



VENDOR REGISTRATION

IHC Construction Companies, L.L.C. continually looks to establish outstanding long term relationships with new Subcontractors and Suppliers in the Chicagoland area. We work hard to develop relationships and our competitive strength is achieved through developing a diverse group of qualified subcontractor partners.

All subcontractors and suppliers must be prequalified annually to be eligible to bid and contract work with IHC. In addition to completing the attached VENDOR REGISTRATION FORM, the following documents must be provided:

Signed W-9 Taxpayer Identification Number and Certification
Sample Insurance Certificate with all applicable endorsements
Substance Abuse Prevention Program Certification
Written Safety and Health Program/Manual
OSHA 300A forms from last 3 years
Disadvantaged Business Certifications, if applicable
Surety Letter stating single & aggregate bonding limits, if bondable
WIP and Project Experience

All information received will be used only for prequalification purposes and will be treated confidentially. If all information is not provided and all attachments are not submitted, this will significantly delay the review process. Add any information you deem useful for the evaluation of your firm. While registration does not guarantee work with IHC Construction, you will be considered as a potential resource when future opportunities match your company’s capabilities. Please note that additional information may be requested by the job owner and a detailed inquiry may be required prior to award of a project.

Thank you for your interest in doing business with IHC Construction Companies, L.L.C.
 Please complete the Vendor Registration Form and return to IHC

IHC CONSTRUCTION COMPANIES, L.L.C.
 Attn: VENDOR REGISTRATION
 1500 Executive Dr., Elgin, IL 60123

FAX TO: 847-742-6610 or
 eMail to CONTRACTING@ihcconstruction.com

VISIT OUR WEBSITE TO VIEW UPCOMING BIDDING OPPORTUNITES
WWW.IHCCONSTRUCTION.COM

EXPERIENCE KNOWLEDGE DIVERSITY COMMITMENT



VENDOR REGISTRATION FORM

Company: _____

Primary Business Contact: _____ Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Website: _____ eMail: _____

FEIN: _____ D&B No: _____

Have you done business with IHC before? Yes No When? _____

Type of Work Bid (Check all that apply):

Public Bid Work _____ Construction Management _____ Design Build Work _____

Private Bid Work _____ New Construction _____ Renovations _____

Size of Projects Bid (Check all that apply)

To 10K _____ \$10k to \$50k _____ \$50k to \$100k _____ \$100k to \$500k _____

\$500k to \$1mil _____ \$1mil to \$5mil _____ \$5mil & over _____

What year did your company start? _____ **Type of Company:** _____

List the geographical area(s) in which you work: _____

List the trade(s) you normally perform with your own forces: _____

What percentage of your company's work is normally subcontracted?: _____

How many employees? Office Personnel _____ Field Supervisors _____ Average Field Labor _____

List the Unions you have agreements with: _____

List approved apprenticeship programs you participate in: _____

What is the largest contract your company completed? Value: _____ Year: _____

What is your Bonding Capacity? None _____ Single Project: _____ Aggregate: _____

Have you ever failed to complete a project? Explain _____

Have you ever been assessed liquidated damages? Explain _____

Any active litigation with Owners/ General Contractors? Explain _____

Do you have a written safety and health program/manual? _____ **SAPP?** _____

Describe any OSHA violations received: _____

Indicate the primary work category your company will be bidding:

<input type="checkbox"/> DIV 01	<input type="checkbox"/> DIV 05	<input type="checkbox"/> DIV 09	<input type="checkbox"/> DIV 13
<input type="checkbox"/> DIV 02	<input type="checkbox"/> DIV 06	<input type="checkbox"/> DIV 10	<input type="checkbox"/> DIV 14
<input type="checkbox"/> DIV 03	<input type="checkbox"/> DIV 07	<input type="checkbox"/> DIV 11	<input type="checkbox"/> DIV 15
<input type="checkbox"/> DIV 04	<input type="checkbox"/> DIV 08	<input type="checkbox"/> DIV 12	<input type="checkbox"/> DIV 16
Detailed Description of Work:			

Enter detailed and/or additional work categories by specification section below:

Provide any business experience or service information that will assist us in matching you with upcoming bid opportunities: _____



Business Certifications: *Attach documentation from any local, state or federal agency that has certified your company*

<input type="checkbox"/> Minority Business Enterprise (MBE)	<input type="checkbox"/> Disadvantaged Business Enterprise (DBE)
<input type="checkbox"/> Women Business Enterprise (WBE)	<input type="checkbox"/> Veteran Owned Business (VOB)
<input type="checkbox"/> Small Business Enterprise (SBE)	<input type="checkbox"/> Other:

State & Municipal Licenses / Registrations: _____

Are you registered with The IL Dept of Transportation? IDOT Reg #: _____

Are you registered with The United States Government? CCR CAGE Code #: _____

Insurance Certification:

The insurance requirements displayed on the attached sample Certificate of Insurance are mandatory. You will be required to obtain insurance that meets or exceeds the coverage indicated regardless of the work performed, services, products or potential risks involved in the performance of any contract with IHC. Please review the attached sample Certificate of Insurance and verify whether or not you meet IHC's requirements.

