

## PAY APPLICATION & HELPFUL INFORMATION PACKAGE

**Please read: skipping or delaying any steps listed below may hold up payment.**

**SUBCONTRACTOR AGREEMENT:** The signed agreement must be returned before the billing process will begin. Once received, we will execute & return a copy for your records. All attachments and any addenda included with the agreement are for your use.

**PLANS / SPECS:** It is the subcontractor's responsibility to verify and ensure they have the correct set of plans & specs.

**SAFETY:** Review Section 4.4.1 of the Subcontract Agreement for documents required to be submitted prior to work being performed. Contact if questions and submit information to: Marc Tipton or Ashley Heien

**PAYMENT PROCEDURES:** For more information, see Section 11.1.4 of the Subcontract Agreement. The following documents are required:

- .1 Executed Agreement, an acceptable Certificate of Insurance per Article 12, and a current year W-9 – to be received prior to releasing first payment.
- .2 Application for payment. We have provided a form to use or you may use an AIA equivalent. The pay app form must be notarized.
- .3 Lien waiver. Monthly and a final when appropriate.
- .4 When third tier procedures are required, refer to the third tier procedures for instructions and forms.
- .5 If the owner on the contract is listed as "Fresenius Medical Care" (FKC), see specific requirements on page 3.
- .6 Other projects may also have unique conditions which must be followed. In those cases, instructions will be included with the documents for that project.

**WARRANTY, CLOSEOUT AND FINAL PAYMENT REQUIREMENTS:** SEE SECTION 11.3 of the Subcontract Agreement.

**Return all documents via email. Hard copies are not required unless specifically indicated for a particular project.**

### SUBMIT INFORMATION TO:

Pay Applications, invoices & all associated documents when sent at the same time		<a href="mailto:AP@delcompany.com">AP@delcompany.com</a>
Pay app documents sent separately or individually (when not included with pay applications) such as third-tier waivers, list of suppliers / sub-subcontractors / equipment rental companies	Gloria Burkhalter OR Suzannah Presnell	<a href="mailto:Gloria@delcompany.com">Gloria@delcompany.com</a> OR <a href="mailto:Suzannah@delcompany.com">Suzannah@delcompany.com</a>
Subcontract Agreements	Chuck White	<a href="mailto:CWhite@delcompany.com">CWhite@delcompany.com</a>
W-9	Gloria Burkhalter	<a href="mailto:Gloria@delcompany.com">Gloria@delcompany.com</a>
Insurance Certificates	Jane Ries	<a href="mailto:Jane@delcompany.com">Jane@delcompany.com</a>
Warranty Information	Stephanie Garrison	<a href="mailto:Stephanie@delcompany.com">Stephanie@delcompany.com</a>
Drug & Alcohol Policy	Chuck White	<a href="mailto:CWhite@delcompany.com">CWhite@delcompany.com</a>
Sales Tax Report (NC – when required)	Submit w/pay application	<a href="mailto:AP@delcompany.com">AP@delcompany.com</a>
Business License (SC – when required)	Chuck White	<a href="mailto:CWhite@delcompany.com">CWhite@delcompany.com</a>
I-312 Non-Resident Tax Form (SC – when required)	Suzannah Presnell	<a href="mailto:Suzannah@delcompany.com">Suzannah@delcompany.com</a>
Safety Information / Documents	Marc Tipton OR Ashley Heien	<a href="mailto:Marc@delcompany.com">Marc@delcompany.com</a> <a href="mailto:Ashley@delcompany.com">Ashley@delcompany.com</a>

# Checklist

## One Time Submission

- \_\_\_\_\_ Subcontract Executed and Returned
- \_\_\_\_\_ W-9
- \_\_\_\_\_ Certificate of Insurance
- \_\_\_\_\_ Drug & Alcohol Policy
- \_\_\_\_\_ South Carolina (if required): City/County Business License
- \_\_\_\_\_ South Carolina (if required): I-312 Non-resident Tax Registration form
- \_\_\_\_\_ Safety Items (Submit to and contact if questions: Marc Tipton or Ashley Heien)

