

1221 W. Washington

[1221 W Washington. Chicago, IL 60607]

PRE-BID QUALIFICATION OUTREACH

08.08.22



Subcontractor Pre-Bid Qualification

Project Information

Chicago's West Loop is soon to be the new home of a 19-story apartment building. Along Washington Street between Elizabeth and Racine, Focus and DAC Partners plan to erect a new tower.

The Pappageorge Haymes designed Apartment tower will total 287 units and over 300,000 GSF with a focus on walk ability and an unparalleled set of amenities. Included on the 18th and 19th floor amenity floors; a fitness facility, lounge, business area, game room, dog run, rooftop patio with grills and fire pits, pool, and spa. The building will also incorporate 3,103 SF of retail space at the foot of the building and 110 parking spaces.

Pre-Bid Documents

Document	Type	Notes
Subcontractor Prequalification Form	Attachment	Complete and Submit by 9/2/22
Insurance Requirements	Attachment	
Areas of Participation	Included within	
Bidding Instructions	Included Within	

Submit completed documents to 1221washington@workwithfocus.com

Subcontractor Requirements

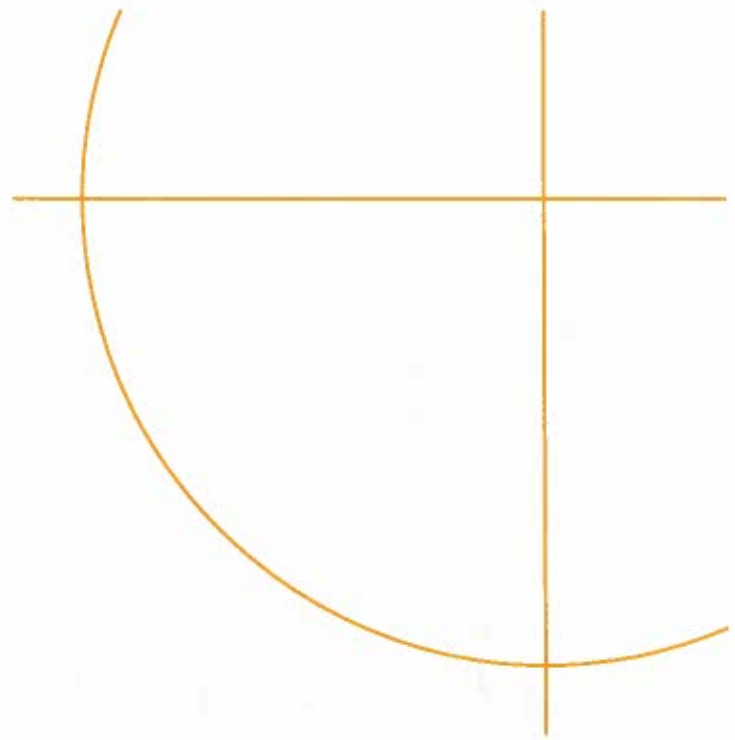
Focus is encouraging the participation of minority and women owned businesses by providing the opportunity to bid on the aforementioned project. We are looking for subcontractors that have union affiliations along with MBE and/or WBE certifications that have been filed with the state of Illinois or City of Chicago. All subcontractors are expected to have experience with scopes similar in size, the ability to perform within scheduled durations, comply with all safety standards and have positive standings with General Contractors whom they have completed projects with within the past 24 months.

Areas of Participation

This project will be a Union Project. Focus is looking for subcontractors specializing in the following scopes of work.

