



PROJECT NO.:

PROJECT NAME:

Enclosed please find the original and one copy of our subcontract agreement for the above referenced project. Please sign and return **both** contracts to our office. Both contracts will then be executed and the copy returned to you for your files. (Please include your subcontractor's state license number and Federal Tax I.D. number on each contract.)

**INSURANCE REQUIREMENTS:** Please note, receipt and review by DBaC, Inc. of any copies of insurance policies or\Certificates of Insurance or failure to request such evidence of insurance, shall not relieve Sub-contractor of any obligation to comply with insurance provisions of this contract.

- Our records indicate that we have your current insurance certificates and endorsements. If this certificate expires prior to the completion of your subcontract work, please provide us with a new certificate and applicable endorsements before the expired date. **If your Certificates are "JOB SPECIFIC" please provide one for this project.**
- Please provide us with a Waiver of Subrogation for Worker's Compensation Insurance for this job. **If your Waiver of Subrogation is for "ALL OPERATIONS" please forward a copy to us for our records.**
- Our records indicate we have not received your evidence of insurance for your commercial general liability which expired on \_\_\_\_\_, Automobile Liability which expired on \_\_\_\_\_, and/or your Worker's Comp. which expired on \_\_\_\_\_.
- Our records indicate we have not received your current insurance policy and/or it does not meet our requirements. **Please refer to the attached Insurance Requirement Information form for further information.**
- The following entity(ies) are requiring they, as well as DBAC, Inc, be added as a **certificate holder and additional insured.** **(Please provide DBAC, Inc. with a copy of the owner's insurance certificate.)**  
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**SUBCONTRACT BOND:** Refer to subcontract to see if required.

**INVOICE, RELEASES, ETC.:** Please read through all information included in this packet concerning insurance, invoices, releases, change orders and general procedures. Please reference our job on every invoice that is submitted to avoid a delay in payment. By following these procedures, your request for payment will be processed promptly.

**IMPORTANT PRELIM. INFORMATION:**

Owner:

We are informed by this Owner that the Lender is:

Thank You.  
*John M. Curci, President*