



## SUBCONTRACTOR/VENDOR PREQUALIFICATION STATEMENT

Date of Response: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_  
(city) (state) (zip)

Is this address the: Main Office \_\_\_\_\_ Regional Office \_\_\_\_\_ Branch Office \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
(city) (state) (zip)

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

Is your Company:

MBE \_\_\_\_\_ WBE \_\_\_\_\_ DBE \_\_\_\_\_ Certified by: \_\_\_\_\_

Please attach copies of all certifications.

Name of Parent Company: \_\_\_\_\_

Address of Parent Company: \_\_\_\_\_

Type of Company: Corp \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship \_\_\_\_\_ S. Corp \_\_\_\_\_

Year Company Started: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_

LEHIGH CONSTRUCTION GROUP, INC.

### Trades

Based on the scope outlined in the cover letter, list the trades your Company is capable of self-performing, and is interested in bidding.

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Please list any licenses that would be applicable to your work including the license number, jurisdiction, and expiration date.

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State Unemployment Insurance Number: \_\_\_\_\_ (attach list as needed)

Federal ID Number: \_\_\_\_\_

List the corporate officers, partners, proprietors, members and shareholders of more than 5% of the stock of your company.

|    | Name  | Year of Birth | Position | % Owned |
|----|-------|---------------|----------|---------|
| A. | _____ | _____         | _____    | _____   |
| B. | _____ | _____         | _____    | _____   |
| C. | _____ | _____         | _____    | _____   |
| D. | _____ | _____         | _____    | _____   |
| E. | _____ | _____         | _____    | _____   |

Under what other names has your Company operated? \_\_\_\_\_

How many people does your Company currently employ?

Home Office \_\_\_\_\_ Field Supervisory \_\_\_\_\_ Tradespeople \_\_\_\_\_

How many people did your Company employ on average for the last 3 years?

Home Office \_\_\_\_\_ Field Supervisory \_\_\_\_\_ Tradespeople \_\_\_\_\_

Has your Company or any of its principals ever petitioned for bankruptcy, failed in business, defaulted or been terminated on a contract awarded to you? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please explain: \_\_\_\_\_

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Has your Company ever failed to complete a contract? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your Company have any liens against it? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your Company delinquent in any tax payments? Yes \_\_\_\_\_ No \_\_\_\_\_

Have any of the Owners, officers or major stockholders of your Company ever been indicted or convicted of any felony or other criminal conduct? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Has your Company or any Owners, officers or major stockholders ever been suspended, disbarred or otherwise precluded from pursuing public work or ever been found to be non-responsive by a public agency? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Has your Company ever had a claim made against it for improper, delayed, defective or non-compliant work or failure to meet warranty obligations? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Is your Company or any of its Owners, officers or major stockholders currently involved in any arbitrations or litigation? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Does your Company have any outstanding judgements or claims against it? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Please list any litigation against your Company in the past five (5) years asserting that you failed to make payments to anyone.

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Is your Company involved in any active litigation? Yes \_\_\_\_ No \_\_\_\_

If Yes, please explain: \_\_\_\_\_

Please list the geographical areas in which your Company works.

Certain projects that receive incentives require that the vast majority of the on-site workforce reside within specific counties. Please list the counties where the vast majority of your workforce resides in.

Please list any Unions which you have agreements with:

| Local Number | Union Name | Agreement Expiration |
|--------------|------------|----------------------|
| _____        | _____      | _____                |
| _____        | _____      | _____                |
| _____        | _____      | _____                |
| _____        | _____      | _____                |

Indicate the size of projects you are most competitive in performing (enter 1). Show in preference order (2, 3, ...) other size projects you are capable of performing:

|                         |       |                           |       |
|-------------------------|-------|---------------------------|-------|
| Under \$100,000         | _____ | \$3,000,000-\$6,000,000   | _____ |
| \$100,000-\$200,000     | _____ | \$6,000,000-\$9,000,000   | _____ |
| \$200,000-\$500,000     | _____ | \$10,000,000-\$15,000,000 | _____ |
| \$500,000-\$1,000,000   | _____ | Over \$15,000,000         | _____ |
| \$1,000,000-\$3,000,000 | _____ | Over \$15,000,000         | _____ |

Check all building types on which your Company has worked, and are proficient in:

|                           |       |                      |       |
|---------------------------|-------|----------------------|-------|
| High Rise Office Building | _____ | Sports Facilities    | _____ |
| Mid Rise Office Building  | _____ | Industrial Building  | _____ |
| Hotels/Motels             | _____ | Labs/Pharmaceuticals | _____ |
| Health Care/Hospitals     | _____ | Residential          | _____ |
| Design/Build              | _____ | Food Manufacturing   | _____ |
| Office Buildings          | _____ |                      |       |

Please list the trades you normally perform with your own forces.

