withholding either because I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding.

(Please cross out Item 2 above if you are subject to backup withholding due to underreporting interest or dividends on your tax return. Do not cross out this item if you are no longer subject to backup withholding.)

Company name as it appears on invoice: _____

Company name as it appears on Tax Return: _____

Proper "Remit To" address if different from that above: _____

TYPE OF PAYEE (CHECK ONLY ONE)

- | | |
|--|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Federal/State Agency |
| <input type="checkbox"/> Tax Exempt Org. | <input type="checkbox"/> Individual/Proprietor |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Other (Please explain) |

____ - _____ OR _____
Federal Identification Number Social Security Number

Signature: _____ Title: _____

Print Name: _____ Date: _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

TURELK

Turelk, Inc.
General Contractors
License #372562

TO: All new subcontractors doing business with Turelk, Inc.

THESE ARE GENERAL INSTRUCTIONS, READ THE BILLING INSTRUCTION PORTION OF YOUR PURCHASE ORDER FOR CLIENT SPECIFIC RULES. THEY MAY NOT BE THE SAME.

Please read these instructions carefully. If not followed, your invoices may be held up and not processed for payment. If you have any questions please contact us at 310-835-3736.

1. All invoices/lien releases should be sent to P.O. Box 93101, Long Beach, CA 90809.
2. All purchase orders **MUST** be invoiced separately and **MUST** be on our B-1 and B-2 forms (see attached).
3. All purchase orders **MUST** be signed and returned when or before submitting your first invoice.
4. All invoices **MUST** reference Turelk's job number, job name, job address and Purchase Order number.
5. Invoices done per a Purchase Order may not include any extras not included in that purchase order description and amount.
6. Retentions **MUST** be withheld on all subcontractor invoices, unless otherwise instructed on your purchase order.
7. The unconditional release we attach to each payment **MUST** be returned within seven (7) business days.
8. All invoices must be in our office by the specified date shown on each purchase order. If they are late they will miss the billing cycle that month and will be held until the next month's billing.
9. Before any payments will be made to your account, your certificates of insurance must be current and on file in our office.

IT IS YOUR RESPONSIBILITY TO MAKE ADDITIONAL COPIES OF THE B-1 & B-2 FORMS ATTACHED.

For your information the accounting fax number is (310) 518-5523.

THANK YOU!

TURELK, INC.

GENERAL CONTRACTORS

LICENSE #372562

PROGRESS PAYMENT APPLICATION (EXHIBIT B1)

Vendor Number: _____
Vendor Name: _____
Job Name: _____
Date: _____ Job # _____
Invoice # _____ PO# _____

FOR TURELK USE ONLY:

BASE/CO# ETC: _____
JOB #: _____
COST CODE: _____
BOOKED DATE & APPROVED BY: _____

PURCHASE ORDER AMOUNT		\$
WORK COMPLETE TO DATE %	% _____	\$
LESS RETENTION 10%		\$
SUBTOTAL		\$
LESS PREVIOUSLY BILLED		\$
AMOUNT DUE THIS INVOICE		\$

CONDITIONAL WAIVER AND RELEASE ON PROGRESS PAYMENT

NOTICE: THIS DOCUMENT WAIVES THE CLAIMANT'S LIEN, STOP PAYMENT NOTICE, AND PAYMENT BOND RIGHTS EFFECTIVE ON RECEIPT OF PAYMENT. A PERSON SHOULD NOT RELY ON THIS DOCUMENT UNLESS SATISFIED THAT THE CLAIMANT HAS RECEIVED PAYMENT.

Identifying Information

Name of Claimant: _____
Name of Customer: **TURELK, INC.**

Job Location:

Owner: _____
Through Date: _____

Conditional Waiver and Release

This document waives and releases lien, stop payment notice, and payment bond rights the claimant has for labor and service provided, and equipment and material delivered, to the customer on this job through the Through Date of this document. Rights based upon labor or service provided, or equipment or material delivered, pursuant to a written change order that has been fully executed by the parties prior to the date that this document is signed by the claimant, are waived and released by this document, unless listed as an Exception below. This document is effective only on the claimant's receipt of payment from the financial institution on which the following check is drawn:

Maker of Check: **TURELK, INC.**

Amount of Check: \$ _____

Check Payable to: _____

Exceptions

This document does not affect any of the following:

- (1) Retentions.
- (2) Extras for which the claimant has not received payment.
- (3) The following progress payments for which the claimant has previously given a conditional waiver and release but has not received payment:

Date(s) of waiver and release: _____

Amount(s) of unpaid progress payment(s): \$ _____

- (4) Contract rights, including (A) a right based on rescission, abandonment, or breach of contract, and (B) the right to recover compensation for work not compensated by the payment.

