

PAXTON CONSTRUCTION

General Contractor: License #KB-01 ROC222592

7340 East Main Street, Suite 203, Scottsdale, Arizona 85251

Office: 480.947.1117 Fax: 480.704.3561

INSURANCE / W-9 / WORKMANS COMP REQUEST OF COVERAGE FOR PAXTON CONSTRUCTION

To: All Subcontractors

Please be advised that we are contractually obligated to maintain adequate insurance records on all subcontractors we have at our jobsites. We are also required to deny jobsite access to subcontractors and suppliers who fail to comply.

Please note our requirements:

1. General Liability Insurance (Please provide proof of coverage in your certificate stating the following):

- ❖ Coverage: \$1,000,000 Each Occurrence, \$50,000 Damages to Rented Premises (Each Occurrence), \$5,000 Medical Expense (Any One Person), \$1,000,000 Personal & Adv Injury, \$2,000,000 General Aggregate, \$1,000,000 Products (Comp / Op Agg)
- ❖ Reference Project/State: "All Projects in Arizona" or "Paxton Construction, LLC"
- ❖ Additional Insured Provisions: "Paxton Construction, LLC, its officers, agents, employees, volunteers and project owners are added as additional insured on a primary, non-contributory basis to the subcontractor's insurance policies shown above with respect to "any" liability of additional insured arising out of or resulting from subcontractor's operations performed for the additional insured, including but not limited to liability of the additional insured for the general supervision of such operations"
- ❖ Please also add, "Per Project Aggregate Applies" to your certificate.
- ❖ Cancellation – Include the Phrase, "... will mail 30 day written notice to the certificate holder named to the left."

2. Workman's Compensation:

- ❖ Please provide proof of coverage to Paxton Construction & note that your Workman's Compensation coverage shall be no less than statutory limitations.

3. W-9 Form:

- ❖ Please provide Paxton Construction a completed W-9 Form.

Please feel free to contact the office with any questions.