## Monthly Submission with Pay Application

- \_\_\_\_\_ Subcontractor Lien Waiver (Final Lien Waiver upon Completion).
- \_\_\_\_\_ **If required:** Third Tier List of Sub-Subcontractor / Supplier / Equipment Rental Companies. Revise as necessary.
- \_\_\_\_\_ **If required:** Lien Waivers per third tier procedures (for sub-subcontractors / suppliers / equipment rental companies (Final Waivers upon completion). Waivers may be sent as follow-up items but must be received prior to payment being made.
- \_\_\_\_\_ **If required:** Sales Tax Report.
- \_\_\_\_\_ **If the owner on the contract is "Fresenius Medical Care" (FKC):** See Page 3 for specific requirements.

**Return all documents via email. Hard copies are not required unless specifically indicated for a particular project.**

### SUBMIT INFORMATION TO:

Pay Applications, invoices & all associated documents when sent at the same time		<a href="mailto:AP@delcompany.com">AP@delcompany.com</a>
Pay app documents sent separately or individually (when not included with pay applications) such as third-tier waivers, list of suppliers / sub-subcontractors / equipment rental companies	Gloria Burkhalter OR Suzannah Presnell	<a href="mailto:Gloria@delcompany.com">Gloria@delcompany.com</a> OR <a href="mailto:Suzannah@delcompany.com">Suzannah@delcompany.com</a>
Subcontract Agreements	Chuck White	<a href="mailto:CWhite@delcompany.com">CWhite@delcompany.com</a>
W-9	Gloria Burkhalter	<a href="mailto:Gloria@delcompany.com">Gloria@delcompany.com</a>
Insurance Certificates	Jane Ries	<a href="mailto:Jane@delcompany.com">Jane@delcompany.com</a>
Warranty Information	Stephanie Garrison	<a href="mailto:Stephanie@delcompany.com">Stephanie@delcompany.com</a>
Drug & Alcohol Policy	Chuck White	<a href="mailto:CWhite@delcompany.com">CWhite@delcompany.com</a>
Sales Tax Report (NC – when required)	Submit w/pay application	<a href="mailto:AP@delcompany.com">AP@delcompany.com</a>
Business License (SC – when required)	Chuck White	<a href="mailto:CWhite@delcompany.com">CWhite@delcompany.com</a>
I-312 Non-Resident Tax Form (SC – when required)	Suzannah Presnell	<a href="mailto:Suzannah@delcompany.com">Suzannah@delcompany.com</a>
Safety Information / Documents	Marc Tipton OR Ashley Heien	<a href="mailto:Marc@delcompany.com">Marc@delcompany.com</a> <a href="mailto:Ashley@delcompany.com">Ashley@delcompany.com</a>

**If the owner on the contract is listed as  
Fresenius Medical Care (FKC)  
the following requirements apply:**

- All lien waivers, partial & final, must be completed and signed in BLUE ink. Submitting partial waivers via email with the pay app is acceptable; however, three ORIGINAL Final Lien Waivers for the total amount of the contract, signed in BLUE ink, are required. Mail to Suzannah Presnell's attention at PO Box 3224, Hickory, NC 28603.
- Corporation or companies: The title of the person signing documents must be an officer, but the titles of Secretary or Assistant Secretary are not allowed.
- Limited Liability Companies: The title of the person signing documents must be Member, Managing Member or Owner. If another title is used, a document must be attached authorizing that person to sign with that title.
- Notary: The last name of the person signing and the last name of the notary public cannot be the same.

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific Instructions on page 2.

<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
<b>2</b> Business name/disregarded entity name, if different from above	
<b>3</b> Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
<b>5</b> Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code	
<b>7</b> List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>									
				-				-	
<b>or</b>									
<b>Employer identification number</b>									
					-				

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	<b>Signature of U.S. person ▶</b>	<b>Date ▶</b>
------------------	-----------------------------------	---------------

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

## SUBCONTRACTOR'S APPLICATION FOR PAYMENT

Pay App 10.20.2020

## THE AIA APPLICATION FOR PAYMENT &amp; CONTINUATION SHEET MAY BE USED IN LIEU OF DELCO'S FORMS.



Subcontractor:	Project Name:	Date
Address		Application No#
Contact Name		Invoice#
Phone# & Email	Contract No#	Pay Period Ending

		Retainage	Total Earned
1	Original Contract Amount		
2	<u>Approved</u> Change Orders		
3	Agreed Contract Amount to Date (line 1 plus line 2)	0.00	
4	Total Work Completed To Date	0.00	0.00
5	Previous Billings (Previous Application YTD completed & billed)	0.00	0.00
6	Work completed this period	0.00	0.00
7	Current Payment Due		0.00
	Balance to finish	Retainage Held	Total
8	Balance To Finish (line 3 minus line 4) <b>PLUS</b> Retainage Held (line 4)	0.00	0.00

For David E. Looper &amp; Co. internal use only

A	B	C	D		E	F	G	H	I
#	DESCRIPTION OF WORK	SCHEDULED VALUE	WORK COMPLETED		THIS PERIOD	(NOT IN D OR E) MATERIALS PRESENTLY STORED	(D+E+F) TOTAL COMPLETED AND STORED TO DATE	(C-G) BALANCE TO FINISH	RETAINAGE 0%
			FROM PREVIOUS APPLICATION (D & E)						
1							0.00	0.00	0.00
2							0.00	0.00	0.00
3							0.00	0.00	0.00
4							0.00	0.00	0.00
5							0.00	0.00	0.00
6							0.00	0.00	0.00
7							0.00	0.00	0.00
8	Total from attached "Continuation Sheet"						0.00	0.00	0.00
TOTAL		0.00	0.00		0.00	0.00	0.00	0.00	0.00

The undersigned warrants that all materials, labor and services furnished through the above mentioned pay period have been fully paid for (except as listed on attached sheet), and the premises of the above mentioned project cannot be made subject to any lien or claim by anyone who furnished material, labor, or services to the Subcontractor for use in said project; and the Subcontractor hereby releases the Owner and David E. Looper & Company from any further liability in connection with all materials, labor, and services furnished by Subcontractor through this pay period.

This release is given in order to induce payment in the amount of \$ 0.00, and upon said payment by the undersigned, this release shall become in full force and effect.

By:

Title:

Sworn to before  
me this

day of

, 20 20

seal

Notary Public

My Commission Expires





PO Box 3224 Hickory, NC 28603  
828-324-1284 Fax: 828-324-1289

For use by David E. Looper & Company  
Subcontractors only.

WAIVER OF LIEN  
FOR MATERIALS, SUPPLIES, LABOR, AND/OR EQUIPMENT

Project: \_\_\_\_\_

Pay App No. \_\_\_\_\_

OR

Company: \_\_\_\_\_

Invoice No. \_\_\_\_\_

The Undersigned has furnished material, supplies, labor (including payment of all applicable sales and use taxes), and/or equipment for the Project listed above and certifies the following:

**PARTIAL:** *[exclude retainage]*

\$\_\_\_\_\_ Current Amount Due through the date of \_\_\_\_\_,

\$\_\_\_\_\_ Amount invoiced prior to date listed above and not yet paid,

\$\_\_\_\_\_ Total Amount Due *[Total of lines 1 and 2 above];*

Upon receipt of the amount due stated above and payment from the financial institution on which the check is drawn, this document waives and releases any and all lien or claim of, or right to, a lien, and all payment bond rights against the Project through the date specified for any services, work, labor, materials, and equipment performed or furnished by it except for retention withheld, changes pending approval, disputed items and claims, or items furnished or invoiced after the date specified.

**FINAL:**

Upon receipt of the sum of \$\_\_\_\_\_, I will be paid **the full and final payment** for all materials, labor and/or equipment for this project.

