

Subcontracted Operations Supplemental Questionnaire

APPLICANT	DATE		
<p>1. Subcontractors / Subconsultants / Independent Contractors</p> <p>Please identify the services that that are performed on your behalf by others UNDER written contract</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </td> <td style="width: 50%; border: none; text-align: right;"> <p style="text-align: center;">Applicable Cost</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> </td> </tr> </table>		<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;">Applicable Cost</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>
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<p>2. Subcontractors / Subconsultants / Independent Contractors</p> <p>Please identify the services that that are performed on your behalf by others WITHOUT a written contract:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </td> <td style="width: 50%; border: none; text-align: right;"> <p style="text-align: center;">Applicable Cost</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> </td> </tr> </table>		<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;">Applicable Cost</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>
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<p>3. Does your Standard Contract with your Subcontractors / Subconsultants / Independent Contractors contain:</p> <p>_____ Hold harmless & Indemnification Clause in your favor</p> <p>_____ Detailed Scope of Services Clause</p> <p>_____ Requirement that you be Named as an Additional Insured on their CGL Policy</p> <p>_____ Requirement that you be Grated a Waiver of Subrogation on their CGL Policy</p>			
<p>4. Describe the Minimum Insurance Requirements of your Subconsultants and/or Subcontractors</p> <p>Commercial General Liability \$ _____</p> <p>Contractors Pollution Liability \$ _____</p> <p>Professional Liability \$ _____</p> <p>Do you require proof of Workers Compensation coverage from all Subconsultants / Subcontractors / Independent Contractors? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does your firm collect Certificates of Insurance from All Subcontractors? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>5. Do you use a standard indemnity contract with your clients? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please detail your contract procedures:</p> <p>_____</p> <p>_____</p> <p>_____</p>			

Form Completed By: _____ Date: _____