



CUSTOM BUILDER

SUBCONTRACTOR QUALIFICATION FORM

COMPANY INFORMATION			
Company Name:			
Company Type: Sole Prop ____ Partnership ____ LLC ____ Corporation ____			Years In Business:
Address:			
City:	State:	Zip:	
What Type Of Work Does Your Company Do?			
License #	Class:	Exp:	
Key Contact Person:		Title:	
Office Phone:		Mobile:	
Email:			

REFERENCES			
1	Owner Or Project Name:		
	Contact Person:	Title:	
	Contact Person's Phone:	Email:	
2	Owner Or Project Name:		
	Contact Person:	Title:	
	Contact Person's Phone:	Email:	
3	Owner Or Project Name:		
	Contact Person:	Title:	
	Contact Person's Phone:	Email:	

INSURANCE

Does your company meet Newhaven Builders, Inc. insurance requirements? (Please see pg. 4)

YES ____ NO ____ If NO, please provide a sample copy of current Insurance Certificate

In the last five years, has any insurance carrier, for any form of insurance, refused to renew the insurance policy for your firm?

YES ____ NO ____ If YES, please explain below.

CLAIMS HISTORY

Has any claim been filed in court or arbitration against your organization concerning your work on a construction project?

YES ____ NO ____ If YES, please explain below.

Has any claim been filed in court or arbitration by your organization against a contractor?

YES ____ NO ____ If YES, please explain below.

PLEASE HAVE AN AUTHORIZED COMPANY REPRESENTATIVE SIGN BELOW

The undersign declares under penalty of perjury that all the information submitted with this form is true and correct.

NAME, PRINTED

TITLE

SIGNATURE

PLEASE RETURN COMPLETED FORM AND ALL APPLICABLE ATTACHMENTS TO:

admin@newhavenbuilders.com



INSURANCE CERTIFICATE & ENDORSEMENT REQUIREMENTS FORM FOR SUBCONTRACTORS (INCLUDING 2nd TIER) AND ALL SERVICE CONTRACTS

PLEASE RETURN ALL SPECIFIED REQUIREMENTS BELOW TO:

Email: admin@newhavenbuilders.com

If By Mail: Newhaven Builders, Inc. - 600 Lincoln Ave. Unit 90965, Pasadena, Ca. 91109

CERTIFICATE OF INSURANCE, CONTAINING THE FOLLOWING:

1. Liability Insurance:

- \$2,000,000 per occurrence
- \$1,000,000 general aggregate
- \$1,000,000 products - completed operations aggregate
- Add Westhaven Builders, Inc., dba: Newhaven Builders, Inc. as additional insured, with CG 2010 11/85 wording or its equivalent
- Include a "Waiver of Subrogation"
- Include "Primary" and noncontributory wording

2. Workers Compensation Insurance:

- Statutory Limits as required by law
- Include a "Waiver of Subrogation"

3. Automobile Liability Insurance:

- \$1,000,000 per occurrence

DESCRIPTION OF OPERATIONS BOX MUST INCLUDE:

1. Additionally Insured Name As Follows:

- Westhaven Builders, Inc., dba: Newhaven Builders, Inc.
600 Lincoln Ave. Unit 90965, Pasadena, Ca. 91109

2. In Description, Please Include "All Operations"

CERTIFICATE HOLDER BOX MUST INCLUDE:

- Westhaven Builders, Inc., dba: Newhaven Builders, Inc.
600 Lincoln Ave. Unit 90965, Pasadena, Ca. 91109

*** YOU MAY NOT BEGIN A JOB UNTIL CERTIFICATES & ENDORSEMENTS ARE CORRECT ***