SUBCONTRACTOR REGISTRATION INSTRUCTIONS

If you have not done Business with DESCCO in the past, please complete the subcontractor registration form. Please email it, with your W-9 and Certificate of Insurance (COI) attached, to Accounting@DESCCO.com, copy Msacco@DESCCO.com and put "Subcontractor Registration Request" in the subject line. Below is a reiteration of the insurance requirements.

REQUIRED ATTACHMENTS — DO NOT SUBMIT WITHOUT BOTH

1. **W-9 Form (Request for Taxpayer Identification Number) — completed and signed**
2. **Certificate of Insurance (COI) — current, per the insurance requirements below**

Your registration is not complete until the form, W-9, and COI are all received.

Insurance Requirements (see below):

a. Subcontractor, at its own expense, shall procure, carry, and maintain on all its operations for all ongoing work, Workers' Compensation and Employer's Liability insurance covering all its employees; Commercial General Liability (CGL) insurance; Commercial Automobile Liability insurance; and Umbrella/Excess Liability insurance. Coverage limits shall be in accordance with the requirements listed below.

b. Subcontractor is required to name DESCCO Design & Construction, Inc. as Additional Insured on all policies (except Workers Compensation and Employer's Liability) and specific to the Subcontractor's General Liability policy using ISO CG2010 07/04 and CG2037 07/04 or its equivalent. Subcontractor is to maintain CGL and Umbrella/Excess Liability coverage including the Additional Insured provision, for a period of 3 years after completion of any work. It is hereby understood and agreed that any insurance obtained by Contractor is deemed excess, non-contributory, and not co-primary in relation to the CGL coverage procured by the Subcontractor.

c. Subcontractor (and their respective insurance carriers) waives all rights against Contractor and their agents, officers, directors, and employees for recovery of damages to the extent these damages are covered by commercial general liability, umbrella/excess liability, commercial automobile liability, or worker's compensation, and employer's liability insurance maintained per the requirements in this section.

d. Subcontractor shall provide to Contractor prior to commencement of work a certificate of insurance from the insurance companies that such insurance is in force. All required insurance coverages are to be placed with an "A-" or better A.M. Best Co. rated carrier.

e. Required Limits shall be:

Minimum Commercial General Liability Coverage (Occurrence Basis):

$2,000,000 Products/Completed Operations Aggregate

$2,000,000 General Aggregate

$1,000,000 Any One Occurrence (Coverage A)

$1,000,000 Any One Person or Organization (Coverage B)

Per Project General Aggregate

Minimum Commercial Automobile Liability Coverage:

$1,000,000 Each Occurrence (written on a comprehensive basis)

Minimum Employers Liability Coverage (Part Two on the Workers' Compensation policy):

$100,000 Each Accident

$100,000 Each Employee for Injury by Disease

$500,000 Aggregate for Injury by Disease

Minimum Umbrella/Excess Liability Coverage (Occurrence Basis):

$1,000,000 Aggregate

$1,000,000 Any One Occurrence

In the event this contract is for design services, then Professional Liability insurance in the amount of $1 million dollars shall be provided by the Subcontractor.

DESCCO
DESIGN & CONSTRUCTION, INC.

Sub-Contractor Registration Form

To receive Invitations to Bid from DESCCO, complete the following information and
FAX it to 610-944-0640 or E-MAIL to accounting@descco.com

General Information:

Today's Date: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Type of Organization:

___ Corporation ___ Partnership ___ Sole Proprietor ___ LLC ___ Other

Fed Tax ID#: _____ Year Established: _____

Contact Information:

	Name	E-Mail Address
Primary:	_____	_____
Estimating:	_____	_____
Safety:	_____	_____

How would you like to receive Invitations to Bid?

___ Fax _____ Fax Number

___ E-Mail _____ E-mail Address

Business Type:

____ Subcontractor ____ Supplier/Distributor

____ Building Product Manufacturer ____ Manufacturer's Representative

Check one of the following:

____ Union ____ Non-Union

Indicate if your business qualifies as one of the following: (Check all that apply.)

___ DBE ___ MBE ___ WBE

Safety:

Is there a written Safety Program in place at your firm?

___ Yes ___ No

Is there a written Drug Program in place at your firm?

___ Yes ___ No

Please list your firm's Workers Compensation Interstate Experience Modification Rates for the last 3 years. (If available, please attach a copy of your insurance agent's verification letter.)

