



Subcontractor/Vendor Requirements

We need the following to set you up as a Vendor in our accounts payable system. Please email to accounting@devansconstruction.com or fax to 208-853-1220.

1. Completed IRS **form W9** for your company. Please use the most current form available online. Note: LLCs need to enter the classification type in the blank provided on the form.
2. **Certificate of Liability Insurance** listing Dave Evans Construction LLC as the Certificate Holder:

Dave Evans Construction LLC
7761 W. Riverside Dr. Ste 100
Boise, ID 83714

Insurance requirements:

Commercial or Comprehensive General Liability Insurance-
Each Occurrence \$1,000,000
General Aggregate \$2,000,000

Additional Insured "X" must be in Addl Insr Column and list Dave Evans Construction LLC

Workers Compensation - Statutory Limits (required even if no employees)

Waiver of Subrogation "X" must be in Subr Wvd Column in favor of Dave Evans Construction LLC

3. Copy of current **State Contractors License or Registration** (unless exempt), or your Contractors license or registration number may be listed in the Description section of the Certificate of Liability Insurance.

Invoicing and Payment Procedures

1. Invoices received by the 1st of the month are paid on the 10th of the month (or the next working day if the 10th falls on a weekend or holiday).
2. Invoice each job separately and include the Job Name or Number on the invoice.
3. Invoices may be mailed to our office, emailed to accounting@devansconstruction.com or faxed to 208-853-1220.

DAVE EVANS CONSTRUCTION

7761 W. Riverside Dr. Suite 100, Boise, Idaho 83714 • (208) 853-1203 • Fax (208) 853-1220
www.devansconstruction.com



Supplement to Subcontractor/Vendor Requirements

Dave Evans Construction LLC (and dba Zach Evans Construction) are required by their insurance carrier to maintain current proof of insurance on all subcontractors engaged in construction activities.

General Liability with Additional Insured

The proof of insurance should include additional insured status for Dave Evans Construction LLC (DEC) for all work performed on their behalf. Failure to provide adequate proof of insurance could negatively impact insurance coverage for DEC since this increases the DEC exposure.

The additional insured endorsement can be added to your general liability policy by your agent on a scheduled basis with an annual cost typically not exceeding \$50. Should you engage in business with multiple clients that require an additional insured endorsement you may opt for a blanket additional insured endorsement for your general liability policy with an annual cost of typically between \$250 and \$500 depending on your carrier.

This additional insured requirement is becoming standard with most residential and commercial general contractors in the Treasure Valley, so the blanket endorsement is often the most cost-effective approach if you will be working with multiple GCs.

Worker's Compensation

Dave Evans Construction requires all subcontractors to provide proof of current work comp coverage. This is required because if a subcontractor's worker is injured on a DEC job site and the subcontractor does not have an active worker's compensation policy, then the DEC policy must cover them.

Dave Evans Construction also requires their subcontractors to provide evidence of a waiver of subrogation for their Worker's Compensation policy on all certificates of insurance. This waiver can be done via a scheduled endorsement or with a blanket endorsement, and rates vary depending on the options available with your current work comp carrier.

For subcontractors that have their work comp policies written with the Idaho State Insurance Fund (SIF) please note that effective 08/01/19 SIF changed how they handle waiver of subrogation requests. For all policies that renewed after that date, waivers will no longer be issued at no cost to the policy holder as they were previously. For all policies renewing after this date the SIF only offers a blanket waiver endorsement with an annual cost of \$250. There is no longer a single scheduled waiver available with the SIF.

Questions

Please contact Mike Hillman with Three Rivers Insurance if you have any questions. He can also provide alternative insurance quotes that would satisfy these requirements.

Mike Hillman #208-322-2445, mhillman@threeriversagency.net

DAVE EVANS CONSTRUCTION

7761 W. Riverside Dr. Suite 100, Boise, Idaho 83714 • (208) 853-1203 • Fax (208) 853-1220
www.devansconstruction.com



SAMPLE

DAVEEVA-01

ACOPE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/25/2019

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 have ADDITIONAL INSURED provisions or 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 Three Rivers Insurance, Inc. 10159 W Overland Rd Boise, ID 83709	CONTACT NAME:	PHONE (A/C, No, Ext): (208) 322-2445		FAX (A/C, No): (208) 322-5681
	E-MAIL ADDRESS:			
	INSURER(S) AFFORDING COVERAGE		NAIC #	
INSURED Subcontractor Street Address	INSURER A :	Auto-Owners Insurance		18988
	INSURER B :			
	INSURER C :			
	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	X	57382186	9/14/2019	9/14/2020	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
							COMBINED SINGLE LIMIT (Ea accident)	\$
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>						BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	X 57044393	9/14/2019	9/14/2020	<input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTHER	\$ 100,000
							E.L. EACH ACCIDENT	\$ 100,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Additional insured & waiver of subrogation applies.

CERTIFICATE HOLDER Dave Evans Construction 7761 W. Riverside Dr. #100 Boise, ID 83714	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 <i>Armen Cope</i>
---	---