



PAY APPLICATION & HELPFUL INFORMATION PACKAGE

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

SUBCONTRACTOR AGREEMENT: The agreement will be sent via DocuSign. It must be signed before the billing process can begin. A fully executed copy will be returned through DocuSign for your records. The attachments include forms to be used for the project. Please review for requirements.

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 to submit information: Marc Tipton; marc@delcompany.com.

PAYMENT PROCEDURES: For more information, see Article 11 of the Subcontract Agreement. The following documents are required:

- .1 Executed Subcontract Agreement, Certificate of Insurance per Article 12, and a current year W-9.
- .2 Notarized Application for Payment. We have provided a form to use, or you may use an AIA equivalent.
- .3 Lien Waiver from Delco Subcontractor. Monthly and a final when appropriate.
- .4 When third tier procedures are required, refer to the third tier procedures for instructions and forms.
- .5 Certified payroll: When required this will be stated in the Subcontract Agreement. Reports must be submitted through most current week prior to pay application date. All reports must be received prior to final payment.
- .6 If the owner on the contract is listed as "Fresenius Medical Care (FKC)":
 - .1 All lien waivers, partial & final, must be completed and signed in BLUE ink.
 - .2 Corporations: The person signing must be an officer.
 - .3 Limited Liability Companies: The person signing must be Member, Managing Member or Owner. If another title is used, attach a document authorizing that person to sign with that title.
 - .4 Notary: The last name of the person signing, and the last name of the notary public cannot be the same.
- .7 Projects with unique conditions will have instructions included with the documents for that project.

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

Return all documents via email. Hard copies are not required unless specifically indicated.

2022 and forward - Pay Applications, lien waivers, third tier list & other associated documentation related to subcontracts/POs on jobs started in 2022		Enter through Procore – Contact your Project Manager with questions
PRIOR to 2022 - Pay Applications, invoices, lien waivers, Third Tier List, & all associated documents (whether sent with pay application or individually)		AP@delcompany.com
Pay Application questions	Gloria Burkhalter	Gloria@delcompany.com
Subcontract Agreements	Sign and return through DocuSign	
W-9	Submit once per year	AP@delcompany.com
Insurance Certificates	Accounts Payable	AP@delcompany.com Angel@delcompany.com
Warranty Information	Stephanie Garrison	Stephanie@delcompany.com
Sales Tax Report (NC – when required)	Submit w/pay application	AP@delcompany.com
Business License (SC – when required)	Submit one-time up front	AP@delcompany.com
I-312 Non-Resident Tax Form (SC– when required)	Submit one-time up front	AP@delcompany.com
Certified payroll reports (when required)	Submit w/pay application	AP@delcompany.com
Safety Information / Documents	Marc Tipton	Marc@delcompany.com



Checklist

One Time Submission

- Subcontract executed and returned via DocuSign
- W-9 (annually)
- Certificate of Insurance
- List of Supplier, Sub-Subcontractor, and Equipment Rental Companies. Revise, re-date and re-send when necessary. (if required)
- 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)

Monthly Submission with Pay Application:

- Subcontractor Lien Waiver (Final Waiver upon completion)
- Lien Waivers from suppliers, sub-subcontractors, and 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 required: Certified Payroll Reports

WHEN PAY APPLICATIONS ARE RECEIVED OUR A / P DEPARTMENT WILL REVIEW AND NOTIFY YOU **ONLY ONCE** OF ANY MISSING DOCUMENTATION. IT IS YOUR RESPONSIBILITY TO SUBMIT ALL REQUIRED INFORMATION FOR PAYMENT TO BE MADE. PLEASE DO NOT CALL OUR OFFICE TO ASK WHAT DOCUMENTATION IS NEEDED FOR PAYMENT. REFER TO THE ABOVE CHECKLIST AND THE SUBCONTRACT AGREEMENT.

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

SUBMIT INFORMATION TO:

2022 and forward - Pay Applications, lien waivers, third tier list & other associated documentation related to subcontracts/POs on <u>jobs started in 2022</u>		Enter through Procore – Contact your Project Manager with questions
PRIOR to 2022 - Pay Applications, invoices, lien waivers, Third Tier List, & all associated documents (whether sent with pay application or individually)		AP@delcompany.com
Pay Application questions	Gloria Burkhalter	Gloria@delcompany.com
Subcontract Agreements	Sign and return through DocuSign	
W-9	Submit once per year	AP@delcompany.com
Insurance Certificates	Accounts Payable	AP@delcompany.com, Angel@delcompany.com
Warranty Information	Stephanie Garrison	Stephanie@delcompany.com
Sales Tax Report (NC – when required)	Submit w/pay application	AP@delcompany.com
Business License (SC – when required)	Submit one-time up front	AP@delcompany.com
I-312 Non-Resident Tax Form (SC– when required)	Submit one-time up front	AP@delcompany.com
Certified payroll reports (when required)	Submit w/pay application	AP@delcompany.com
Safety Information / Documents	Marc Tipton	Marc@delcompany.com

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.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. 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) ▶ _____	
	4 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>	
	5 Address (number, street, and apt. or suite no.)	
	Requester's name and address (optional)	
	6 City, state, and ZIP code	
7 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.

Social security number										
			-				-			
or										
Employer identification number										
			-							

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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.

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

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.

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:

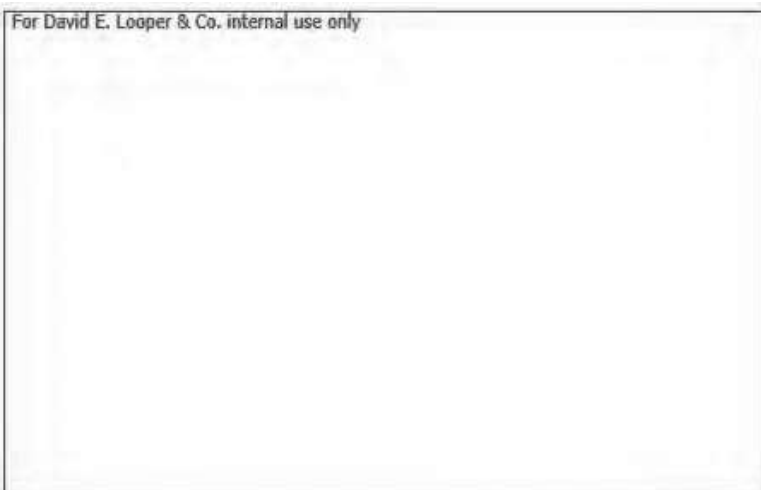
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your 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
4. 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.

THE AIA APPLICATION FOR PAYMENT & 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)	<u>0.00</u>		
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	0.00
7 <u>Current Payment Due</u>			0.00
8 Balance To Finish (line 3 minus line 4) PLUS Retainage Held (line 4)		0.00	0.00



A #	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		F (NOT IN D OR E) MATERIALS PRESENTLY STORED	G (D+E+F) TOTAL COMPLETED AND STORED TO DATE	H (C-G) BALANCE TO FINISH	I RETAINAGE 0%
			FROM PREVIOUS APPLICATION (D & E)	THIS PERIOD				
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

Notary Public _____ My Commission Expires _____

seal



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/or equipment performed or furnished by it except for retention withheld, changes pending approval, disputed items and claims listed below, or items furnished or invoiced after the date specified. Disputed Claims:

FINAL:

Upon receipt of the sum of \$ _____, I will be paid **the full and final payment** for all work, services, 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/or equipment performed or furnished by it.

The Undersigned warrants and represents that all persons, partnerships, firms, entities, or corporations, including, without limitation, all subcontractors (of any tier) 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., the Project Owner, 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____.

_____ My Commission Expires: _____

Notary Public

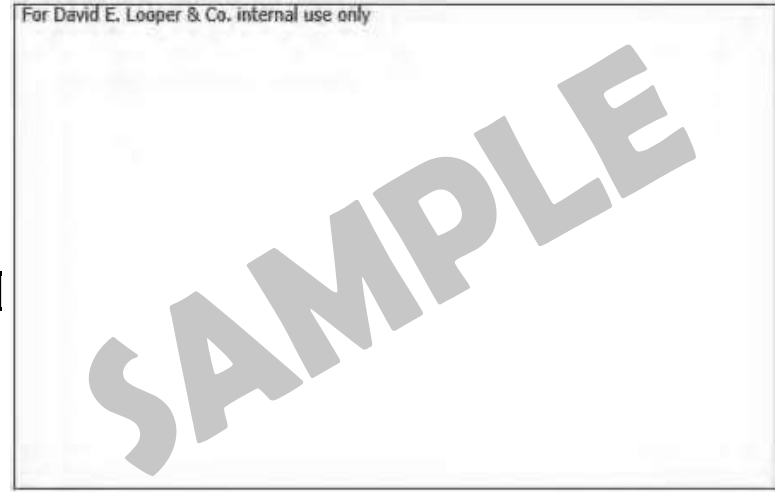
(S E A L)

THE AIA APPLICATION FOR PAYMENT & 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	<i>Approved</i> Change Orders		500.00
3	Agreed Contract Amount to Date (line 1 plus line 2)		<u>737,980.00</u>
4	Total Work Completed To Date	(4,500.00)	40,500.00
5	Previous Billings (Previous Application YTD completed & billed)	(3,000.00)	27,000.00
6	Work completed this period	(1,500.00)	13,500.00
7	Current Payment Due		13,500.00
Balance to finish		Retainage Held	Total
8	Balance To Finish (line 3 minus line 4) PLUS Retainage Held (line 4)	4,500.00	697,480.00



A #	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		F MATERIALS PRESENTLY STORED	G TOTAL COMPLETED AND STORED TO DATE	H BALANCE TO FINISH	I RETAINAGE 10%
			FROM PREVIOUS APPLICATION (D & E)	THIS PERIOD				
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
TOTAL		737,980.00	30,000.00	15,000.00	0.00	45,000.00	692,980.00	4,500.00

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 \$ 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

CONTINUATION SHEET

Pay App 10.20.2020

From: My Company, LLC
Will Smith

Project Name: Someplace

Date: 10/20/20

Contract No# 20-099-09S

Application No# 3

Invoice# 44012

To: David E. Looper & Company, Inc.

Pay Period Ending 10/1/20 - 10/31/20

A ITEM NO.	B DESCRIPTION OF WORK	C SCHEDULED VALUE**	D WORK COMPLETED		F MATERIALS PRESENTLY STORED (NOT IN D OR E)	G TOTAL COMPLETED AND STORED TO DATE (D+E+F)	H BALANCE TO FINISH (C-G)	I RETAINAGE (IF VARIABLE RATE) 10%
			FROM PREVIOUS APPLICATION (D & E)	THIS PERIOD				
9	Building insulation	100,000.00				0.00	100,000.00	0.00
10	Exterior sheating	42,000.00				0.00	42,000.00	0.00
11	Supervisory Labor	4,100.00				0.00	4,100.00	0.00
12	Final Clean Up and documentation	2,000.00				0.00	2,000.00	0.00
13	CO1 additional drain works	500.00				0.00	500.00	0.00
						0.00	0.00	0.00
						0.00	0.00	0.00
						0.00	0.00	0.00
						0.00	0.00	0.00
						0.00	0.00	0.00
						0.00	0.00	0.00
						0.00	0.00	0.00
						0.00	0.00	0.00
						0.00	0.00	0.00
						0.00	0.00	0.00
						0.00	0.00	0.00
						0.00	0.00	0.00
						0.00	0.00	0.00
						0.00	0.00	0.00
						0.00	0.00	0.00
						0.00	0.00	0.00
						0.00	0.00	0.00
						0.00	0.00	0.00
						0.00	0.00	0.00
TOTAL		148,600.00	0.00	0.00	0.00	0.00	148,600.00	0.00

Note: **Column C, Scheduled Value: The total will be equal to the Subcontract Amount plus any change order amounts.





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).

PRODUCER SUBCONTRACTOR'S AGENT STREET CITY, STATE ZIP CODE	CONTACT AGENT NAME NAME:	
	PHONE (A/C. No. Ext): AGENT PHONE	FAX (A/C. No.):
	E-MAIL ADDRESS: AGENT EMAIL	
	PRODUCER CUSTOMER ID #:	
	INSURER(S) AFFORDING COVERAGE	
INSURED SUBCONTRACTOR STREET CITY, STATE ZIP CODE	INSURER A: NAME OF INSURANCE COMPANY	NAIC # #####
	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	
	GENERAL LIABILITY	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
							GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC							\$
	AUTOMOBILE LIABILITY	X		POLICY NUMBER	DATE	DATE	COMBINED SINGLE LIMIT (Ea 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						PROPERTY DAMAGE (Per claim)	\$
X	NON-OWNED AUTOS							\$
								\$
X	UMBRELLA LIAB			POLICY NUMBER	DATE	DATE	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> OCCUR						AGGREGATE	\$
	EXCESS LIAB							\$
	<input type="checkbox"/> CLAIMS-MADE							\$
	DEDUCTIBLE							\$
	RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			POLICY NUMBER	DATE	DATE	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		Y/N				E.L. EACH ACCIDENT	\$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. DISEASE - EA EMPLOYEE	\$ 500,000
	Pollution Liability			POLICY NUMBER	DATE	DATE	E.L. DISEASE - POLICY LIMIT	\$ 500,000
							\$2,000,000 per claim/\$4,000,00 general aggregate	

SAMPLE

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; THE MOST RECENT VERSIONS OF CG2010 AND CG2037 MUST BE USED.
 EIFS SCOPE OF WORK: Subcontractor's Commercial General Liability policy shall not contain an exclusion for claims related to exterior insulation finish systems (EIFS), synthetic stucco or similar exterior coatings or surfaces. Subcontractors performing EIFS work must provide evidence of EIFS coverage naming Certificate Holder and Owner as additional insureds. Copy of entire General Liability policy should provide evidence of EIFS coverage.

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

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