Upon receipt of any payment due stated above, this document waives and releases any and all lien or claim of, or right to, a lien, and all payment bond rights against the Project for any services, work, labor, materials, and equipment performed or furnished by it.

The Undersigned warrants and represents that all persons, partnerships, firms, entities, or corporations, including, without limitation, all subcontractors or suppliers, who have furnished labor, materials and/or equipment to the Undersigned for use in the improvements to the project premises have been paid in full.

The person executing this release is an authorized officer of the Undersigned, has personal knowledge of all the matters set forth, and is duly authorized to execute this Waiver of Lien and bind the Undersigned.

The provisions hereof shall be for the benefit of David E. Looper & Company, Inc. and all other persons having an interest in the premises and their respective successors and assigns.

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Name of Company: \_\_\_\_\_

By: \_\_\_\_\_

Print Name & Title: \_\_\_\_\_

State of: \_\_\_\_\_ County of: \_\_\_\_\_

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(S E A L)

\_\_\_\_\_  
Notary Public My Commission Expires: \_\_\_\_\_

## SUBCONTRACTOR'S APPLICATION FOR PAYMENT

Pay App 10.20.2020

## THE AIA APPLICATION FOR PAYMENT &amp; CONTINUATION SHEET MAY BE USED IN LIEU OF DELCO'S FORMS.

Subcontractor:	My Compnay, LLC	Project Name:	Someplace	Date	10/20/2020
Address	111 Somewhere Rd., Anytown, Nc 29999			Application No#	3
Contact Name	Will Smith			Invoice#	44012
Phone# & Email	123-456-7890, Will@myco.com	Contract No#	20-09-09S	Pay Period Ending	10/1/20 - 10/31/20



		Retainage 10%	Total Earned
1	Original Contract Amount	737,480.00	
2	<u>Approved</u> Change Orders	500.00	
3	Agreed Contract Amount to Date (line 1 plus line 2)	<b>737,980.00</b>	
4	Total Work Completed To Date	45,000.00	(4,500.00) 40,500.00
5	Previous Billings (Previous Application YTD completed & billed)	30,000.00	(3,000.00) 27,000.00
6	<b>Work completed this period</b>	<b>15,000.00</b>	<b>(1,500.00) 13,500.00</b>
7	<b>Current Payment Due</b>		<b>13,500.00</b>
		Balance to finish	Retainage Held
8	Balance To Finish (line 3 minus line 4) <b>PLUS</b> Retainage Held (line 4)	692,980.00	4,500.00
			Total
			697,480.00

For David E. Looper &amp; Co. internal use only

SAMPLE

A	B	C	D	E	F	G	H	I
#	DESCRIPTION OF WORK	SCHEDULED VALUE	WORK COMPLETED FROM PREVIOUS APPLICATION (D & E)	THIS PERIOD	(NOT IN D OR E) MATERIALS PRESENTLY STORED	(D+E+F) TOTAL COMPLETED AND STORED TO DATE	(C-G) BALANCE TO FINISH	RETAINAGE 10%
1	Structure Steel	500,000.00	30,000.00	5,000.00		35,000.00	465,000.00	3,500.00
2	Drywall	21,530.00		10,000.00		10,000.00	11,530.00	1,000.00
3	HVAC	24,000.00				0.00	24,000.00	0.00
4	Painting	12,000.00				0.00	12,000.00	0.00
5	Roof	23,500.00				0.00	23,500.00	0.00
6	Drain	1,350.00				0.00	1,350.00	0.00
7	Sidewalk	7,000.00				0.00	7,000.00	0.00
8	Total from attached "Continuation Sheet"	148,600.00				0.00	148,600.00	0.00
	<b>TOTAL</b>	<b>737,980.00</b>	<b>30,000.00</b>	<b>15,000.00</b>	<b>0.00</b>	<b>45,000.00</b>	<b>692,980.00</b>	<b>4,500.00</b>

The undersigned warrants that all materials, labor and services furnished through the above mentioned pay period have been fully paid for (except as listed on attached sheet), and the premises of the above mentioned project cannot be made subject to any lien or claim by anyone who furnished material, labor, or services to the Subcontractor for use in said project; and the Subcontractor hereby releases the Owner and David E. Looper & Company from any further liability in connection with all materials, labor, and services furnished by Subcontractor through this pay period.

