

CRE8TIVE CONSTRUCTION CONCEPTS, INC.
VENDOR REGISTRATION FORM



COMPANY NAME: _____ MAIN PHONE #: _____
ADDRESS: _____ MAIN FAX #: _____
CITY _____ STATE _____ ZIP _____
CONTACT _____
WEBSITE: _____
SUBCONTRACTOR LICENSE NUMBER (if applicable): _____

I. ORGANIZATION

A. How many years has your organization been in business as a subcontractor?

B. Inclusion Classification, is your business certified as:

- | | |
|--|---|
| <input type="checkbox"/> Self-Certified VOSB – Veteran-Owned Small Business | <input type="checkbox"/> Third Party DBE – Disadvantaged Business Enterprise |
| <input type="checkbox"/> Self-Certified SB – Small Business | <input type="checkbox"/> Third Party MBE – Minority Business Enterprise |
| <input type="checkbox"/> Self-Certified SDB – Small Disadvantaged Business | <input type="checkbox"/> Third Party MBE – National Supplier Diversity Council |
| <input type="checkbox"/> Self-Certified SDVOSB – Service-Disabled Veteran Owned Small Business | <input type="checkbox"/> Third Party TGB – Targeted Business Group |
| <input type="checkbox"/> Self-Certified HZSB – HUBZone Business | <input type="checkbox"/> Third Party SBE – Small Business Owned Enterprise |
| <input type="checkbox"/> Self-Certified WOSB – Women-Owned Small Business | <input type="checkbox"/> Third Party WBE – Women Business Enterprise |
| <input type="checkbox"/> Self-Certified EDWOSB – Economically Disadvantaged Women-Owned Small Business | <input type="checkbox"/> Third Party WBE – Women Business Enterprise National Council |
| | <input type="checkbox"/> Pending Certification |
| | <input type="checkbox"/> NONE |

If your business is certified, please send a copy of your Certification(s) and/or SAM.gov FAR Report forms when submitting the Vendor Registration Form. This ensures we have proper documentation regarding your certifications. If forms are not submitted, we will not update this field in our system.

C. Approximate Annual Sales Volume for the past 3 Years:

D. Scope of Work your company performs: (Check all that apply on attached CSI 2004 list)

E. Union Affiliations:

II. REFERENCES

A. Supplier References (Minimum of Three Major Suppliers):

Company Name: _____
Address: _____

City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

Company Name: _____
Address: _____

City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

Company Name: _____
Address: _____

City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

B. Bank Reference:

Contact: _____
Company Name: _____
Address: _____

City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

III. INFORMATION REQUIRED

- A. Please provide us with a current financial statement (including both Balance Sheet and Income Statement) for your most recent fiscal year. Also, return the "Authorization to Release Credit Information" form. If issued a contract for over \$10,000,000, an audited financial statement will be required.
- B. Please have your insurance agent provide us with a letter stating your Worker's Compensation Experience Rate Modifier for the past three years (example attached). If current year's mod rate is over 1.0, Ryan's Safety Director may contact your company to discuss.
- C. Please list any serious OSHA violations that your business may have received during the last 3 years.
- D. Please complete and return the attached W-9 Request for Taxpayer Identification Number and form.
- E. Are you a sole proprietor? Yes No If yes and you are a Minnesota vendor doing work in Minnesota, please provide an Independent Contractor Exemption Certificate (ICEC).
- F. Please provide us with a "blanket" certificate of insurance. A sample indicating our requirements is attached.
- G. Please list the Cities and/or States that your Company performs works in.

H. Please place a checkmark next to your company's market expertise:

- | | | | | |
|---|--|---|---|---|
| <input type="checkbox"/> Airports | <input type="checkbox"/> High-Rise Buildings | <input type="checkbox"/> Light Commercial | <input type="checkbox"/> Office Towers | <input type="checkbox"/> Shopping Malls |
| <input type="checkbox"/> Biofuels | <input type="checkbox"/> Heavy Industrial | <input type="checkbox"/> Light Industrial | <input type="checkbox"/> Parking Structures | <input type="checkbox"/> Senior Housing |
| <input type="checkbox"/> Bridges | <input type="checkbox"/> Hospitals | <input type="checkbox"/> Low-Rise Buildings | <input type="checkbox"/> Prisons | <input type="checkbox"/> Solar |
| <input type="checkbox"/> Condominiums | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Marine | <input type="checkbox"/> Residential | <input type="checkbox"/> Tenant Improvement |
| <input type="checkbox"/> Distribution Centers | <input type="checkbox"/> Highways | <input type="checkbox"/> Medical Office Buildings | <input type="checkbox"/> Retail | <input type="checkbox"/> Wind |
| <input type="checkbox"/> Heavy Civil | <input type="checkbox"/> Labs | <input type="checkbox"/> Mission Critical | <input type="checkbox"/> Schools | |

I. Please provide a list of contacts within your company you wish to have added to our database including their title, direct fax/phone numbers and email addresses.

