



To: Subcontractors, Installers and Suppliers  
 From: Socorro Moran, Housing Specialist

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; Automobile Liability Certificate

➤ **All required proof of insurance must be provided to SHE directly from the contractor's insurance agent.**

**Automobile insurance**

Combined single limit: \$1,000,000

**Workers Compensation**

Policy limits equal to or greater than required by the State of California.  
 COI must include the Waiver Of Subrogation.

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

Trenching (Foundation & Utility)	Plumbing	Stucco	Insulation	Cabinets
Grading	Roof Framing	HVAC	Windows	Counter-tops
Trusses & craning	Roofing	Drywall	Garage Doors	Carpet
Carpeting	Solar	Fire sprinklers	Fencing	Rain gutters

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

Fill Sand / Rock / Concrete, Concrete Pumping	Trusses, Lumber, Doors, Floor Tile	Irrigation & Landscaping
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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](mailto: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 Additional Insured Endorsement Naming Self-Help Enterprises as an additional insured will be required if the company is selected as a contractor / installer 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. Include a contact and their e-mail address and fax number.*

Company Name & Mailing Address	Contact's Name & E-mail Address	Phone/Fax
Co. Name:	Contact's Name:	Fax Number:
Mailing Address:	E-mail Address:	Phone Number:
Co. Name:	Contact's Name:	Fax Number:
Mailing Address:	E-mail Address:	Phone Number:
Co. Name:	Contact's Name:	Fax Number:
Mailing Address:	E-mail Address:	Phone Number:

**CUSTOMER REFERENCES:** *List three most recent customer or work references. Include a contact and their e-mail address and fax number.*

Company Name & Mailing Address	Contact's Name & E-mail Address	Phone/Fax
Co. Name:	Contact's Name:	Fax Number:
Mailing Address:	E-mail Address:	Phone Number:
Co. Name:	Contact's Name:	Fax Number:
Mailing Address:	E-mail Address:	Phone Number:
Co. Name:	Contact's Name:	Fax Number:
Mailing Address:	E-mail Address:	Phone Number:

The foregoing is true to the best of my knowledge.

\_\_\_\_\_ Please print name

\_\_\_\_\_ Signature Date

\_\_\_\_\_ Title

