

SUBCONTRACT OPERATIONS SUPPLEMENTAL QUESTIONNAIRE

APPLICANT	DATE				
SUBCONTRACTORS/SUBCONTRACTORS/INDEPENDENT CONTRACTORS					
1. Please identify the services that are performed on your behalf by others UNDER written contract:	Applicable Cost: \$ _____				
2. Please identify the services that are performed on your behalf by others UNDER written contract:	Applicable Cost: \$ _____				
3. Does your Standard Contract with your Sub consultants Subcontractors/Independent Contractors contain:					
a. Hold Harmless & Indemnification Clause in your favor?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;">Yes</td> <td style="width: 25%; text-align: center;">No</td> <td style="width: 25%;"></td> </tr> </table>		Yes	No	
	Yes	No			
b. Detailed Scope of Services Clause?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;">Yes</td> <td style="width: 25%; text-align: center;">No</td> <td style="width: 25%;"></td> </tr> </table>		Yes	No	
	Yes	No			
c. Requirement that you be named as an Additional Insured on their CGL Policy?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;">Yes</td> <td style="width: 25%; text-align: center;">No</td> <td style="width: 25%;"></td> </tr> </table>		Yes	No	
	Yes	No			
d. Requirement that you be granted a Waiver of Subrogation on their CGL Policy?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;">Yes</td> <td style="width: 25%; text-align: center;">No</td> <td style="width: 25%;"></td> </tr> </table>		Yes	No	
	Yes	No			
4. Describe the Minimum Insurance Requirements of your Sub consultants/ Subcontractors/Independent Contractors:					
a. Commercial General Liability \$ _____					
b. Contractors Pollution Liability \$ _____					
c. Professional Liability \$ _____					
d. Does you require proof of workers compensation coverage from all Subconsultants/Subcontractors/Independent Contractors	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;">Yes</td> <td style="width: 25%; text-align: center;">No</td> <td style="width: 25%;"></td> </tr> </table>		Yes	No	
	Yes	No			
e. Does your firm collect Certificates Of Insurance from all subcontractors	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;">Yes</td> <td style="width: 25%; text-align: center;">No</td> <td style="width: 25%;"></td> </tr> </table>		Yes	No	
	Yes	No			

5. Do you use a standard indemnity contract with all of your clients?

Yes		No	
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If no please detail your contract procedures:

Form Completed By:

Date: