



To: Subcontractors, Installers and Suppliers
From: Luis Espinoza and Socorro Moran

Thank you for your interest in becoming a subcontractor, installer or supplier for Self-Help Enterprises' home-building program. In order for us to review your qualifications, you must return a completed application (attached) and a W-9 form. It is very important that you indicate on the application for which counties you would like to be considered. This application must be approved before you can be included future invitations to bid.

Subcontractors, Installers and selected Suppliers: Self-Help Enterprises requires the following:

General Liability

- Minimum policy limits
 - Each Occurrence - \$1,000,000
 - Personal & ADV Injury - \$1,000,000
 - General Aggregate - \$2,000,000
 - Products/Completed Operations Aggregate - \$2,000,000
- *Original certificates of insurance will be required if the company is selected and before work begins*
- *Subcontractors and Installers only: Self-Help Enterprises must also be named as an additional insured and an endorsement naming Self-Help Enterprises as an additional insured party must be provided along with an original certificate of general liability prior to work beginning. As well as, the Commercial General Liability Exclusions Verification Certificate from agent.*

Automobile insurance

Combined single limit: \$1,000,000

Workers Compensation

Policy limits equal to or greater than required by the State of California

Companies required to comply with all of these requirements are contractors/installers providing

trusses & craning	roofing	drywall	stucco
carpeting	windows	HVAC	plumbing
counter-tops	garage doors	insulation	cabinets
grading	trenching	fencing	window blinds

Companies required to show proof of General Liability insurance only are suppliers of

sand	fill	lumber	concrete
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Return the application and any attachments to Self-Help Enterprises by

Mail P.O. Box 6520
Attn: Socorro Moran
Visalia, CA 93290
Fax (559) 651-3634, Attn: Socorro Moran
E-mail socorrom@selfhelpenterprises.org



Mutual Self-Help New Homes Program Subcontractor/Installer/Supplier Application

Date: _____

Company Name: _____

List specialty, trade or product: _____ Type of license classification, if any: _____

State License #: _____ Expiration: _____ Qualifying Individual: _____

Company Address: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____ Zip: _____

Federal Tax ID #: _____ Number of full-time employees: _____

Name of Contact: _____ Title: _____

Phone: _____ Fax: _____ E-mail: _____

INTERESTED in bidding on jobs in: (check all that apply)

- Stanislaus County Merced County Madera County Fresno County
 Tulare County Kings County Kern County Mariposa County

SUBCONTRACTORS

GENERAL & AUTOMOBILE LIABILITY INSURANCE AND WORKERS COMPESNATION:

Minimum policy limits:

- \$1,000,000 per occurrence; \$2,000,000 aggregate
- Personal and Advertising Injury - \$1,000,000
- Products and Completed Operations Aggregate - \$1,000,000

SUPPLIERS OF: Lumber, Sand/Rock, Concrete, Concrete Pumping & Pest Control

Are required to carry the same general liability insurance policy limits as noted above.

NOTE: *Original certificates of insurance with an endorsement naming Self-Help Enterprises as an additional insured will be required if the company is selected as a contractor/installer and before any work begins. (Endorsement requirement does not apply to lumber, sand/fill, and concrete suppliers.)*

***** Attach a copy of current certificate(s) of insurance *****

CREDIT REFERENCES: List three credit references starting with largest volume credit account.

Company Name & Mailing Address		*Contact' Name and E-mail Address*	Phone/Fax
Co. Name:		Contact's Name:	(FX)
Mailing Address:		E-mail Address:	(PH)
Co. Name:		Contact's Name:	(FX)
Mailing Address:		E-mail Address:	(PH)
Co. Name:		Contact's Name:	(FX)
Mailing Address:		E-mail Address:	(PH)

CUSTOMER REFERENCES: List three recent jobs or customers.

Company Name & Mailing Address		Contact's Name & E-mail Address	Phone/Fax
Co. Name:		Contact's Name:	(FX)
Mailing Address:		E-mail Address:	(PH)
Co. Name:		Contact's Name:	(FX)
Mailing Address:		E-mail Address:	(PH)
Co. Name:		Contact's Name:	(FX)
Mailing Address:		E-mail Address:	(PH)

The foregoing is true to the best of my knowledge.

Please print name

Signature

Date

Title