Division	Description
05 4000	Cold-Formed Metal Framing
05 7000	Decorative Metal
06 1000	Rough Carpentry
06 1006	Wood Grounds, Nailers, and Blocking
06 1643	Gypsum Sheathing
06 3013.10	Exterior Finish Carpentry-Landscape
06 4023	Interior Architectural Woodwork
06 4100	Architectural Casework
06 4200	Wood Paneling
07 4214	Metal Wall Panels
07 8413	Penetration Firestopping
07 9000	Joint Protection
08 1115	Hollow Metal Doors and Frames
08 3113	Access Doors and Frames
08 3515	Folding Sliding Framed Glass Wall System
08 4113	Aluminum-Framed Entrances and Storefronts
08 7100	Door Hardware
08 8300	Mirrored Glass Glazing
09 2116	Gypsum Board Shaft Wall Assemblies
09 2216	Non Structural Framing
09 2900	Gypsum Board
09 3000	Ceramic and Stone Tiling
09 5100	Acoustical Ceilings
09 6200	Wood Flooring
09 6466	Athletic Wood Flooring
09 6800	Carpeting
09 8316	Acoustic Ceiling Coating
09 9100	Painting
09 9913	Exterior Painting
09 9600	High Performance Coatings

10 1400	Interior and Exterior Signage
10 2113	Metal Toilet Compartments
10 4400	Fire Protection Specialties
10 5113	Metal Lockers
11 1200	Parking Control Equipment
11 4000	Appliances
11 6600	Athletic Equipment
11 8123.13	Window Washing Safety Tieback
12 3640	Countertops
12 9300	Site Furnishings
12 9213	Bicycle Storage System



Bid Instructions

Focus will issue the bid documents to all pre-qualified subcontractors via Building Connected in September 2022. All bids will be due 2-3 weeks after bid package has been issued (date TBD).



Development | Construction | Consulting

Subcontractor Pre-Qualification Form

Please complete the following information and return this form and the supporting documents to the address at the bottom of this page

Company Name _____ Type of Work _____

Primary Contact _____ Phone Number _____

Business Address _____ Fax Number _____

Web Site _____ E-mail Address _____

Number of Full-Time Employees _____ # of Years in Business (Company) _____

Rank the subcontract range in which you are most competitive and comfortable in performing, from 1=Best to 4=Least

A. \$500,000 and Under _____ C. \$1,000,000 to \$3,000,000 _____

B. \$500,000 to \$1,000,000 _____ D. Over \$3,000,000 _____

Brief Description of Work Performed:

General Qualifications:	YES	NO
Union Affiliation		
Certified MBE or WBE (Circle all that apply)		
High-rise experience 7 Floors and up		
Mid-rise experience 4-7 Floors		
Low-rise experience 1-4 Floors		
Multi-family housing experience		
Number of full time field crews		
One-year warranty		
24-hour emergency contact		
Fire stopping / Fire caulking experience		
OSHA safety officer		
Design/Build Capability		

Insurance Qualifications:	
Do you possess	Y/N/Amt
Liability Insurance?	
Coverage Amount:	\$2,000,000
Workers Comp?	
Coverage Amount:	\$500,000
Automobile Insurance?	
Coverage Amount:	\$1,000,000
Umbrella Policy?	
Coverage Amount:	\$5,000,000
Attach Current Certificate of Insurance Coverage	

Of Multi-Family Projects in past 3 years _____

Safety Experience Modifier: _____ (Safety Modifier# REQUIRED)

Business Structure, years in Business _____

Has the company ever received bankruptcy protection? _____ Explain _____

Has the company ever defaulted on a contract? _____ Explain _____

Any current Lawsuits? _____ List and Explain _____

Supporting Documents: (Attach Supporting Documents OR complete Page 2)

Include reference list of general contractors experienced in working with your firm.

Include recent project list, including project name, location, scope of work, & approximate contract value, date completed & contact person

Include any additional information you would like taken into consideration as we review your qualifications

Credit Information: (Attach Current Financial Statement OR complete Page 3)

Include recent project list, including project name, location, & approximate contract value, date completed

Include financial references & P&P bond experience

Bidder Pre-Qualification Form

Page 2

CompanyName: _____ TypeofWork _____

PrimaryContact: _____ Phone Number _____

Business Address: _____ Fax Number: _____

E-mail Address: _____

Recent Project List (Largest projects during the last 24 months)					
<u>Project</u>	<u>Contract \$</u>	<u>Location</u>	<u>Date</u>	<u>Work Scope</u>	<u>Contact Person</u>
Performance References (General Contractors/Clients for whom the projects were completed)					
<u>Reference (Company)</u>	<u>Phone</u>	<u>Fax</u>	<u>E-mail</u>	<u>Contact Person</u>	

Please sign in the space provided below to authorize us to contact the references that you've listed.

