



SUBCONTRACTOR PREQUALIFICATION FORM

INSTRUCTIONS: Please fill out all information requested and return vi-mail to bids@hollandcs.com or mail to Holland Construction Services, Inc., 4495 North Illinois Street, Swansea, IL 62226

Company Name			
Federal Identification No.			
Corporate Headquarters Information	Address		
	City	State	Zip Code
	Corporate Phone:		Website:
	Contact Name ¹		
	Contact Phone:		Contact Fax:
	Contact Email:		
Company Type <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> DBA <input type="checkbox"/> Individual			
If company is a subsidiary, list Parent Company name _____			
Year business was established _____			
List Company Officers:	Chairman _____		
	President(s) _____		
	Vice President(s) _____		

	Secretary _____		
	Treasurer _____		
OWNERSHIP TYPE (Check ALL That Apply)			
<i>Include a copy of all certifications relative to the ownership type(s) indicated.</i>			
<input type="checkbox"/> Minority Owned Business Enterprise <input type="checkbox"/> Women Owned Business Enterprise <input type="checkbox"/> Small Business <input type="checkbox"/> Small Disadvantaged Business		<input type="checkbox"/> Small Women Owned Business <input type="checkbox"/> HUBZone Small Business <input type="checkbox"/> Veteran Owned Small Business <input type="checkbox"/> Service Disabled Veteran Owned Small Business	
BUSINESS TYPE			
List the trade work your company performs:			
Total Number of Employees: _____ Office: _____ Shop: _____ Field: _____			
Are you directly or indirectly signatory to any labor union agreements: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, which unions: _____; _____;			
If yes, do you have a bond in place securing your payment of wages and fund contributions as required by your labor union agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No			

¹ This should be the person to contact for questions regarding this prequalification form.



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FINANCIAL					
Annual sales volume for the last three (3) years:					
Year	Sales	Year	Sales	Year	Sales
20	\$	20	\$	20	\$
Largest single contract awarded in the last three (3) years: \$					
Description:					
Current backlog: \$					
Please fill out and return attached W-9 form if you have not previously worked for Holland . Ple attach last two (2) years of financial statements (Include Balance Sheets, Income Statements and Opinion Letter from Accountant).					
BANKING					
Bank Name					
Bank Address ,					
City		, State		Zip	
Contact Name:				Contact Phone:	
Does your company have a line of credit? <input type="checkbox"/> Secured <input type="checkbox"/> Unsecured <input type="checkbox"/> None					
If Yes, what is the amount of the line of credit? \$					
Amount of available line of credit? \$					
BONDING					
Is your company bondable? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes, bonding company name:					
Bonding company AM Best Rating:					
Contact Name:				Contact Phone:	
ATTACH A LETTER FROM YOUR SURETY STATING TOTAL AND PER PROJECT BONDING CAPACITY.					
LEGAL					
Has your Organization ever failed to complete any work awarded to it?				<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, attach explanation)</i>	
Are there any Judgments, Claims, Arbitration Proceedings or Suits pending or outstanding against Your Organization or its Officers?				<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, attach explanation)</i>	
Has your Organization filed any Lawsuits or requested Arbitration with regard to Construction Contracts within the last five (5) years?				<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, attach explanation)</i>	
Has your Organization or Its Principals ever filed for Bankruptcy?				<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, attach explanation)</i>	

SAFETY PROGRAM
Please answer the following questions about your safety program:

1. Is your company part of an OSHA partnership? Yes No
 If Yes, please provide program title and your level (if applicable) _____
2. Does your company conduct weekly, documented safety audits? Yes No
3. Does your company have a safety management program & safety manual? Yes No
4. Do your trades people begin each day with a safety meeting?
 (Examples: safety huddle, task hazard analysis or job safety analysis) Yes No
5. Does your company have full-time field safety manager/director? Yes No
 If Yes, please provide contact information: _____
6. Does your company use project specific safety plans? Yes No
 Holland Construction may request documentation relating to questions 2, 3 and 6.

Attachment A contains Holland Construction's current safety regulations relating to Subcontractors. Kindly read these regulations in their entirety.