The Undersigned certifies that the information provided herein is true and sufficiently complete so as not to be misleading.

By: _____
Signature

By: _____
Print or Type Name & Title

CSI Master Format 2004

Scope of Work – Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> 017423 Final Cleaning | <input type="checkbox"/> 071800 Traffic Coatings |
| <input type="checkbox"/> 024100 Demolition | <input type="checkbox"/> 072100 Thermal Insulation |
| <input type="checkbox"/> 024115 Selective Demolition | <input type="checkbox"/> 072400 Exterior Insulated Finish Systems |
| <input type="checkbox"/> 026000 Contaminated Site Material Removal | <input type="checkbox"/> 073100 Shingles & Shakes |
| <input type="checkbox"/> 030500 Concrete Materials | <input type="checkbox"/> 074000 Roofing & Siding Panels |
| <input type="checkbox"/> 031000 Concrete Forming and Accessories | <input type="checkbox"/> 074200 Wall Panels |
| <input type="checkbox"/> 032000 Concrete Reinforcing | <input type="checkbox"/> 075100 Built-up Bituminous Roofing |
| <input type="checkbox"/> 032010 Reinforcing Steel Detailer/Rebar Erection | <input type="checkbox"/> 075300 Metal/Special Roofing |
| <input type="checkbox"/> 033000 Cast In Place Concrete | <input type="checkbox"/> 075323 EPDM Membrane Roofing |
| <input type="checkbox"/> 033010 Concrete Slab on Grade Placement | <input type="checkbox"/> 075400 Thermoplastic Membrane Roofing |
| <input type="checkbox"/> 033800 Post Tensioned Concrete | <input type="checkbox"/> 076113 Standing Seam Sheet Metal Roofing |
| <input type="checkbox"/> 034110 Precast Structural Concrete | <input type="checkbox"/> 076200 Sheet Metal Flashing & Trim |
| <input type="checkbox"/> 034113 Precast Concrete Hollow Core Planks | <input type="checkbox"/> 077100 Roof Specialties |
| <input type="checkbox"/> 034500 Precast Architectural Concrete | <input type="checkbox"/> 077200 Roof Accessories |
| <input type="checkbox"/> 034713 Tilt-Up Concrete | <input type="checkbox"/> 078100 Applied Fireproofing |
| <input type="checkbox"/> 035000 Cast Decks & Underlayment | <input type="checkbox"/> 078400 Firestopping |
| <input type="checkbox"/> 036000 Grouting | <input type="checkbox"/> 079200 Joint Sealants |
| <input type="checkbox"/> 038000 Concrete Cutting & Boring | <input type="checkbox"/> 079500 Expansion Joint Control |
| <input type="checkbox"/> 039510 Ready Mix Concrete | <input type="checkbox"/> 081100 Metal Doors and Frames |
| <input type="checkbox"/> 039520 Concrete Pumping | <input type="checkbox"/> 081400 Wood Doors |
| <input type="checkbox"/> 042000 Unit Masonry | <input type="checkbox"/> 081500 Plastic Doors |
| <input type="checkbox"/> 042113 Brick Masonry | <input type="checkbox"/> 083100 Access Doors and Panels |
| <input type="checkbox"/> 042200 Concrete Unit Masonry | <input type="checkbox"/> 083200 Sliding Glass Doors |
| <input type="checkbox"/> 044000 Stone Assemblies | <input type="checkbox"/> 083300 Coiling Doors & Grilles |
| <input type="checkbox"/> 047000 Manufactured Masonry | <input type="checkbox"/> 083323 Overhead Coiling Doors |
| <input type="checkbox"/> 051200 Structural Steel Framing | <input type="checkbox"/> 083400 Special Function Doors |
| <input type="checkbox"/> 051210 Steel Erection | <input type="checkbox"/> 083500 Folding Doors & Grilles |
| <input type="checkbox"/> 052100 Steel Joist Framing | <input type="checkbox"/> 083600 Panel Doors |
| <input type="checkbox"/> 053000 Metal Decking | <input type="checkbox"/> 083800 Traffic Doors |
| <input type="checkbox"/> 054000 Cold Formed Metal Framing | <input type="checkbox"/> 083900 Pressure-Resistent Doors |
| <input type="checkbox"/> 055000 Metal Fabrications | <input type="checkbox"/> 084100 Entrances & Storefronts |
| <input type="checkbox"/> 057000 Decorative Metal | <input type="checkbox"/> 084200 Entrance |
| <input type="checkbox"/> 061000 Rough Carpentry | <input type="checkbox"/> 084300 Storefronts |
| <input type="checkbox"/> 061013 Wood Trusses | <input type="checkbox"/> 084400 Curtainwall & Glazed Assemblies |
| <input type="checkbox"/> 061016 Lumber | <input type="checkbox"/> 085000 Windows |
| <input type="checkbox"/> 061100 Wood Framing | <input type="checkbox"/> 085200 Wood Windows |
| <input type="checkbox"/> 061300 Heavy Timber Construction | <input type="checkbox"/> 086000 Roof Windows & Skylights |
| <input type="checkbox"/> 062000 Finish Carpentry | <input type="checkbox"/> 086300 Metal Frames Skylights |
| <input type="checkbox"/> 064000 Architectural Woodwork | <input type="checkbox"/> 087100 Door Hardware |
| <input type="checkbox"/> 066116 Solid Surfacing Fabrications | <input type="checkbox"/> 088000 Glazing |
| <input type="checkbox"/> 068200 Glass Fiber Reinforced Plastic | <input type="checkbox"/> 089000 Louvers & Vents |
| <input type="checkbox"/> 070165 Roof Repairs | <input type="checkbox"/> 092000 Plaster & Gypsum Board |
| <input type="checkbox"/> 071000 Damping & Waterproofing | <input type="checkbox"/> 092900 Gypsum Board |
| <input type="checkbox"/> 071400 Fluid Applied Waterproofing | <input type="checkbox"/> 093000 Tiling |
| | <input type="checkbox"/> 093033 Stone Tiling |
| | <input type="checkbox"/> 095100 Acoustical Ceilings |
| | <input type="checkbox"/> 095400 Specialty Ceilings |