Authorized Signature Date

Please return this form with the supporting documents to Focus Construction, Attn: Yolie Miramontes,

Focus Construction, LLC.
100 S Wacker Drive Suite 2100
Chicago, IL 60606

Phone Number: 847-441-0474
Fax Number: 847-441-0475
E-mail Address: 1221washington@workwithfocus.com

Bidder Pre-Qualification Form

Page 3

Company Name:	Type of Work:
Primary Contact:	Phone Number:
Business Address:	Fax Number:
	E-mail Address:
Principals/Officers:	

Approximate Annual Sales Volume:		# of Projects	Avg. Project Size
Year	Total Revenue		

Bank References:

Reference (Financial Institution)	Phone	Fax	E-mail	Contact Person

Bond Information:

Reference (Bonding Company)	Phone	Bond Limits	E-mail	Contact Person

Please sign in the space provided below to authorize us to contact the references that you've listed.

Authorized Signature _____

Date _____

Please return this form with the supporting documents to Focus Construction, Attn: Yolie Miramontes,

Focus Construction, LLC.
100 S Wacker Drive, Suite 2100
Chicago, IL 60606

Phone Number: 847-441-0474
Fax Number: 847-441-0475
E-mail Address: 1221washington@workwithfocus.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 <input type="checkbox"/> Check appropriate box for federal tax classification, check only one of the following seven boxes. <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input type="checkbox"/> Individual/sole proprietor or single-member LLC</td> <td style="border: none; text-align: center;">C Corporation</td> <td style="border: none; text-align: center;">S Corporation</td> <td style="border: none; text-align: center;">Partnership</td> <td style="border: none; text-align: center;"><input type="checkbox"/> Trust/estate</td> </tr> </table>		<input type="checkbox"/> Individual/sole proprietor or single-member LLC	C Corporation	S Corporation	Partnership	<input type="checkbox"/> Trust/estate
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC	C Corporation	S Corporation	Partnership	<input type="checkbox"/> Trust/estate		
	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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>						
	5 Address (number, street, and apt. or suite no.) _____ 6 City, state, and ZIP code _____						
7 List account number(s) here (optional) _____ Requester's name and address (optional) _____							

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.

Social security number											
-											
-											
or											
Employer identification number											

Notes. 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.

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 >
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General Instructions

• Form 1099-K (merchant card and third party network transactions)

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 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.

EXHIBIT B
Insurance Requirements for Subcontractors

Subcontractors of *FOCUS CONSTRUCTION, LLC* shall maintain insurance with the minimum limits and coverage shown below or, if greater, the requirements set forth in the Contract Documents, from insurance companies acceptable to *FOCUS CONSTRUCTION, LLC* with an AM Best rating of no less than A-X