Claimant's Signature: _____

Claimant's Title: _____

Date of Signature: _____

TURELK, INC.

GENERAL CONTRACTORS

LICENSE #372562

RETENTION PAYMENT APPLICATION (EXHIBIT B2)

FOR TURELK USE ONLY:

BASE/CO# ETC: _____

JOB # _____

COST CODE _____

BOOKED DATE & _____

APPROVED BY _____

Vendor Number: _____
Vendor Name: _____
Job Name: _____
Date: _____ Job# _____
Inv # _____ PO _____

PURCHASE ORDER AMOUNT	\$ _____
LESS PREVIOUSLY BILLED	\$ _____
RETENTION NOW DUE	\$ _____

CONDITIONAL WAIVER AND RELEASE ON FINAL PAYMENT

NOTICE: THIS DOCUMENT WAIVES THE CLAIMANT'S LIEN, STOP PAYMENT NOTICE, AND PAYMENT BOND RIGHTS EFFECTIVE ON RECEIPT OF PAYMENT. A PERSON SHOULD NOT RELY ON THIS DOCUMENT UNLESS SATISFIED THAT THE CLAIMANT HAS RECEIVED PAYMENT.

Identifying Information

Name of Claimant: _____
Name of Customer: TURELK, INC. _____
Job Location: _____
Owner: _____

Conditional Waiver and Release

This document waives and releases lien, stop payment notice, and payment bond rights the claimant has for labor and service provided, and equipment and material delivered, to the customer on this job. Rights based upon labor or service provided, or equipment or material delivered, pursuant to a written change order that has been fully executed by the parties prior to the date that this document is signed by the claimant, are waived and released by this document, unless listed as an Exception below. This document is effective only on the claimant's receipt of payment from the financial institution on which the following check is drawn:

Maker of Check: TURELK, INC. _____

Amount of Check: \$ _____

Check Payable to: _____

Exceptions _____

This document does not affect any of the following:

Disputed claims for extras in the amount of: \$ _____

Claimant's Signature: _____

Claimant's Title: _____

Date of Signature: _____

TURELK

Turelk, Inc.
General Contractors
License #372562

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 insurance 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 the specific job information. Whether it is for “all operations” or “job specific,” we need ongoing and completed endorsements for either type (see attached sample endorsements). Your policy numbers must be on all of the endorsements. If you are submitting “job specific” certificates, we need ongoing and completed endorsements for each job specific certificate you submit.**
- **Please note that the cancellation notice must read 30 days and 10 days for non-payment of premium, however the words “Endeavor to” and “But failure to mail such----“ wording should be stricken out.**
- **If you have S.I.R. insurance on General Liability, please note your deductible amount on the certificate. S.I.R. insurance may not be acceptable to Turelk depending on 3rd party involvement and deductible amounts. Acceptance will be on a case by case basis.**
- **Material Suppliers: A worker’s compensation certificate is required for all material suppliers delivering to the jobsite.**
- **Design-Build/Consultants/Engineers/Architects (not providing labor on the jobsite): A workers compensation certificate and Errors and Omissions coverage in the amount of \$2,000,000.00 is required.**
- **All certificates must be in our office within 5 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:

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

If you have any questions or concerns please contact Karen Gardner at 310-835-3736 Ex. 1119 or email her at karen.gardner@turelk.com.

3700 Santa Fe Ave. #200
Long Beach, CA 90810
TEL[310]835-3736
FAX[310]835-5909
ACCT FAX[310]518-5523

TURELK

Turelk, Inc.
General Contractors
License #372562

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 if you have any questions regarding this matter to Karen Gardner 310-835-3736 Ext. 1119 or email karen.gardner@turelk.com.