Does your company agree to meet the Holland Construction Safety regulations? Yes No

Please attach copies of your company's OSHA 300A Summary of Work-related Injuries & Illnesses for the past two calendar years.
INSURANCE

Attachment A contains Holland Insurance requirements. A Blanket Certificate of Insurance (COI) will cover all projects (per contract terms) with Holland. Submission of a Blanket COI **will reduce the chance of delay of payment due to lack of valid insurance**. A Job Specific COI will cover only the job identified and will be required to be submitted for every project. Kindly read these insurance requirements in their entirety.

Does your company currently maintain insurance that meets Holland's requirements? Yes No

REFERENCES

Three (3) client References are required. Please fill out the following section:

Company	Contact	Phone

The undersigned certifies under oath that the information provided herein is true and sufficiently complete so as not to be misleading.

Completed by: _____
(Print or Type)

(Signature)

Title: _____

Date Completed: _____

Required Attachments:

Optional Attachments:

- Financial Statements (2 years)
(Balance Sheets, Income Statements, Opinion Letter)
- OSHA Form 300A (2 years)

- W-9 Form (If new to Holland)
- Surety Letter
- Blanket Certificate of Insurance
- Explanations and/or Certifications



W-9 Taxpayer Identification Number Request

In order for us to comply with Internal Revenue Service reporting requirements, we are required by law to obtain your federal tax identification number. We are sending this to you because we have issued a payment to you or your business. Please be advised if you do not provide us with this information, payments to you will be subject to 28% federal income tax backup withholding. Also, if you do not provide us with this information, you may be subject to a \$50 penalty imposed by the Internal Revenue Service under section 6723.

Use this form only if you are a U.S. person (including U.S. resident alien). If you are a foreign person, use the appropriate Form W-8.

Please complete the information listed on the W-9 Form provided below, including signature and date, and return it to us as soon as possible.

Individual:

Individual Name:	Individual Social Security #: - -
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Sole Proprietor: Sole proprietorship may have a "doing business as" trade name, but the legal name is the name of the business owner.

Business Owner's Name:	Business Owner's SS #: - -	Business or Trade Name:
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Partnership:

Name of Partnership:	Partnership Employer Identification #: - - - - -
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Limited Liability Company:

Name of LLC:	LLC Employer Identification #: - - - - -	Tax Classification: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership
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Corporation, Exempt charity, or other Exempt entity:

Name of Corporation or Charity:	Employer Identification #: - - - - -
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Exempt Payee – Mark reason for exemption:

- Corporation, except there is no exemption for medical & healthcare payments or payments for legal services.
- Exempt from tax under 501 (a) or IRA
- The United States or any of its agencies or instrumentality
- A state, the District of Columbia, a possession of the United States, or any of their political subdivision
- A foreign government or any of its political subdivisions

CERTIFICATION: Under the penalties of perjury I certify that: the number shown on this form is my correct taxpayer identification number, I am not subject to backup withholding, and I am a U.S. citizen or U.S. resident alien.

Signature: _____

Printed Name: _____

Phone: (____) ____ - ____ Date: _____



Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases				Number of Days	
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases	Total number of days of job transfer or restriction	Total number of days away from work
_____	_____	_____	_____	_____	_____
(G)	(H)	(I)	(J)	(K)	(L)

Injury and Illness Types	
Total number of... (M)	_____
(1) Injuries	_____
(2) Skin disorders	_____
(3) Respiratory conditions	_____
(4) Poisonings	_____
(5) Hearing loss	_____
(6) All other illnesses	_____

Establishment Information

Your establishment name _____

Street _____

City _____ State _____ Zip _____

Industry description (e.g. *Manufacturer of motor truck trailers*)

Standard Industrial Classification (SIC), if known (e.g. *SIC 3715*)

Employment Information

Annual average number of employees _____

Total hours worked by all employees last year _____

Sign here _____

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

_____	_____
Company executive	Title
_____	_____
Phone	Date

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: U.S. Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.



