



3210 Old Columbus Rd NW

Carroll, OH 43112

740-654-1144 Phone

740-654-3001 Fax

**2019-2020 Contractor's Qualification Sheet**

(Please complete and submit to: ar@goklsm.com)

**Company Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**W9 Form required:** (Corporation/Partnership/Sole Proprietor/Limited Liability company)

**Principal Business Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

**Office Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Primary contact:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Secondary Contact:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Web Site:** \_\_\_\_\_

**Facebook:** \_\_\_\_\_



Please briefly describe why your company would be a good fit with Kirkbride Land and Snow Management:

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**Exhibit A - Insurance requirements**

**Exhibit B - Seasonal Snow Pricing Sheet**

#### EXHIBIT A: Insurance Requirements

1. Independent Contractor will provide **Commercial General Liability (CGL)** with limits of insurance of not less than **\$1,000,000 per occurrence/\$2,000,000 annual aggregate**. Company must be listed as an **Additional Insured** and must include coverage for Company including Premises and Operations coverage and Products and Completed Operations coverage after project completion. Company shall be listed as **primary and non-contributory and Waiver of Subrogation**
2. Independent Contractor Commercial General Liability policy MUST NOT contain an endorsement (ISO endorsement CG2294 or its equivalent), which excludes Property Damage Liability coverage caused by any subcontractors.
3. Independent Contractor must provide **Business Auto Liability** with limits of at least **\$1,000,000** each accident. Business Auto coverage must include coverage for liability arising out of all owned, leased, hired and non-owned automobiles. Independent Contractor must list Company as an **Additional Insured** on the auto policy and **Waiver of Subrogation**
4. Independent Contractor will provide **Commercial General Liability (CGL)** with limits of insurance of not less than \$300,000 per occurrence/\$300,000 annual aggregate for Property Damage Liability caused by **Errors and Omissions and Faulty Workmanship**.
5. Independent Contractor will provide **Employers Ohio Stop Gap Liability** Insurance limits of at least \$1,000,000, if employees are used.
6. Independent Contractor must have coverage for **Property of Others in their Care, Custody and Control** of at least \$10,000 and up to \$100,000 depending on the extent of project at discretion of Company. Example: A crane company may need \$100,000 if they are **lifting heavy equipment for your jobsite**.
7. Independent Contractor must have coverage for **Leased, Rented or Borrowed Equipment** at least \$50,000 and up to \$100,000 depending on the extent of the equipment used by the subcontractor. Example: A subcontractor borrows your contractors equipment and damages/totals it during use.
8. **Workers' Compensation coverage** as required by the law in the State of Ohio or any other states the Independent Contractor has employees working while acting as an Independent Contractor for Company.
9. Certificates and the insurance policies required by the contract shall contain a provision that coverage afforded under the policies will not be canceled or allowed to expire until at least 30 days prior written notice has been given to Company.
10. Independent Contractor agrees to carry the same coverage and limits of liability. Company is required to have per any written contract with another entity for which Independent Contractor is hired by Company to perform work.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/26/2019

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).

<b>PRODUCER</b> Botson Insurance Group, Inc. 36480 Detroit Avon, OH 44011 Gregory F. Botson	<b>CONTACT NAME:</b> Agents Name	
	<b>PHONE (A/C, No, Ext):</b> Agents Phone	<b>FAX (A/C, No):</b>
<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A : Insurance Company</b>		
<b>INSURER B :</b>		
<b>INSURER C :</b>		
<b>INSURER D :</b>		
<b>INSURER E :</b>		
<b>INSURER F :</b>		

<b>INSURED</b> Subcontractors Name Address City
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**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	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y	Y	POLICY NUMBER	09/01/2019	09/01/2020	EACH OCCURRENCE \$ <b>1,000,000</b>
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b>						
							MED EXP (Any one person) \$ <b>5,000</b>
							PERSONAL & ADV INJURY \$ <b>1,000,000</b>
							GENERAL AGGREGATE \$ <b>2,000,000</b>
							PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
							\$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	POLICY NUMBER	09/01/2019	09/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
	BODILY INJURY (Per person) \$						
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (PER ACCIDENT) \$
							\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		OHIO EMPLOYERS STOP GAP	09/01/2019	09/01/2020	<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	E.L. EACH ACCIDENT \$ <b>500,000</b>						
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

SNOW PLOWING FOR HIRE. Certificate Holder is an Additional Insured with respects to General Liability including Completed Operations and Automobile Liability when required by written contract or agreement. General Liability and Automobile Coverage is also Primary and a waiver of Subrogation is provided.

<b>CERTIFICATE HOLDER</b>  Your Company Name Company Address	<b>CANCELLATION</b>  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 Gregory F. Botson