- (A) **COMMERCIAL GENERAL LIABILITY (CGL)** - Subcontractor shall carry standard ISO CG00 01 12 07 or equivalent coverage. The CGL must be endorsed to name FOCUS CONSTRUCTION, LLC as "additional insured" (Form CG2010 07/04 and CG2037 07/04 or equivalent providing additional insured status for both Ongoing and Completed Operations. Such Additional Insured Endorsements may not include language limiting Additional Insured status to only those parties with direct contracting relations with Subcontractor. The endorsement shall be attached to your certificate for review and is subject to approval) and include the Owner, Architect and others as "additional insureds" as required in the Subcontract Documents. The "Additional Insured" form shall state that this insurance shall be PRIMARY and NON-CONTRIBUTORY from any other insurance available to the "additional insureds" and the amount of the company's liability under this policy shall not be reduced by the existence of such other insurance. The Subcontractors CGL shall also contain a waiver of any and all rights of subrogation in favor of FOCUS CONSTRUCTION, INC., the Owner, Architect and other "additional insureds" whether by endorsement using form CG 2404 10/93 or otherwise. The CGL shall not exclude or modify coverage provided under a standard ISO Commercial General Liability with respect to premises/operations, employees as insureds, explosion, collapse and underground (XCU), broad form contractual (including personal injury), products/completed operations, independent contractors, broad form property damage or personal injury. The CGL must be written with a \$2,000,000 per occurrence limit and per project aggregate of \$2,000,000.
- (B) **COMPREHENSIVE AUTOMOBILE LIABILITY** on occurrence basis covering all Owned, Non-Owned and Hired Vehicles for limits of liability equal to \$1,000,000 CSL.
- (C) **WORKER'S COMPENSATION** including Occupational Disease insurance meeting the statutory requirements of the State in which work is to be performed together with an Other States Endorsement and containing Employer's Liability insurance in an amount of at least \$500,000. If applicable, Voluntary Compensation, USL & H, and Jones Act coverage shall be provided. The Worker's Compensation Insurance Policy shall contain a waiver of any and all rights of subrogation in favor of FOCUS CONSTRUCTION, LLC., the Owner, Architect and other "additional insureds" whether by endorsement using form WC 00 03 13 (04/84) or otherwise. In no event shall any individual excluded from the Subcontractor's Worker's Compensation coverage be allowed on any Focus job site.
- (D) Subcontractor shall provide umbrella/excess with coverage at least as broad as the underlying policies. The per occurrence and aggregate limits shall be at least \$2,000,000.
- (E) A certificate of insurance on an approved form must be delivered to *FOCUS CONSTRUCTION, LLC*. Please note that subcontractor is contractually obligated to notify Focus of any narrowing or cancellation of coverage that would impact the subcontractor's ability to provide the required coverage's. If any of the above coverage's are subject to or are in excess of any deductibles or self-retention, these amounts must be stated on the certificate, and said deductibles and self-retention will be the sole responsibility of Subcontractor.
- (F) It is understood and agreed that the insurance coverage and limits required above shall not limit the extent of Subcontractor's responsibilities and liabilities specified within Contract Documents or by law.

- (G) It is understood and agreed that authorization is hereby granted to refuse entry to job site and to withhold payments to Subcontractor until a properly executed Certificate of Insurance providing insurance as required herein is received by *FOCUS CONSTRUCTION, LLC*.
- (H) Subcontractor's Insurance Requirements set forth herein shall become and be part of any purchase order or contract issued by *FOCUS CONSTRUCTION, LLC* to Subcontractor as though fully set forth in said purchase order or contract.
- (I) Should Subcontractor fail or neglect to provide the required insurance, *FOCUS CONSTRUCTION, LLC* shall have the right, but not the duty, to provide such insurance and deduct from any money that may be due or become due to Subcontractor for any and all premium or costs *FOCUS CONSTRUCTION, LLC* incurs.
- (J) Subcontractor is responsible for all their tools and materials in transit, in storage, or on the project site unless specifically insured by a builder's risk policy. Where the builder's risk does not apply, the Subcontractor shall insure these items to their full replacement value on an "all risk" basis, and a waiver of subrogation shall apply in favor of the all the additional insureds.
- (K) Equivalent insurance coverage must be obtained from each Sub-subcontractor and Supplier, if any, before permitting them on the site of the project. Otherwise, such insurance for Sub-subcontractors and Suppliers must be included within Subcontractor's insurance policies.
- (L) In regard to General Liability and Umbrella insurance, each shall include severability of interest clause and cross liability.
- (M) All insurance required shall be kept continually in-force without lapse from commencement of Subcontractor's work for a period not less than the applicable statute of repose for the jurisdiction for the Work is located.
- (N) All insurance must be continually afforded by insurance companies rated "A- VII" or higher by A.M. Best Companies.
- (O) Prohibited Policy Exclusions by Trade, see below:

All Trades:

	Exclusion Prohibited	Policy Form	Trades
1	Purported exclusion of coverage for damage to work performed by Contractor's subcontractors of any tier	CG 22 94 CG22 95	All
2	Contractual Liability Exclusion		All
3	Residential Construction Exclusion		All
4	Silica or Silica-Related Dust	CG 21 96	All
5	Contractors Limitation Exclusion (Umbrella)		All
6	Construction Management Errors and Omissions	CG22 34	All

Demolition / Foundation / Abatement / Drywall / Paint (see specifics in comments)

	Exclusion Prohibited	Policy Form	Trades
1	Subsidence or Earth Movement Exclusion		Demolition / Foundation
2	Lead		Demolition / Drywall and painting trades
3	Asbestos		Demolition / Abatement

Masonry/Stucco

	Exclusion Prohibited	Policy Form	Trade
1	Exterior Insulation and Finish Systems	CG 21 86	Coverage may be afforded under a pollution policy

	Exclusion Prohibited	Policy Form	Trade
1	Exterior Insulation and Finish Systems	CG 21 86	Coverage may be afforded under a pollution policy



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/06/2014

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 Your Agent Name Address City, State Zip	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED Your Company Name Address City, State Zip Phone & Fax	E-MAIL ADDRESS:	
	PRODUCER CUSTOMER ID #:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A:	Insurance Company A- VII or greater
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	
		NAIC #
		NAIC #

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	ADD'L SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		ABC	mm/dd/yy	mm/dd/yy	EACH OCCURRENCE \$2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y Y				DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$
	GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC			PERSONAL & ADV INJURY \$	GENERAL AGGREGATE \$2,000,000	PRODUCTS - COM/POP AGG \$2,000,000
A	AUTOMOBILE LIABILITY		ABC	mm/dd/yy	mm/dd/yy	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS			PROPERTY DAMAGE (Per accident) \$		
	<input checked="" type="checkbox"/> HIRED AUTOS					
	<input checked="" type="checkbox"/> NON-OWNED AUTOS					
A	UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR	ABC	mm/dd/yy	mm/dd/yy	EACH OCCURRENCE \$2,000,000
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$2,000,000
	DEDUCTIBLE	Y Y				\$
	RETENTION \$					\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		ABC	mm/dd/yy	mm/dd/yy	<input checked="" type="checkbox"/> WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N				OTHER
	<small>If yes, describe under DESCRIPTION OF OPERATIONS below</small>	N/A				
		Y				E L EACH ACCIDENT \$500,000
				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)

(See Attached Descriptions)

CERTIFICATE HOLDER

CANCELLATION

Focus Construction, LLC 100 S Wacker Drive Suite 2100 Chicago, IL 60606	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

© 1988-2009 ACORD CORPORATION. All rights reserved.

*****SAMPLE CERTIFICATE*****

RE:

It is agreed that the following are added as Additional Insured on the General Liability policy with respects to operations performed by the Named Insured in connection with this project:

- 1.) Focus Development, Inc
- 2.) Focus Construction, Inc
- 3.) Focus Holdings, LLC
- 4.) Focus Construction, LLC
- 5.)
- 6.)
- 7.)
- 8.)
- 9.)
- 10.)
- 11.)
- 12.)
- 13.)
- 15.)

15.) and each of its members, managers, and members' managers, if any, affiliates, divisions, subsidiary companies, successors and assigns, representatives, agents, directors, officers, employees, and servants

Coverage afforded to the Additional Insureds is on a Primary and Non-Contributory basis.

A Waiver of Subrogation applies in favor of the above listed additional insureds on the General Liability and Workers Compensation for this specific project.

Additional Insured endorsement form(s) CG 20 10 07 04 and CG 20 37 07 04 or equivalent should be attached.

*Policy number must be indicated on endorsement forms.

*Please email certificate and all applicable forms to Yolandam@workwithfocus.com.