



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 Janotta & Herner. 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 Janotta & Herner. You are welcome to contact me if you have any questions.

Sincerely,

**JHI GROUP INC.**

A handwritten signature in black ink, appearing to read 'Tyler Wasserman', is written over a long, thin horizontal line that extends to the right.

Tyler Wasserman  
Business Development



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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 Janotta & Herner Use Only*

Applicable CSI Codes: \_\_\_\_\_

Insurance and Workers' Comp documentation meets Janotta & Herner standards

# INSURANCE REQUIREMENTS



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

Subcontractor (Seller) shall purchase and maintain minimum insurance coverage as described below. Higher limits may be needed depending on exposure and owner requirements.

## 1) TYPE OF COVERAGE & LIMIT REQUIRED

- a) General Liability, Bodily Injury & Property Damage (per project)
  - i. \$1,000,000 Each Occurrence
  - ii. \$2,000,000 Aggregate
- b) Comprehensive Automobile Liability, Bodily Injury & Property Damage
  - i. \$1,000,000 Each Accident
  - ii. Covering all owned, hired or non-owned automobiles
- c) Umbrella Coverage
  - i. \$1,000,000/\$1,000,000 Each Occurrence/Aggregate
  - ii. \$2,000,000/\$2,000,000 Each Occurrence/Aggregates
    - 1. If the work to be performed includes any of the following: caissons and/or piles; demolition; excavation and/or utility work; sheeting, shoring, and/or underpinning; window washing equipment; or wrecking.
- d) Installation Floater
  - i. Sufficient to adequately cover the cost of material delivered to the jobsite, off premises & while in transit.
- e) Waiver of Subrogation
- f) Coverage must be primary, and non-contributory
- g) Pollution
  - i. If work includes environmentally sensitive, hazardous types of activities - i.e. demolition, excavation, HVAC, engineers/architects, exterior insulation finish systems, asbestos abatement, storage tank removal, or similar activities or involves hazardous materials.
  - ii. \$500,000
- h) Professional Liability
  - i. If work includes any professional design services (including without limitation sprinkler and/or fire protection, HVAC, Engineers, Architects and other design-build work)
  - ii. \$1,000,000
- i) Employer's Liability
  - i. \$500,000
- j) Workers' Compensation
  - i. Statutory

## 2) ADDITIONAL INSURED

- a) All Certificates of Insurance shall identify the following as additional insured on General Liability including completed operations, Auto Liability and Excess Liability:
  - JHI Group, Inc.
  - DBA Janotta & Herner
  - 309 Monroe Street
  - Monroeville, OH 44847

## 3) CERTIFICATE

- a) The Subcontractor shall, before commencing work or delivering goods 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 <b>THE INSURANCE AGENCY NAME &amp; ADDRESS HERE</b>	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : <b>INSURANCE COMPANY NAME HERE</b>	
INSURED <b>SUB-CONTRACTORS NAME AND ADDRESS HERE</b>	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

**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	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	X	X	FILL IN POLICY NUMBER	EFF. DATE	EXP. DATE	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	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X	X	FILL IN POLICY NUMBER	EFF. DATE	EXP. DATE	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	X	X	FILL IN POLICY NUMBER	EFF. DATE	EXP. DATE	EACH OCCURRENCE \$ <b>1,000,000</b> AGGREGATE \$ <b>1,000,000</b> \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	FILL IN POLICY NUMBER	EFF. DATE	EXP. DATE	WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ <b>500,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>500,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>500,000</b>
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 INCLUDING COMPLETED OPERATIONS, AUTOMOBILE LIABILITY AND EXCESS LIABILITY, WAIVER OF SUBROGATION & PRIMARY & NON-CONTRIBUTORY LANGUAGE INCLUDED IN FAVOR OF JHI GROUP INC.**

**CERTIFICATE HOLDER****CANCELLATION**

<b>JHI GROUP INC.</b> <b>DBA: JANOTTA &amp; HERNER</b> <b>309 MONROE STREET</b> <b>MONROEVILLE, OH 44847</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

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