ATTACHMENT A

Holland Construction Safety Regulations

1. A HOLLAND representative is required to be on site any time Work is being performed by Subcontractor. The Subcontractor, its agents, employees, materialmen and sub-subcontractors will comply with all laws and ordinances and will perform all work on the Project in a safe and responsible manner. In particular, Subcontractor shall, at its own expense, conform to the safety policies and regulations established by HOLLAND as listed within this Subcontract Agreement and the "Jobsite Safety Handbook", and shall comply with all specific safety requirements promulgated by any government authority, including, without limitation, the requirements of the Occupational Safety and Health Act of 1970 and the Construction Safety Act of 1969 and all standards and regulations which have been or shall be promulgated by the parties or agencies which administer the Acts. Subcontractor shall comply with said requirements, standards and regulations and require and be directly responsible for compliance therewith on the part of its agents, employees, materialmen and subcontractors, and shall directly receive, respond to, defend and be responsible for all citations, assessments, fines or penalties which may be incurred by reason of its failure on the part of its agents, employees, materialmen or subcontractors to so comply.
 - A. The Subcontractor must develop a pre-job safety plan outlining any hazards and the procedures it will use to eliminate those hazards. Subcontractor will review its plan with HOLLAND's field supervisory personnel and crews. This plan is to be submitted to the HOLLAND Superintendent at least two (2) weeks prior to commencing the Work.
 - B. The Subcontractor's field personnel assigned to this Project, including subs of the Subcontractor, will abide by the HOLLAND **Drug & Alcohol Policy** as further detailed in the Jobsite Safety Handbook. In addition, Subcontractor will commit to no drug or alcohol use by its employees over the lunch period or any other break time. Subcontractor agrees to remove from the jobsite any of its employees or sub-subcontractor employees who violate this policy.
 - C. Subcontractor shall report immediately to HOLLAND any injuries suffered by its employees or any injuries to other persons or property damage arising out of its operation. HOLLAND shall be furnished two (2) copies of the written accident report within four (4) hours of the injury or damage.
 - D. Subcontractor will equip its personnel with all necessary personal protective equipment required by law or HOLLAND. This includes, but is not limited to, hard hats, eye protection, foot and hand protection, ear protection, fall protection and respiratory protection.
 - E. Subcontractor will protect all of its employees when using electric power equipment by utilizing Ground Fault Circuit Interrupters **at all times**. As supplemental protection, the Assured Equipment Grounding Program may be implemented. As stated in the Jobsite Safety Handbook, all branch circuit conductors shall be permitted only within cable assemblies or be multi-conductor cord or cable of a type identified for *hard usage* or *extra hard usage*. NEC Table 400-4 lists "hard" and "extra hard" usage wire types.
 - F. All of the Subcontractor's scaffolds and ladders shall be in compliance with all required safety regulations and manufacturers' requirements.
 - G. Subcontractor will comply with all applicable standards contained within OSHA's Construction Industry Regulations, Subpart M. With regard to steel erection and decking, Subcontractor and its employees shall comply with **specific fall protection guidelines** as contained within the HOLLAND Project Safety Plan For Steel Erection and within the Instructions to Bidders. In addition, those Subcontractors engaged in the steel erection process will comply with all requirements of the revised Subpart R Standard, except where the requirements of HOLLAND's Steel Erection Plan are more stringent. In such cases, the Subcontractor will abide by the stricter standard.
 - H. Subcontractor agrees to require all of its employees and sub-subcontractor's employees to abide by OSHA regulations and HOLLAND's Jobsite Safety Handbook on all HOLLAND Projects. Subcontractor shall provide training to all of its employees with regard to the possible hazards associated with the tasks each employee performs and each employee must know and understand all of these safety regulations. Prior to entering the HOLLAND jobsite, ALL PERSONS performing Work must attend the HOLLAND jobsite safety orientation training.
 - I. Subcontractor's employees are required to attend HOLLAND's Jobsite Orientation, including viewing of the orientation video, prior to beginning Work on the site. Subcontractor shall coordinate and schedule the orientation with HOLLAND's Superintendent in a timely manner for all personnel for this Project. This mandatory orientation consists of a general safety orientation and a Project-specific orientation for each person entering a HOLLAND jobsite.
 - J. Subcontractor shall ensure that its jobsite supervisor has completed the 10-hour OSHA Construction Safety Course and Subcontractor shall provide HOLLAND with certification of such training prior to the start of its Work.
 - K. Subcontractor will hold weekly Tool Box Safety Meetings, led by its jobsite supervisor. Minutes of the Tool Box Safety Meetings, as well as a signature sheet of all attendees, are to be turned in to the HOLLAND jobsite Superintendent weekly.
 - L. Subcontractor must provide first aid equipment to be made accessible to its employees.
 - M. Subcontractor agrees to submit all necessary Material Safety Data Sheets, MSDS-OSHA Form 20, or equivalent for all hazardous substances introduced on the job site and shall inform HOLLAND's office prior to its introduction to the jobsite. Subcontractor must be in compliance with the OSHA Hazard Communication Standard 1926.59. It is imperative that the Material Safety Data Sheets be on file in HOLLAND's office prior to Subcontractor's starting work on the site.