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What percentage of the Company's work is normally subcontracted? \_\_\_\_\_ %

Please list the trades you normally subcontract.

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Please provide examples of relevant experience: \_\_\_\_\_

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What is the largest contract your Company has ever completed?

Amount \$ \_\_\_\_\_ Year \_\_\_\_\_ Project Name & Scope: \_\_\_\_\_

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What is the largest dollar volume job you expect to do within the next 12 months?

Amount \$ \_\_\_\_\_ Project Name & Scope: \_\_\_\_\_

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What is your expected annual volume this year? Amount: \$ \_\_\_\_\_ # of Projects: \_\_\_\_\_

What was the average annual volume of work performed over the past 5 years?

Year/Volume: \_\_\_\_\_ Year/Volume: \_\_\_\_\_

Year/Volume: \_\_\_\_\_ Year/Volume: \_\_\_\_\_

Year/Volume: \_\_\_\_\_

Please attach a list of current major projects including the name of project, address, owner, architect, general contractor, contract amount, scope of work and scheduled completion (include contact people and phone numbers).

Please attach a list of completed major projects including the name of project, address, owner, architect, general contractor, contract amount, scope of work and scheduled completion (include contact people and phone numbers).

Attach a copy of your latest audited financial statement. (Your financial statement is strictly for Lehigh's use for purchasing/procurement and will be treated confidentially).

If the attached financial statement is not for the identical Company named above, explain the relationship and financial responsibility of the Company whose financial statement is provided:

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Name of your Bank:

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Amount of Line of Credit: \$\_\_\_\_\_ Amount Available: \$\_\_\_\_\_ Expiration: \_\_\_\_\_

UCC Filing? Yes \_\_\_\_\_ No \_\_\_\_\_ How is credit secured? \_\_\_\_\_

Has your Company, Owners, Officers or major stockholders ever filed for bankruptcy?

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please explain: \_\_\_\_\_

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What is your Company's Dunn & Bradstreet Number? \_\_\_\_\_

D&B Rating: \_\_\_\_\_ Pay Record: \_\_\_\_\_ Date of Rating: \_\_\_\_\_

Remarks: \_\_\_\_\_

Bonding Information:

Name of Surety

Key Contact Person/Phone

Bonding Capacity: Per Job: \$\_\_\_\_\_ Aggregate: \$\_\_\_\_\_

Date of Last Bond: \_\_\_\_\_ Amount \$\_\_\_\_\_ Bond Rate \_\_\_\_\_%

Please list the persons or entities who provide indemnification to your Surety: \_\_\_\_\_

Please list three (3) of your major suppliers:

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact: \_\_\_\_\_

3. Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list three (3) contractors you do business with:

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact: \_\_\_\_\_



Please provide any Trade Association Memberships: \_\_\_\_\_

\_\_\_\_\_  
List local or national accredited training programs in which you participate (craft or management training).  
\_\_\_\_\_  
\_\_\_\_\_

List key office personnel and field supervisors, and attach resumes:

| Name/Position | Year of Birth | Years Experience | Previous Employer |
|---------------|---------------|------------------|-------------------|
| _____         | _____         | _____            | _____             |
| _____         | _____         | _____            | _____             |
| _____         | _____         | _____            | _____             |
| _____         | _____         | _____            | _____             |
| _____         | _____         | _____            | _____             |
| _____         | _____         | _____            | _____             |
| _____         | _____         | _____            | _____             |

Please provide an organizational chart for your Company.

List any subsidiaries and affiliates of your Company.

| Company Name | Ownership | Type of Company |
|--------------|-----------|-----------------|
| _____        | _____     | _____           |
| _____        | _____     | _____           |
| _____        | _____     | _____           |

General Remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



### Safety

Please list your Company's Workers' Compensation Interstate/Intrastate Experience Modification Rate for the most recent five (5) years. Attach a copy of your insurance carrier or state fund (on their letterhead) verifying the EMR data.

Interstate (year/rate):

|           |           |           |
|-----------|-----------|-----------|
| ____/____ | ____/____ | ____/____ |
| ____/____ | ____/____ |           |

Intrastate (year/rate/state name(s) with abbreviations next to EMR rate:

|                |                |                |
|----------------|----------------|----------------|
| ____/____/____ | ____/____/____ | ____/____/____ |
| ____/____/____ | ____/____/____ | ____/____/____ |
| ____/____/____ | ____/____/____ | ____/____/____ |
| ____/____/____ | ____/____/____ | ____/____/____ |

Note: subcontractors must have a current EMR less than or equal to 1.0 to qualify for Lehigh Construction's Bid List. Should your EMR exceed 1.0, the Contractor must demonstrate and document that it has or will initiate programs, policies, and attitudes which will result in a safety conscious performance in order to be included on Lehigh's Approved Contractor List. In this case it is the sole discretion of Lehigh to approve or disapprove a Subcontractor.

