



January 2022

Subcontractor/Vendor Requirements

We need the following to set you up as a Vendor in our accounts payable system. Please email to: accounting@devansconstruction.com or fax to 208-853-1220.

1. Completed IRS **Form W9** for your company. Please use the most current form available online. Note: LLCs need to enter the classification type in the blank provided on the form.
2. **Certificate of Liability Insurance** listing Dave Evans Construction LLC as the Certificate Holder:

Dave Evans Construction LLC
7761 W. Riverside Dr. Ste 100
Boise, ID 83714

Insurance requirements:

Commercial or Comprehensive General Liability Insurance-
Each Occurrence \$1,000,000
General Aggregate \$2,000,000

Additional Insured "X" must be in Addl Insr Column and list Dave Evans Construction LLC

Workers Compensation - Statutory Limits (required even if no employees)

Waiver of Subrogation "X" must be in Subr Wvd Column in favor of Dave Evans Construction LLC

3. Copy of current **State Contractors License or Registration** (unless exempt), or your Contractors license or registration number may be listed in the Description section of the Certificate of Liability Insurance.

Invoicing and Payment Procedures

1. Invoices received by the **25th of the month** are paid on the 10th of the following month (or the next working day if the 10th falls on a weekend or holiday).
2. Invoice each job separately and include the Job Name or Number on the invoice.
3. Invoices may be mailed to our office (but must be received by the 25th), emailed to accounting@devansconstruction.com or faxed to 208-853-1220.
4. Labor and/or materials provided for Dave Evans Construction projects require a signed **Lien Waiver** for each payment. Lien waivers will be emailed to you, and checks are mailed after signed lien waiver(s) have been received. Note: our lien waivers do not require a notarized signature.
5. Zach Evans Construction payments do not require lien waivers and are mailed on the 10th of each month.

DAVE EVANS CONSTRUCTION

7761 W. Riverside Dr. Suite 100, Boise, Idaho 83714 • (208) 853-1203 • Fax (208) 853-1220



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/6/2022

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 have **ADDITIONAL INSURED** provisions or 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 Three Rivers Insurance, Inc. 10159 W Overland Rd Boise, ID 83709	CONTACT NAME: PHONE (A/C, No, Ext): (208) 322-2445 FAX (A/C, No): (208) 322-5681 E-MAIL ADDRESS:														
INSURED Subcontractor Street Address	<table border="1"> <tr> <th data-bbox="812 430 1429 472">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1429 430 1578 472">NAIC #</th> </tr> <tr> <td data-bbox="812 472 1429 504">INSURER A : Auto-Owners Insurance</td> <td data-bbox="1429 472 1578 504">18988</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Auto-Owners Insurance	18988	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																					
A X	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 OTHER: General Aggregate	X	X	57382186	9/14/2021	9/14/2022	<table border="1"> <tr><td>EACH OCCURRENCE</td><td>\$</td><td>1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$</td><td>50,000</td></tr> <tr><td>MED EXP (Any one person)</td><td>\$</td><td>5,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td>\$</td><td>1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td>\$</td><td>2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td>\$</td><td>2,000,000</td></tr> <tr><td></td><td></td><td></td></tr> </table>	EACH OCCURRENCE	\$	1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000	MED EXP (Any one person)	\$	5,000	PERSONAL & ADV INJURY	\$	1,000,000	GENERAL AGGREGATE	\$	2,000,000	PRODUCTS - COMP/OP AGG	\$	2,000,000			
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A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	57044393	9/14/2021	9/14/2022	<table border="1"> <tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER</td><td></td><td></td></tr> <tr><td>E.L. EACH ACCIDENT</td><td>\$</td><td>100,000</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td><td>100,000</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td><td>500,000</td></tr> </table>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER			E.L. EACH ACCIDENT	\$	100,000	E.L. DISEASE - EA EMPLOYEE	\$	100,000	E.L. DISEASE - POLICY LIMIT	\$	500,000									
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Additional insured & waiver of subrogation applies.

CERTIFICATE HOLDER

CANCELLATION

Dave Evans Construction 7761 W. Riverside Dr. #100 Boise, ID 83714	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE </p>
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Supplement to Subcontractor/Vendor Requirements

Dave Evans Construction LLC (and dba Zach Evans Construction) are required by their insurance carrier to maintain current proof of insurance on all subcontractors engaged in construction activities.

General Liability with Additional Insured

The proof of insurance must include additional insured status for Dave Evans Construction LLC (DEC) for all work performed on their behalf. Failure to provide adequate proof of insurance could negatively impact insurance coverage for DEC since this increases the DEC exposure.

The additional insured endorsement can be added to your general liability policy by your agent on a scheduled basis with an annual cost typically not exceeding \$50. Should you engage in business with multiple clients that require an additional insured endorsement you may opt for a blanket additional insured endorsement for your general liability policy with an annual cost of typically between \$250 and \$500 depending on your carrier.

This additional insured requirement is becoming standard with most residential and commercial general contractors in the Treasure Valley, so the blanket endorsement is often the most cost-effective approach if you will be working with multiple General Contractors.

Worker's Compensation with Waiver of Subrogation

Dave Evans Construction requires all subcontractors to provide proof of current worker's compensation coverage. This is required because if a subcontractor's worker is injured on a DEC job site and the subcontractor does not have an active worker's compensation policy, then the DEC policy must cover them.

Dave Evans Construction also requires their subcontractors provide evidence of a waiver of subrogation for their Worker's Compensation policy on all certificates of insurance. This waiver can be done via a scheduled endorsement or with a blanket endorsement, and rates vary depending on the options available with your current work comp carrier.

For subcontractors that have their work comp policies written with the Idaho State Insurance Fund (SIF) please note that effective 08/01/2019 SIF changed how they handle waiver of subrogation requests. For all policies renewed after that date, waivers are no longer issued at no cost to the policy holder. SIF only offers a blanket waiver endorsement with an annual cost of \$250. There is no longer a single scheduled waiver available with the SIF.

Questions

Please contact Mike Hillman with Three Rivers Insurance if you have any questions. He can also provide alternative insurance quotes that would satisfy these requirements.

Mike Hillman #208-322-2445, mhillman@threeriversagency.net