- | | |
|--|--|
| <input type="checkbox"/> 096100 Flooring Treatment | <input type="checkbox"/> 112900 Postal, Pkging & Shipping Equip. |
| <input type="checkbox"/> 096200 Specialty Flooring | <input type="checkbox"/> 113000 Residential Equipment |
| <input type="checkbox"/> 096400 Wood Flooring | <input type="checkbox"/> 114000 Food Service Equipment |
| <input type="checkbox"/> 096500 Resilient Flooring | <input type="checkbox"/> 115100 Library Equipment |
| <input type="checkbox"/> 096600 Terrazzo Flooring | <input type="checkbox"/> 115200 Audio Visual Equipment |
| <input type="checkbox"/> 096700 Fluid-Applied Flooring | <input type="checkbox"/> 115300 Laboratory Equipment |
| <input type="checkbox"/> 096800 Carpeting | <input type="checkbox"/> 116000 Entertainment Equipment |
| <input type="checkbox"/> 096900 Access Flooring | <input type="checkbox"/> 116500 Athletic &Recreational Equipment |
| <input type="checkbox"/> 097200 Wallcoverings | <input type="checkbox"/> 117000 Healthcare Equipment |
| <input type="checkbox"/> 098000 Acoustic Treatment | <input type="checkbox"/> 118000 Collection & Disposal Equip. (Solid Waste) |
| <input type="checkbox"/> 099100 Painting | <input type="checkbox"/> 121000 Art |
| <input type="checkbox"/> 099400 Decorative Finishing | <input type="checkbox"/> 122000 Window Treatments |
| <input type="checkbox"/> 099600 High Performance Coating | <input type="checkbox"/> 123000 Casework |
| <input type="checkbox"/> 099700 Special Coatings | <input type="checkbox"/> 123600 Countertops |
| <input type="checkbox"/> 101100 Visual Display Surfaces | <input type="checkbox"/> 124000 Furnishings & Accessories |
| <input type="checkbox"/> 101400 Signage | <input type="checkbox"/> 125000 Furniture |
| <input type="checkbox"/> 101426 Post and Panel/Pylon Signage | <input type="checkbox"/> 129200 Interior Planters & Artificial Plants |
| <input type="checkbox"/> 102110 Toilet Partition Erection | <input type="checkbox"/> 129300 Site Furnishings |
| <input type="checkbox"/> 102113 Toilet Compartments | <input type="checkbox"/> 131100 Swimming Pools |
| <input type="checkbox"/> 102123 Cubicles | <input type="checkbox"/> 131200 Fountains |
| <input type="checkbox"/> 102226 Operable Partitions | <input type="checkbox"/> 131700 Tubs & Pools (Hot Tub/Whirlpool/Therapeutic) |
| <input type="checkbox"/> 102800 Toilet Bath & Laundry Accessories | <input type="checkbox"/> 132000 Special Purpose Rooms |
| <input type="checkbox"/> 103000 Fireplaces & Stoves | <input type="checkbox"/> 132126 Cold Storage Rooms |
| <input type="checkbox"/> 104300 Emergency Aid Specialties | <input type="checkbox"/> 132400 Special Activity Rooms (Sauna/Steam) |
| <input type="checkbox"/> 104400 Fire Protection Specialties | <input type="checkbox"/> 133000 Special Structures |
| <input type="checkbox"/> 105100 Lockers | <input type="checkbox"/> 142000 Elevators |
| <input type="checkbox"/> 105500 Postal Specialties | <input type="checkbox"/> 143000 Escalators & Moving Walks |