Do you meet IHC's minimum requirements? Yes No

If you currently do not meet IHC's minimum requirements, indicate deficiencies below:

CGL	Auto	Excess/Umbrella	Work Comp	Endorsements
<input type="checkbox"/> Limits	<input type="checkbox"/> Limits	<input type="checkbox"/> Limits	<input type="checkbox"/> Limits	<input type="checkbox"/> Additional Insured
<input type="checkbox"/> Per Project Agg	<input type="checkbox"/> Any Auto	<input type="checkbox"/> Follows Form	<input type="checkbox"/> Exclusions	
<input type="checkbox"/> Primary and Non-Contributory			<input type="checkbox"/> Waiver of Subrogation	<input type="checkbox"/> Completed Operations
Comments:				

You are urged to provide IHC's insurance requirement information to your insurance agent and to investigate the costs associated with the required coverage **prior to placing any bid to IHC.**

Project Experience:

Please attach a list of your work in progress (WIP). Also provide a detailed list of at least 3 significant projects your company has completed - including value, scope and contact info.

Contact Information for individual to receive notifications and requests for bids for your organization:

Name: _____ Phone: _____

eMail: _____ Fax: _____

In what formats are you able to receive bid documents for estimating purposes?

CADD ___ Adobe pdf ___ MS Word ___ Not sure: ___ Other: _____

Return this form to IHC Construction via fax to 847-742-6610

or eMail CONTRACTING@IHCCONSTRUCTION.COM

Please do not hesitate to call us at 847-742-1516 for more information.

We look forward to doing business with you.

EXPERIENCE KNOWLEDGE DIVERSITY COMMITMENT



WWW.IHCCONSTRUCTION.COM

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/08/2010

PRODUCER Your Agent Name Address City, State Zip Phone	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Your Name Address City, State Zip	INSURERS AFFORDING COVERAGE INSURER A: Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:	NAIC #

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	ABC	mm/dd/yy	mm/dd/yy	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	ABC	mm/dd/yy	mm/dd/yy	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
A		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <hr/> DEDUCTIBLE RETENTION \$	ABC	mm/dd/yy	mm/dd/yy	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ \$ \$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	ABC	mm/dd/yy	mm/dd/yy	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A		OTHER Professional Liability* *For Design Build	ABC	mm/dd/yy	mm/dd/yy	Each Occ/Gen Agg \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

(See Attached Descriptions)

Supplier only limits on Page 2
 Additional Endorsement info on Page 2

CERTIFICATE HOLDER IHC Construction Companies, LLC c/o IHC Certificate Program - Assurance Agency, Ltd. One Century Centre 1750 East Golf Road Schaumburg, IL 60173	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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The Description of Operations field on the face of the certificate must include the following verbiage:

The following are added as Additional Insureds per attached Policy Endorsement:

CONTRACTOR: IHC CONSTRUCTION COMPANIES, L.L.C.

OWNER: _____

and others as required by written contract and all their respective officers, agents and employees

All insurance certificates shall be identified as follows:

Owner Contract No. _____ and IHC LLC Job No. _____

The Description of Operations field on the face of the certificate must include the following verbiage:

The following are added as Additional Insureds on all policies except Workers Compensation:

IHC CONSTRUCTION COMPANIES, L.L.C. (General Contractor/Construction Manager/Contractor);

(Owner); (Architect/Engineer) and all the respective officers, agents and employees of all of the above. (Must not simply state Certificate Holder as Additional Insured. Certificate Holder is our Agent.)

Per Project Aggregate: The General Liability aggregate limit applies Per Project (Claims-Made is unacceptable.)

Primary & Non-Contributory: The General Liability applies on a Primary and Non-Contributory basis in favor of all of the Additional Insureds.

Waiver of Subrogation: A Waiver of Subrogation applies in favor of all the Additional Insureds on the General Liability and Workers Compensation for this specific project.

All insurance certificates shall be identified as follows:

Owner Project Name:

Site Location:

Owner Contract No. _____ and IHC LLC Job No. _____

ALL CERTIFICATES MUST INCLUDE THE FOLLOWING ENDORSEMENTS:

Additional Insured: Provide original and separate Additional Insureds Endorsements for General Liability and Automobile Liability with primary language for all liability arising out of the operation by or on behalf of the named insured in connection with this project in accordance with ISO Form CG 20 10 11 85 -OR- using a combination of ISO Forms CG 20 10 10 01 AND CG 20 37 10 01 (or equivalent) -OR- using a combination of ISO Forms CG 20 10 07 04 AND CG 20 37 07 04 (or equivalent). The endorsement(s) must not exclude products and completed operations coverage. ("Ongoing Operation" or "Job Site" only coverage will not be acceptable.)

If your carrier does not use ISO forms, equivalent forms will be acceptable. The insured's name and policy numbers must be included on the endorsements. All endorsements must be signed by the agent and attached to the certificate. The Specific Project Location and Additional Insureds must be included in the Schedule when required.

Completed Operations:

The Additional Insured coverage shall include Completed Operations for a minimum of Five (5) Years

The Certificate Holder must be clearly stated as follows:

IHC Construction Companies, LLC

c/o IHC Certificate Program - Assurance Agency

One Century Centre, 1750 E. Golf Rd.

Schaumburg, IL 60173

FAX TO:

**For Suppliers Only: Excess/Umbrella Limit \$2mil;
**Automobile Liability and Workers Compensation may be waived
if shipping common carrier and no company vehicles or personnel
on jobsite at anytime.****