



309 Monroe Street
Monroeville, Ohio 44847

Voice (419)465-4611
Fax (419) 465-2866
www.janottaherner.com
office@janottaherner.com

TO: PROSPECTIVE SUBCONTRACTORS & SUPPLIERS

Thank you for your interest in working with JHI Group Inc. We employ several Project Managers and Estimators whom choose the list of subcontractors and suppliers for each of their projects.

An overall Vendor's List is maintained for their use. In order to be added to this list, you must complete and return the following form. Subcontractors need to provide proof of insurance along with documentation of Workers' Compensation.

Again, we appreciate your desire to work with JHI Group Inc. You are welcome to contact me if you have any questions.

Sincerely,

620 CONSTRUCTION

A handwritten signature in black ink, appearing to read 'Joel Copley', written in a cursive style.

Joel Copley, PE
Division President



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SUBCONTRACTOR / SUPPLIER INFORMATION FORM

Name of Firm: _____

Address: _____

Contact Person & Title: _____

Phone Number: _____ Cell Number: _____

Fax Number: _____ E-Mail Address: _____

Material Supplier Subcontractor

Work interested in quoting: _____

(note: proof of insurance and worker's comp not required for suppliers)

Proof of Insurance: Please submit Certificate of Insurance verifying the limits as listed on attached sheet.

Workers' Comp: Please provide current Ohio State Workers' Comp Certificate.

Number of Employees: _____ Years in Business: _____

Desired Work Areas: _____

Financial Institution Reference: _____

Previous General Contractor Clients:

Recently Completed Projects that you worked on or provided materials for:

For JHI Group Inc. Use Only

Applicable CSI Codes: _____

Insurance and Workers' Comp documentation meets JHI Group standards

Insurance Requirements



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PLEASE SUBMIT CERTIFICATES TO:
309 Monroe Street, Monroeville, OH 44847

Seller shall purchase and maintain minimum insurance coverage as described below until the work is completed and accepted by JHI Group Inc.

1) **TYPE OF COVERAGE & LIMIT REQUIRED**

- a) Workers' Compensation
Statutory
- b) Employer's Liability-STOP GAP
\$500,000
- c) General Liability, Bodily Injury & Property Damage (Per Project)
\$500,000 Each Occurrence
\$1,000,000 Aggregate
- d) Waiver of Subrogation
- e) Pollution (If Applicable)
- f) Professional Liability (If Applicable)
- g) Comprehensive Automobile Liability, Bodily Injury & Property Damage
\$500,000 Each Person
\$500,000 Each Accident
Covering all owned, hired or non-owned automobiles
- h) Umbrella Coverage
\$1,000,000 Each occurrence
\$1,000,000 Aggregates
- i) Installation Floater
Sufficient to adequately cover the cost of material delivered to the jobsite.

2) **ADDITIONAL INSURED**

All Certificates of Insurance shall identify the following as additional insured:

JHI Group Inc.
DBA Janotta & Herner
DBA 620 Construction
309 Monroe Street
Monroeville, OH 44847

3) **CERTIFICATE**

The Seller shall, before commencing work onsite, deliver to JHI Group Inc. a Workers' Compensation Certificate and Certificate of Insurance, completed by their insurance carrier or agent, certifying that the minimum insurance coverage as required above is in effect.

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 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 THE INSURANCE AGENCY NAME & ADDRESS HERE	CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ INSURER(S) AFFORDING COVERAGE _____ NAIC # _____ INSURER A : INSURANCE COMPANY NAME HERE INSURER B : _____ INSURER C : _____ INSURER D : _____ INSURER E : _____ INSURER F : _____
INSURED SUB-CONTRACTORS NAME AND ADDRESS HERE	

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			FILL IN POLICY NUMBER	EFF. DATE	EXP. DATE	EACH OCCURRENCE \$ 500,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X	X				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	<input type="checkbox"/> _____						PERSONAL & ADV INJURY \$ 500,000
<input type="checkbox"/> _____	GENERAL AGGREGATE \$ 1,000,000						
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC							PRODUCTS - COMP/OP AGG \$ 1,000,000
							\$
A	AUTOMOBILE LIABILITY			FILL IN POLICY NUMBER	EFF. DATE	EXP. DATE	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000
	<input checked="" type="checkbox"/> ANY AUTO	X	X				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
<input type="checkbox"/> SCHEDULED AUTOS	\$						
<input type="checkbox"/> NON-OWNED AUTOS	\$						
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	X	X	FILL IN POLICY NUMBER	EFF. DATE	EXP. DATE	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 1,000,000
	<input type="checkbox"/> _____						\$
DED _____ RETENTION \$ _____							\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			FILL IN POLICY NUMBER	EFF. DATE	EXP. DATE	WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	N/A				E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 500,000
	<input type="checkbox"/> Y <input type="checkbox"/> N						E.L. DISEASE - POLICY LIMIT \$ 500,000
DESCRIPTION OF OPERATIONS below							
A	INSTALLATION FLOATER			FILL IN POLICY NUMBER	EFF. DATE	EXP. DATE	DOLLAR AMOUNT

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

CERTIFICATE HOLDER IS LISTED AS ADDITIONAL INSURED ON GENERAL LIABILITY AND EXCESS LIABILITY.
WAIVER OF SUBROGATION INCLUDED.

CERTIFICATE HOLDER JHI GROUP INC. DBA: Janotta & Herner DBA: 620 Construction 309 MONROE STREET MONROEVILLE, OH 44847	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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