EXAMPLES

The form CG20101185 (**“Your Work”**) also known as ANF-ES160 5/2006 or CGL-216 (04/98) are acceptable and required. Also acceptable is CA20370704 if it states **“your work.”**

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:

#CG20330704 **“Ongoing”** with #CG20370704 **“Completed”**
#CG20101001 **“Ongoing”** with #CG20371001 **“Completed”**
#CG20100704 **“Ongoing”** with #CG20371001 **“Completed”**

Either way, Turelk, Inc. must be named as additionally insured. Your policy numbers must also be on all of your endorsements.

This letter updated 6-2014.

3700 Santa Fe Ave. #200
Long Beach, CA 90810
TEL[310]835-3736
FAX[310]835-5909
ACCT FAX[310]518-5523



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.

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	LANDMARK	
INSURER B:	PROGRESSIVE	
INSURER C:	NATIONAL	
INSURER D:		
INSURER E:		

INSURED
ABC123, Inc.
1122 Insurance Lane
Long Beach, CA 90810

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.

INBR LTR	APPL RATED	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	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) \$ 80,000 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"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <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) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC 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:
 Turok Inc.
 3700 Santa Fe Avenue, Suite 200
 Long Beach, CA 90810

CANCELLATION
 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 NAMED TO THE EFFECT 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 *Mark Benton*

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**BLANKET ADDITIONAL INSURED ENDORSEMENT
(EXCLUDING RESIDENTIAL)**

SAMPLE

This endorsement modifies insurance provided under the following:
COMMERCIAL GENERAL LIABILITY COVERAGE PART

**ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS (FORM B)
CG 20 10 11 85**

Policy Number:	Endorsement Effective: 9/3/2008 To 2/22/2009
Named Insured BRYDEN ELECTRICAL, INC. DBA:	Countersigned By: <i>Risa Eichorn</i>

SCHEDULE

Name of Person or Organization: TURELK, INC. 3700 SANTA FE AVE. #200 LONG BEACH, CA, 90810
Location:

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.

The following additional provisions apply to any entity that is an insured by the terms of this endorsement:

1. Primary Wording
If required by written contract or agreement: Such insurance as is afforded by this policy shall be primary insurance, and any insurance or self-insurance maintained by the above additional insured(s) shall be excess of the insurance afforded to the named insured and shall not contribute to it.
2. Waiver of Subrogation
If required by written contract or agreement: We waive any right of recovery we may have against an entity that is an additional insured per the terms of this endorsement because of payments we make for injury or damage arising out of "your work" done under a contract with that person or organization
3. Neither the coverages provided by this Insurance policy nor the provisions of this endorsement shall apply to any claim arising out of the sole negligence of any additional insured or any of their agents/employees.
4. This endorsement does not apply to any work involving or related to properties intended for permanent residential or habitational occupancy (other than apartments).

The words "you" and "your" refer to the Named Insured shown in the Declarations.

"Your work" means work or operations performed by you or on your behalf; and materials, parts or equipment furnished in connection with such work or operations.

ANF-ES 160 (5/2006)

Sample

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

POLICY NUMBER: _____

THIS 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

Name of Person or Organization:

Turek, Inc.

Name of Job:

(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 insureds scheduled above and other insurance which may be available to such additional insureds will be non-contributory.

Section IV., Condition 4., of this policy is amended accordingly.

All other Terms and Conditions of the Policy remain unchanged.

Sample

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".

Sample

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – AUTOMATIC STATUS WHEN
REQUIRED IN CONSTRUCTION AGREEMENT WITH YOU**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

A. Section II – Who Is An Insured is amended to include as an additional insured any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy. Such person or organization is an additional insured 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.

A person's or organization's status as an additional insured under this endorsement ends when your operations for that additional insured are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

1. "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
 - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
 - b. Supervisory, inspection, architectural or engineering activities.
2. "Bodily injury" or "property damage" occurring after:
 - a. 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
 - b. 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.

Sample

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 Person or Organization:

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

A. Section II – Who Is An Insured 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 ongoing operations performed for that insured.

B. With respect to the insurance afforded to these additional insureds, the following exclusion is added:

2. Exclusions

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 site 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.

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 Person or Organization:
Location And Description of Completed Operations:
Additional Premium:

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

Section II – Who Is An Insured 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" at the location designated and described in the schedule of this endorsement performed for that insured and included in the "products-completed operations hazard".

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.

Sample