Please use the three (3) most recent year's OSHA No. 300 Log to fill in the number of cases for each of the following categories: (attach a copy of your last three years of OSHA 300 logs).

|   |       |       |       |
|---|-------|-------|-------|
| Year:   | _____ | _____ | _____ |
| No. of fatalities (column G from 300)               | _____ | _____ | _____ |
| No. of lost & restricted workday cases (column H+I) | _____ | _____ | _____ |
| No. of medical treatment cases (column J)           | _____ | _____ | _____ |
| No. of lost workday cases (column H)                | _____ | _____ | _____ |
| Employee Hours Worked:                              | _____ | _____ | _____ |
| OSHA Recordable Incidence Rate:                     | _____ | _____ | _____ |
| OSHA Lost Workday Incidence Rate:                   | _____ | _____ | _____ |

--Employee Hours Worked = total number of hours worked during the year by all employees

--Recordable Incidence Rate = [G, H, I & J] x 200,000/Employee Hours Worked

--Lost Workday Incidence Rate = [H] x 200,000/Employee Hours Worked

How many OSHA violation(s) has your Company received in the last three (3) years?

\_\_\_\_\_ = \_\_\_\_\_      \_\_\_\_\_ = \_\_\_\_\_      \_\_\_\_\_ = \_\_\_\_\_

Does your Company have any willful violations? Yes \_\_\_\_\_ No \_\_\_\_\_

Please give a brief description of the violation(s); use additional paper, if necessary.

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Have there been any employee deaths in the past 3 years? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a qualified person responsible for safety within your Company? Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe his/her qualifications: \_\_\_\_\_

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Does this person perform safety inspections on all your project? Yes \_\_\_\_\_ No \_\_\_\_\_

At what frequency are safety inspections performed? \_\_\_\_\_

Do you have a written Company Safety Policy and Program and will you provide copies if requested? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, how often is it updated? \_\_\_\_\_

Does your Company have a substance abuse policy? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please check which are included in the policy:

Pre-hire/Initial Employment \_\_\_\_\_

Cause \_\_\_\_\_

Post Accident/Incident \_\_\_\_\_

Random \_\_\_\_\_

Periodic \_\_\_\_\_

Do you have a return to work/light duty program? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

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Have you ever implemented 100% fall protection? Yes \_\_\_\_ No \_\_\_\_

If requested, can you provide us with site-specific program addressing the fall hazards in your work? Yes \_\_\_\_ No \_\_\_\_

Do you require documented safety meetings for your employees? Indicate which and how often.

Field Supervisors: Yes \_\_\_\_ No \_\_\_\_ Frequency: \_\_\_\_\_

New Hires: Yes \_\_\_\_ No \_\_\_\_ Frequency: \_\_\_\_\_

Employees: Yes \_\_\_\_ No \_\_\_\_ Frequency: \_\_\_\_\_

Subcontractors: Yes \_\_\_\_ No \_\_\_\_ Frequency: \_\_\_\_\_

Do you require toolbox talks? Yes \_\_\_\_ No \_\_\_\_ Frequency: \_\_\_\_\_

Does your Company provide safety training for all employees? Yes \_\_\_\_ No \_\_\_\_

If yes, please list training provided. \_\_\_\_\_

\_\_\_\_\_

Do you have home office representatives (not directly involved in the project) who will visit and audit the project for safety? Yes \_\_\_\_ No \_\_\_\_ Frequency: \_\_\_\_\_

Does your Company set annual safety goals? Yes \_\_\_\_ No \_\_\_\_

If yes, please list training provided. \_\_\_\_\_

\_\_\_\_\_

Does your Company provide employees with PPE? Yes \_\_\_\_ No \_\_\_\_

Does your Company have a Hazard Communication Program? Yes \_\_\_\_ No \_\_\_\_

Does your Company have a disciplinary program for safety violations? Yes \_\_\_\_ No \_\_\_\_

Does your Company conduct accident/incident investigations? Yes \_\_\_\_ No \_\_\_\_

### Insurance

Please see the attached sample insurance certificate, which includes **minimum** coverage and Additional Insured requirements. When submitting your Prequalification Statement, please include a copy of your Certificate of Insurance showing that your Company meets these minimum requirements.

We have attempted to answer all questions in a full and complete manner to assure that our answers are not in any respect misleading, either by expressing ourselves in a misleading or ambiguous manner or omitting information. We recognize that Lehigh will be relying on the accuracy of the information and our responses in this questionnaire in deciding whether to permit us to bid, and in awarding work to our Company.