ATTACHMENT A (continued)

Holland Construction Insurance Requirements

2. Subcontractor shall maintain, during the progress of the Work and throughout the warranty period, insurance written by insurance companies acceptable to HOLLAND with the minimum limits and coverage as shown below or, if higher, the requirements set forth in the Contract Documents. For purposes of this insurance section, major trades include: Concrete and/or Pre-cast Concrete; Curtainwall; Electrical; HVAC; Plumbing; Steel; and Elevator (collectively, "Major Trades")
- A. WORKER'S COMPENSATION including Occupational Disease insurance meeting the statutory requirements of the State in which Work is to be performed and containing Employers' Liability insurance in an amount of at least \$1,000,000.
- B. COMMERCIAL GENERAL LIABILITY insurance on an occurrence basis providing for Bodily Injury and Property Damage including its own employees of \$1,000,000 each occurrence and Personal Injury and Advertising Injury of \$1,000,000 each occurrence. Bodily Injury and Property Damage aggregate of \$2,000,000, Products-Completed Operations aggregate of \$2,000,000, and Pollution Liability, including Mold \$2,000,000. The policy must include the parties listed in Article 43 as ADDITIONAL INSUREDS, on an ISO Additional Insured Endorsement (CG20 10 1985 or 2001 edition) covering ongoing and completed operations.
- Subcontractor must provide Premises-Operations, Elevators, Independent Contractors, Broad Form Property Damage, Contractual Liability, and Products & Completed Operations coverages which shall be maintained in force for a period of two (2) years after Substantial Completion of the Project or for such longer period of time as is described in the Contract Documents. XCU Exclusions must be deleted when applicable to operations performed by the Subcontractor.
- C. Subcontractor's insurance will be Primary and Non-Contributory to any insurance carried by any of the ADDITIONAL INSUREDS. In addition, Subcontractor shall maintain an umbrella liability policy providing the same coverage and with the same ADDITIONAL INSUREDS as the basic policy in the amount of \$5,000,000 for Major Trades and \$1,000,000 for all other trades.
- D. COMPREHENSIVE AUTOMOBILE LIABILITY on an occurrence basis covering all Owned, Non-Owned and Hired Vehicles providing limits of liability for Bodily Injury and Personal Injury, Including its own employees, of \$1,000,000 each occurrence and Property Damage of \$1,000,000 each occurrence.
- E. A Certificate of Insurance on an approved form, or an endorsement if required by HOLLAND, must be delivered to the PROJECT MANAGER at HOLLAND's office and FAXED TO THE HOLLAND JOBSITE FIELD SUPERINTENDENT *PRIOR TO THE COMMENCEMENT OF ANY WORK*. The Certificate must state that coverage will not be altered, cancelled or allowed to expire without thirty (30) days' written notice by registered mail to HOLLAND.
- F. Equivalent insurance coverage must be obtained from each sub-subcontractor or supplier, if any, before permitting them on the Project site. Otherwise, protection of such parties must be included within your Subcontract insurance policies.
- G. HOLLAND may furnish, erect or provide equipment, appurtenances and devices, motorized or otherwise, for its use to complete its Contract with the Owner. Should the Subcontractor use such items, the Subcontractor agrees to insure against claims of injury or damage caused by such items while in Subcontractor's care, custody or control by naming HOLLAND as an insured party. Liability limits shall be the same as in 10(B), above. Physical Damage insurance against damage to the items themselves shall be on a "Replacement Cost" basis.
- H. Subcontractor will be responsible for any deductible under its insurance policies.
- It is understood and agreed that HOLLAND shall withhold payments to the Subcontractor until a properly executed Certificate of Insurance and endorsement providing insurance as required herein, accompanied by a signed Subcontract Agreement, are received by HOLLAND. The failure of HOLLAND to withhold such payments or obtain the required Certificate or endorsement shall not be deemed to be a waiver of Subcontractor's obligation to provide the insurance required under the Subcontract Agreement.
- J. Subcontractor hereby waives any rights of subrogation against HOLLAND, the Owner, the Architect, and any other ADDITIONAL INSUREDS as required by the Owner/HOLLAND Contract or the Invitation to Bid. If insurance policies specified within this Article 10 require an endorsement to provide for continued coverage where there is a waiver of subrogation, the Subcontractor will cause them to be so endorsed.