_____ Year _____ Experience Modification Rating

_____ Year _____ Experience Modification Rating

_____ Year _____ Experience Modification Rating

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b. Subcontractor is required to name DESCCO Design & Construction, Inc. as Additional Insured on all policies (except Workers Compensation and Employer's Liability) and specific to the Subcontractor's General Liability policy using ISO CG2010 07/04 and CG2037 07/04 or its equivalent. Subcontractor is to maintain CGL and Umbrella/Excess Liability coverage including the Additional Insured provision, for a period of 3 years after completion of any work. It is hereby understood and agreed that any insurance obtained by Contractor is deemed excess, non-contributory, and not co-primary in relation to the CGL coverage procured by the Subcontractor.

c. Subcontractor (and their respective insurance carriers) waives all rights against Contractor and their agents, officers, directors, and employees for recovery of damages to the extent these damages are covered by commercial general liability, umbrella/excess liability, commercial automobile liability, or worker's compensation, and employer's liability insurance maintained per the requirements in this section.

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*e. **Required Limits shall be:***

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$2,000,000 Products/Completed Operations Aggregate
$2,000,000 General Aggregate
$1,000,000 Any One Occurrence (Coverage A)
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Per Project General Aggregate

Minimum Commercial Automobile Liability Coverage:
$1,000,000 Each Occurrence (written on a comprehensive basis)

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$100,000 Each Employee for Injury by Disease
$500,000 Aggregate for Injury by Disease

Minimum Umbrella/Excess Liability Coverage (Occurrence Basis):
$1,000,000 Aggregate
$1,000,000 Any One Occurrence
In the event this contract is for design services, then Professional Liability insurance in the amount of $1 million dollars shall be provided by the Subcontractor.

Can your company meet the above insurance requirements? ___ Yes ___ No
If no, will you make the necessary adjustments to meet requirements? ___ Yes ___ No
(Reminder that you will be required to provide a COI upon acceptance of Addendum/Notice of Award)

Bonding:

Can your company secure a bond? ___ Yes ___ No
Name of the Surety: _____
Agent's Name: _____
Agent's Phone Number: _____
Available Bonding Capacity: $_____

What types of projects are you interested in bidding?

___ Commercial ___ Public Works/Prevailing Wage ___ Residential

Check all markets in which you are willing to work.

___ Berks County
___ Bucks & Montgomery Counties
___ Lebanon & Lancaster Counties
___ Lehigh, Northampton, & Monroe Counties
___ Schuylkill & Carbon Counties

Check the Trade which you would like to receive bid invitations (check at least one).

____ Division 01 – General Requirements
____ Division 02 – Existing Conditions
____ Division 03 – Concrete
____ Division 04 – Masonry
____ Division 05 – Metals
____ Division 06 – Wood, Plastics, Composites
____ Division 07 – Thermal & Moisture Protection
____ Division 08 – Openings
____ Division 09 – Finishes
____ Division 10 – Specialties
____ Division 11 – Equipment
____ Division 12 – Furnishings
____ Division 13 – Special Construction
____ Division 14 – Conveying Equipment
____ Division 21 – Fire Suppression
____ Division 22 – Plumbing
____ Division 23 – HVAC
____ Division 26 – Electrical
____ Division 27 – Communications
____ Division 28 – Electronic Safety & Security
____ Division 31 – Earthwork
____ Division 32 – Exterior Improvements

____ Division 33 – Utilities ____ Division 34 – Transportation

____ Division 41 – Mat. Process & Hand Equip ____ Division 46 – Water & Wastewater Equipment

Other

If you do not find a description listed above that describes the service you provide, please give a detailed description in the space provided below.

_____

_____

_____

List the three largest projects completed in the last two years, including references, contacts, and phone numbers. All project fields are required.

Job Name: _____

Owner: _____ Phone Number: _____

General Contractor: _____ Phone Number: _____

Completion Date: _____

Contract Amount: _____

Job Name: _____

Owner: _____ Phone Number: _____

General Contractor: _____ Phone Number: _____

Completion Date: _____

Contract Amount: _____

Job Name: _____

Owner: _____ Phone Number: _____

General Contractor: _____ Phone Number: _____

Completion Date: _____

Contract Amount: _____

List the annual dollar amount of work performed by your company in the last three years.

Year	**Amount**
_____	_____
_____	_____
_____	_____

*** Please attach any other relative information (i.e. references, awards, certificates, etc.)**

The above information is true and correct to the best of my knowledge.

_____ _____ _____

Signed Printed name Date