This release is given in order to induce payment in the amount of \$ **13,500.00**, and upon said payment by the undersigned, this release shall become in full force and effect.

By:

Will Smith

Title: Project Manager

Sworn to before  
me this

10th

day of

October

, 20 20

seal

Notary Public

My Commission Expires

1/1/2027



<b>Date</b>	10/20/20
<b>Application No#</b>	3
<b>Invoice#</b>	44012
<b>Pay Period Ending</b>	10/1/20 - 10/31/20

<b>Pay Period Ending</b>	<u>10/1/20 - 10/31/20</u>
--------------------------	---------------------------

[illegible]

**David E. Looper  
& Company**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
DATE

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> SUBCONTRACTOR'S AGENT STREET CITY, STATE ZIP CODE	<b>CONTACT</b> AGENT NAME NAME: PHONE (A/C, No, Ext): AGENT PHONE FAX (A/C, No): E-MAIL: AGENT EMAIL ADDRESS: PRODUCER CUSTOMER ID #:																					
<b>INSURED</b> SUBCONTRACTOR STREET CITY, STATE ZIP CODE	<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>NAME OF INSURANCE COMPANY</td><td>#####</td></tr><tr><td>INSURER B:</td><td>NAME OF INSURANCE COMPANY</td><td>#####</td></tr><tr><td>INSURER C:</td><td>NAME OF INSURANCE COMPANY</td><td>#####</td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	NAME OF INSURANCE COMPANY	#####	INSURER B:	NAME OF INSURANCE COMPANY	#####	INSURER C:	NAME OF INSURANCE COMPANY	#####	INSURER D:			INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																				
INSURER A:	NAME OF INSURANCE COMPANY	#####																				
INSURER B:	NAME OF INSURANCE COMPANY	#####																				
INSURER C:	NAME OF INSURANCE COMPANY	#####																				
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
	<b>GENERAL LIABILITY</b>	X		POLICY NUMBER	DATE	DATE	EACH OCCURRENCE \$ 1,000,000
X	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							REGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
	POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/>						\$
	<b>AUTOMOBILE LIABILITY</b>	X		POLICY NUMBER	DATE	DATE	COMBINED SINGLE LIMIT (per accident) \$ 1,000,000
X	ANY AUTO						BODILY INJURY (Per person) \$
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
X	HIRED AUTOS						\$
X	NON-OWNED AUTOS						\$
							\$
							\$
	X <b>UMBRELLA LIAB</b>	X		POLICY NUMBER	DATE	DATE	EACH OCCURRENCE \$ 1,000,000
	<b>EXCESS LIAB</b>						AGGREGATE \$
	DEDUCTIBLE						\$
	RETENTION \$						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			POLICY NUMBER	DATE	DATE	X WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input type="checkbox"/>	N/A				E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

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

COVERAGE APPLIES TO (PROJECT NAME AND ADDRESS). CERTIFICATE HOLDER IS NAMED AS ADDITIONAL INSURED ON THE GL & UMBRELLA, PER THE MOST RECENT VERSIONS OF CG2010 AND CG2037. SEE PARTIAL ENDORSEMENT EXCERPT ATTACHED.

**EIFS SCOPE OF WORK:** Subcontractors performing EIFS work must provide evidence of EIFS coverage naming Certificate Holder and Owner as additional insureds. A complete copy of the GL policy must be provided for review.

**CERTIFICATE HOLDER****CANCELLATION**

DAVID E. LOOPER AND COMPANY, INC.  
PO BOX 3224  
HICKORY, NC 28603

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