CERTIFICATE OF INSURANCE (Form #2)		ISSUE DATE
<div style="border: 2px solid black; padding: 5px; display: inline-block;"> SAMPLE BLANKET CERTIFICATE </div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> xx/xx/xx </div>
<p style="font-size: small;">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.</p>		
YOUR AGENT OR PRODUCER ADDRESS CITY, STATE, ZIP YOUR AGENT'S PHONE NUMBER	COMPANIES AFFORDING COVERAGE	
INSURED YOUR NAME YOUR ADDRESS YOUR CITY, STATE, ZIP	COMPANY LETTER A. YOUR GENERAL LIABILITY CARRIER COMPANY LETTER B. YOUR AUTOMOBILE CARRIER COMPANY LETTER C. YOUR EXCESS/UMBRELLA CARRIER COMPANY LETTER D. YOUR W.C./EMPLOYERS' LIABILITY CARRIER COMPANY LETTER E.	
COVERAGES 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 IS ISSUED.		
CO. LTR.	TYPE OF INSURANCE	LIMITS
A <input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OWNERS & CONTRACTOR	Concrete, precast concrete, curtainwall, electrical, HVAC, plumbing, steel and elevator subs must have \$2 million each occurrence under General Liability. All other trades require \$1 million each occurrence under General Liability.	GENERAL AGGREGATE → 1,000,000 or 2,000,000 PRODUCTS-COMP/OP AGG. PERSONAL & ADV. INJURY EACH OCCURRENCE → 1,000,000 or 2,000,000 FIRE DAMAGE (Any one fire) MED. EXPENSE (Any one person) COMBINED SINGLE LIMIT 1,000,000 BODILY INJURY (Per person) BODILY INJURY (PER ACCIDENT) PROPERTY DAMAGE
B <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALLOWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY	Any Auto or Hired/Non-Owned/Owned required	BODILY INJURY (Per person) BODILY INJURY (PER ACCIDENT) PROPERTY DAMAGE
C <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	YOUR Concrete, precast concrete, curtainwall, electrical, HVAC, plumbing, steel and elevator subs must have \$5 million excess liability. All other trades require \$1 million Excess Liability.	EACH OCCURRENCE → 1,000,000 or 5,000,000 AGGREGATE → 1,000,000 or 5,000,000
D WORKERS COMPENSATION AND EMPLOYER'S LIABILITY	YOUR	<input checked="" type="checkbox"/> STATUTORY LIMITS EACH ACCIDENT 1,000,000 DISEASE-POLICY LIMIT 1,000,000 DISEASE-EACH EMPLOYEE 1,000,000
OTHER Pollution Liab Professional Liab	Policy Number Policy Number	Eff Date Eff Date Exp Date Exp Date \$2,000,000 (include Mold Endorsement) \$2,000,000 Per Claim \$2,000,000 Aggregate
DESCRIPTION OF OPERATIONS, LOCATION(S), VEHICLE(S), SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO RETENTION)		
"All work performed by (Your Company Name) for all Holland Jobsites. Additional Insureds: Holland and all other identified in the subcontract agreement."		
CERTIFICATE HOLDER Holland Construction Services, Inc. 4495 North Illinois Street Swansea, IL 62226		CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION. AUTHORIZED REPRESENTATIVE <div style="text-align: center; color: red;"> Must contain authorized representative's name (Does not have to be signed) </div>
ACORD 25-S (7/90)		ACORD CORPORATION 1990