Dated \_\_\_\_\_ (day) of \_\_\_\_\_ (month) of Two Thousand \_\_\_\_\_ (\_\_\_\_\_)

Name of Company: \_\_\_\_\_

Completed by: \_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_ being duly sworn, deposes and says that the information provided herein is true and sufficiently complete so as to not be misleading.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public: \_\_\_\_\_

My commission expires: \_\_\_\_\_

Notary Stamp:



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
CURRENT DATE

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 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  | CONTACT NAME:                            |                |
|   | PHONE (A/C, No. Ext):                    | FAX (A/C, No): |
|   | E-MAIL ADDRESS:                          |                |
|   | PRODUCER CUSTOMER ID #:                  |                |
|   | INSURER(S) AFFORDING COVERAGE            | NAIC #         |
| INSURED<br><br>Your company name and address here | INSURER A: <b>Your Insurance Company</b> |                |
|   | INSURER B:                               |                |
|   | INSURER C:                               |                |
|   | INSURER D:                               |                |
|   | INSURER E:                               |                |
|   | INSURER F:                               |                |

## COVERAGES

CERTIFICATE NUMBER: **SAMPLE**

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 INSR  | SUBR WVD     | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|--|--------------|---------------|-------------------------|-------------------------|---|
| <b>A</b> | <b>GENERAL LIABILITY</b>   |  |              |               |                         |                         | EACH OCCURRENCE \$ <b>1,000,000</b>   |
|          | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY   |  |              |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>50,000</b>                              |
|          | <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  | <b>Y</b>   | <b>Y</b>     |               | <b>CURRENT</b>          |                         | MED EXP (Any one person) \$ <b>10,000</b>   |
|          | <input checked="" type="checkbox"/> XCU INCLUDED   |  |              |               | <b>POLICY</b>           |                         | PERSONAL & ADV INJURY \$ <b>1,000,000</b>   |
|          | <input checked="" type="checkbox"/> BLKT CONTRACTUAL   |  |              |               | <b>PERIOD</b>           |                         | GENERAL AGGREGATE \$ <b>2,000,000</b>   |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |  |              |               |                         |                         | PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>  |
| <b>A</b> | <b>AUTOMOBILE LIABILITY</b>  |  |              |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>                                 |
|          | <input checked="" type="checkbox"/> ANY AUTO   |  |              |               |                         |                         | BODILY INJURY (Per person) \$   |
|          | <input checked="" type="checkbox"/> ALL OWNED AUTOS  | <b>Y</b>   | <b>Y</b>     |               | <b>CURRENT</b>          |                         | BODILY INJURY (Per accident) \$   |
|          | <input type="checkbox"/> SCHEDULED AUTOS   |  |              |               | <b>POLICY</b>           |                         | PROPERTY DAMAGE (Per accident) \$   |
|          | <input checked="" type="checkbox"/> HIRED AUTOS  |  |              |               | <b>PERIOD</b>           |                         |   |
|          | <input checked="" type="checkbox"/> NON-OWNED AUTOS  |  |              |               |                         |                         |   |
| <b>A</b> | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB                                    | <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE | <b>Y</b>     | <b>Y</b>      |                         |                         | EACH OCCURRENCE \$ <b>4,000,000</b>   |
|          | DEDUCTIBLE   |  |              |               | <b>CURRENT</b>          |                         | AGGREGATE \$ <b>4,000,000</b>   |
|          | <input checked="" type="checkbox"/> RETENTION \$ <b>10,000</b>   |  |              |               | <b>POLICY</b>           |                         |   |
|          |  |  |              |               | <b>PERIOD</b>           |                         |   |
| <b>A</b> | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>   |  | <b>Y</b>     |               |                         |                         | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  | <b>Y / N</b><br><b>N</b>   | <b>N / A</b> |               | <b>CURRENT</b>          |                         | E.L. EACH ACCIDENT \$ <b>1,000,000</b>  |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below   |  |              |               | <b>POLICY</b>           |                         | E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b>  |
|          |  |  |              |               | <b>PERIOD</b>           |                         | E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

PROJECT DESCRIPTION. The Commercial General Liability and the Automobile Liability policies indicated on this certificate have been endorsed to name the certificate holder and its subsidiaries and affiliated companies as additional insured on a primary and non-contributory basis for ongoing and completed operations. All liability policies and the Workers Compensation and Employers Liability policy shall include a waiver of subrogation against the certificate holder. It is agreed that should any of the above policies be cancelled, non-renewed, or amended, the issuing company will mail 30 days written notice to the certificate holder.

## CERTIFICATE HOLDER

## CANCELLATION

Lehigh Construction Group, Inc.  
4327 South Taylor Road  
Orchard Park, NY 14127

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