TURELK

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 email or mail. 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

3700 Santa Fe Avenue, Suite 200
Long Beach, California 90810
TEL (310) 835-3736

4685 MacArthur Court, Suite 422
Newport Beach, California 92660
TEL: 949-640-8679

555 W. 5th Street, Suite #120
Los Angeles, California 90013
(310) 835-3736

TURELK

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:

Name	Address:	Phone:	Contact:

Completed Tenant Improvement Projects:

Project	Client (Name, Address, Phone No. & Contact)

Annual volume in sales of firm? $ _____

TURELK

SUBCONTRACTOR QUALIFICATION

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

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 949-279-1925. Your cooperation is appreciated.

Sincerely,
TURELK, INC.

Ralph Llamas
V.P. of Field Operations

3700 Santa Fe Avenue, Suite 200
Long Beach, California 90810
TEL (310) 835-3736

4685 MacArthur Court, Suite 422
Newport Beach, California 92660
TEL: 949-640-8679

555 W. 5th Street, Suite #120
Los Angeles, California 90013
(310) 835-3736

TURELK

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 Ralph Llamas in the Long Beach Office.

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

Sincerely,
TURELK, INC.

Ralph Llamas
V.P. of Field Operations

3700 Santa Fe Avenue, Suite 200
Long Beach, California 90810
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(310) 835-3736

TURELK

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 backcharge 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 times. 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

TURELK

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 direct 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 materials 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.

THANK YOU!

Form **W-9**
(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

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:
☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Other (see instructions) ▶

☐ 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.

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

Social security number
☐☐☐ – ☐☐ – ☐☐☐☐

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 ▶**

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

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 PO 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!

3700 Santa Fe Avenue, Suite 200
Long Beach, California 90810
TEL (310) 835-3736

4685 MacArthur Court, Suite 422
Newport Beach, California 92660
TEL: 949-640-8679

555 W. 5th Street, Suite #120
Los Angeles, California 90013
(310) 835-3736

TURELK

FOR TURELK USE ONLY:	
BASE/CO# ETC:	
JOB #	0
COST CODE:	
BOOKED DATE & APPROVED BY	

PROGRESS PAYMENT APPLICATION (EXHIBIT B1)

Vendor Number:

Vendor Name:

Job Name:

Date: 6/25/19 Job #

Invoice # PO#

PURCHASE ORDER AMOUNT		$ 0.00
WORK COMPLETE TO DATE %	100%	$ 0.00
LESS RETENTION 10%		$ 0.00
SUBTOTAL		$ 0.00
LESS PREVIOUSLY BILLED		$
AMOUNT DUE THIS INVOICE		$ 0.00

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: 0

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: $ $0.00

Check Payable to: 0

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: 6/25/19

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: 6/25/19

TURELK

RETENTION PAYMENT APPLICATION (EXHIBIT B2)

FOR TURELK USE ONLY:

BASE/CO# ETC: _____

JOB # **0**

COST CODE _____

BOOKED DATE &

APPROVED BY _____

Vendor Number:	0		
Vendor Name:	0		
Job Name:	0		
Date:	6/25/19	Job#	0
Inv #		Purchase Order #	0

PURCHASE ORDER AMOUNT	**$**	0.00
LESS PREVIOUSLY BILLED	**$**	0.00
RETENTION NOW DUE	**$**	0.00

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:	0
Name of Customer:	TURELK, INC.
Job Location:	0
Owner:	0

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: $	$0.00
Check Payable to:	0

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:

Certificate Sample

TURELK

Subcontractor/Insured Name must match W-9

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: Broker Name and Address

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A :	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED: Subcontractor's Name and Address

Provide insurers corresponding to the policies listed below. Insurers should have an AM Best rating of A- or Better

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY	Y	Y	POLICY NO.	1/14/2019	1/14/2020	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 50,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	POLICY X PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
B	X AUTOMOBILE LIABILITY	Y	Y	POLICY NO.	1/14/2019	1/14/2020	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
	X Comp&Coll							$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y	POLICY NO.	8/14/2018	8/14/2019	X PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N	N / A					E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Project Name
Turelk is included as Additional Insured to the General Liability per CG 2010 1185 or equivalent and Automobile Liability policies. All policies maintained by Subcontractor will be primary and non-contributory. Waiver of Subrogation applies to all policies listed above. Written notification of cancellation, termination or non-renewal shall be provided to Turelk at least thirty (30) days prior to effective date, except ten (10) days for non-payment of premium. Copy of endorsements must be attached to the COI.