CERTIFICATE OF INSURANCE (Form #2)						ISSUE DATE xx/xx/xx
PRODUCER <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;">SAMPLE JOB SPECIFIC</div> YOUR AGENT OR PRODUCER ADDRESS CITY, STATE, ZIP YOUR AGENT'S PHONE NUMBER		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.				
INSURED YOUR NAME YOUR ADDRESS YOUR CITY, STATE, ZIP		COMPANIES AFFORDING COVERAGE				
		COMPANY LETTER A. YOUR GENERAL LIABILITY CARRIER				
		COMPANY LETTER B. YOUR AUTOMOBILE CARRIER				
		COMPANY LETTER C. YOUR EXCESS/UMBRELLA CARRIER				
		COMPANY LETTER D. YOUR W.C./EMPLOYERS' LIABILITY CARRIER				
		COMPANY LETTER E.				
COVERAGES						
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 IS ISSUED.						
CO. LTR.	TYPE OF INSURANCE		LIMITS			
A	GENERAL LIABILITY	Concrete, precast concrete, curtainwall, electrical, HVAC, plumbing, steel and elevator subs must have \$2 million each occurrence under General Liability. All other trades require \$1 million each occurrence under General Liability.	GENERAL AGGREGATE	1,000,000 or 2,000,000		
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL		PRODUCTS-COMP/PROP AGG.			
	<input type="checkbox"/> CLAIMS MADE		PERSONAL & ADV. INJURY			
	<input type="checkbox"/> OWNERS & CONTRACTOR		EACH OCCURRENCE	1,000,000 or 2,000,000		
			FIRE DAMAGE (Any one fire)			
			MED. EXPENSE (Any one person)			
B	AUTOMOBILE LIABILITY	Any Auto or Hired/Non-Owned/Owned required	COMBINED SINGLE LIMIT	1,000,000		
	<input checked="" type="checkbox"/> ANY AUTO		BODILY INJURY (Per person)			
	<input checked="" type="checkbox"/> ALLOWED AUTOS		BODILY INJURY (PER ACCIDENT)			
	<input type="checkbox"/> SCHEDULED AUTOS		PROPERTY DAMAGE			
	<input checked="" type="checkbox"/> HIRED AUTOS					
	<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY					
C	EXCESS LIABILITY	Concrete, precast concrete, curtainwall, electrical, HVAC, plumbing, steel and elevator subs must have \$5 million excess liability. All other trades require \$1 million Excess Liability.	EACH OCCURRENCE	1,000,000 or 5,000,000		
	<input checked="" type="checkbox"/> UMBRELLA FORM		AGGREGATE	1,000,000 or 5,000,000		
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
D	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY	YOUR YOUR	<input checked="" type="checkbox"/> STATUTORY LIMITS			
			EACH ACCIDENT	1,000,000		
			DISEASE-POLICY LIMIT	1,000,000		
			DISEASE-EACH EMPLOYEE	1,000,000		
OTHER						
<input type="checkbox"/> Pollution Liab	Policy Number	Eff Date	Exp Date	\$2,000,000 (include Mold Endorsement)		
<input type="checkbox"/> Professional Liab	Policy Number	Eff Date	Exp Date	\$2,000,000 Per Claim		
				\$2,000,000 Aggregate		
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO RETENTIONS)						
Job # Job Name						
Additional Insured #1						
Additional Insured #2						
Additional Insured #3						
Additional Insured #4						
Additional Insured #5						
Additional Insured #6						
CERTIFICATE HOLDER			CANCELLATION			
Holland Construction Services, Inc. 4495 North Illinois Street Swansea, IL 62226			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION.			
			AUTHORIZED REPRESENTATIVE			
			Must contain authorized representative's name (Does not have to be signed)			
ACORD 25-S (7/90)			ACORD CORPORATION 1990			