CERTIFICATE HOLDER

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

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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ACORD 25 (2016/03) The ACORD name and logo are registered marks of ACORD

1 Subcontractor' s commercial general liability policy with limits of not less than $1,000,000 per occurrence and $2,000,000 aggregate.

2 Subcontractor' s commercial auto liability policy with limits of not less than $1,000,000 combined single limit.

3 The certificate of insurance should also provide evidence that vendor carries workers' compensation coverage per statute.

4
- Subcontractor to name Turelk, Inc. as additional insured on their commercial general liability and auto policy on a primary and non-contributory basis.
- List job name, Turelk's job number, and job address –OR– list "all operations" without any specific job information.

5 The certificate holder shall be:

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

6 Please list the umbrella coverage you have.

7 Please "X" boxes for additional insured and waiver of subrogation for general liability, auto and workers compensation.

Endorsements

- Turelk, Inc. requires "ongoing" and "completed" operations additional insured endorsements for general liability, per the samples attached.
- Turelk must be named as additional insured for "your work" on the general liability.
- Policy numbers must be on ALL endorsements.

Please send all certificates to karen.gardner@turelk.com.

THANK YOU!!

TURELK

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.**
- **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.

TURELK

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 6-2019.

3700 Santa Fe Avenue, Suite 200
Long Beach, California 90810
TEL (310) 835-3736

4685 MacArthur Court, Suite 422
Newport Beach, California 92660
TEL: 949-640-8679

555 W. 5th Street, Suite #120
Los Angeles, California 90013
(310) 835-3736

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:

All Persons or Organizations When You Have Agreed In Writing In A Contract Or Agreement That Such Persons Or Organizations Be Added As An Additional Insured.

(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.

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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.

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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
All Persons or Organizations When You Have Agreed In Writing In A Contract Or Agreement That Such Persons Or Organizations Be Added As An Additional Insured.	All Location
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".

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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:
All Persons or Organizations When You Have Agreed In Writing In A Contract Or Agreement That Such Persons Or Organizations Be Added As An Additional Insured.

(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.

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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: All Persons or Organizations When You Have Agreed In Writing In A Contract Or Agreement That Such Persons Or Organizations Be Added As An Additional Insured.
Location And Description of Completed Operations: All Locations
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".

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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
All Persons or Organizations When You Have Agreed In Writing In A Contract Or Agreement That Such Persons Or Organizations Be Added As An Additional Insured.	All Location
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.

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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: All Persons or Organizations When You Have Agreed In Writing In A Contract Or Agreement That Such Persons Or Organizations Be Added As An Additional Insured.
Location And Description of Completed Operations: All Locations
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".

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WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization:
All Persons or Organizations When You Have Agreed In Writing In A Contract Or Agreement
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph **8. Transfer Of Rights Of Recovery Against Others To Us** of **Section IV – Conditions:**

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

(1) The additional insured is a Named Insured under such other insurance; and

(2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED FOR COVERED AUTOS LIABILITY COVERAGE

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" for Covered Autos Liability Coverage under the Who Is An Insured provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:
Endorsement Effective Date:

SCHEDULE

Name Of Person(s) Or Organization(s): All Persons or Organizations When You Have Agreed In Writing In A Contract Or Agreement That Such Persons Or Organizations Be Added As An Additional Insured.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Each person or organization shown in the Schedule is an "insured" for Covered Autos Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Paragraph **A.1.** of Section **II** – Covered Autos Liability Coverage in the Business Auto and Motor Carrier Coverage Forms and Paragraph **D.2.** of Section **I** – Covered Autos Coverages of the Auto Dealers Coverage Form.

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:
Endorsement Effective Date:

SCHEDULE

Name(s) Of Person(s) Or Organization(s):
All Persons or Organizations When You Have Agreed In Writing In A Contract Or Agreement
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The **Transfer Of Rights Of Recovery Against Others To Us** condition does not apply to the person(s) or organization(s) shown in the Schedule, but only to the extent that subrogation is waived prior to the "accident" or the "loss" under a contract with that person or organization.

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT - CALIFORNIA

Policy Number: 72 WEA QT9653 **Endorsement Number:**
Effective Date: 08/14/18 Effective hour is the same as stated on the Information Page of the policy.
Named Insured and Address: TURELK INC
3700 SANTA FE AVE STE 200
LONG BEACH CA 90810

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be 2 % of the California workers' compensation premium otherwise due on such remuneration.

SCHEDULE

Person or Organization	Job Description
Any person or organization from whom you are required by written contract or agreement to obtain this waiver of rights from us	

Countersigned by _____
Authorized Representative