| <input type="checkbox"/> 105600 Storage Assemblies (Racking/Shelving) | <input type="checkbox"/> 144000 Lifts |
| <input type="checkbox"/> 105700 Wardrobe & Closet Specialties | <input type="checkbox"/> 148400 Powered Scaffolding (Window Washing) |
| <input type="checkbox"/> 107313 Awnings | <input type="checkbox"/> 149100 Facilities Chutes (Escape/Laundry/Trash) |
| <input type="checkbox"/> 107323 Car Shelters | <input type="checkbox"/> 149200 Pneumatic Tube Systems |
| <input type="checkbox"/> 107500 Flagpoles | <input type="checkbox"/> 210000 Fire Suppression (Sprinkler Systems) |
| <input type="checkbox"/> 108100 Pest Control Devices | <input type="checkbox"/> 212000 Fire Ext. Systems (Clean Agent/Wet-Dry Chemical) |
| <input type="checkbox"/> 108200 Grilles & Screens | <input type="checkbox"/> 220000 Plumbing |
| <input type="checkbox"/> 108300 Flags & Banners | <input type="checkbox"/> 221000 Plumbing, Piping & Pumps |
| <input type="checkbox"/> 108600 Security Mirrors & Domes | <input type="checkbox"/> 224000 Plumbing Fixtures |
| <input type="checkbox"/> 108800 Scales | <input type="checkbox"/> 230000 HVAC |
| <input type="checkbox"/> 109510 Misc. Specialties | <input type="checkbox"/> 232000 HVAC Piping & Pumps |
| <input type="checkbox"/> 111000 Vehicle Service Equipment | <input type="checkbox"/> 236000 Central Cooling Equipment |
| <input type="checkbox"/> 111100 Carwash | <input type="checkbox"/> 260000 Electrical Systems |
| <input type="checkbox"/> 111200 Parking Control Equipment | <input type="checkbox"/> 261000 Medium Voltage Electrical Dist. |
| <input type="checkbox"/> 111300 Loading Dock Equipment | <input type="checkbox"/> 262000 Low Voltage Electrical Dist. |
| <input type="checkbox"/> 111400 Pedestrian Control Equipment | <input type="checkbox"/> 263000 Electrical Power Generating & Store Equip. |
| <input type="checkbox"/> 111500 Security, Detention & Banking Equip. | <input type="checkbox"/> 265000 Lighting |
| <input type="checkbox"/> 112100 Mercantile & Service Equip. (Store) | |
| <input type="checkbox"/> 112300 Commercial Laundry & Dry Cleaning Equip. | |
| <input type="checkbox"/> 112400 Maintenance Equipment | |
| <input type="checkbox"/> 112500 Hospitality Equipment | |
| <input type="checkbox"/> 112800 Office Equipment | |

- | | |
|--|---|
| <input type="checkbox"/> 267000 Energy Management | <input type="checkbox"/> 329000 Planting & Landscaping |
| <input type="checkbox"/> 270000 Communications | <input type="checkbox"/> 330000 Site Utilities |
| <input type="checkbox"/> 272000 Data Communications | <input type="checkbox"/> 331000 Water Utilities |
| <input type="checkbox"/> 273000 Voice Communications | <input type="checkbox"/> 332000 Wells |
| <input type="checkbox"/> 275000 Communications & Monitoring Sys | <input type="checkbox"/> 332100 Drywells |
| <input type="checkbox"/> 280000 Electronic Safety & Security | <input type="checkbox"/> 334700 Ponds & Reservoirs (Retention Basins) |
| <input type="checkbox"/> 310000 Earthwork | <input type="checkbox"/> 337000 Electrical Utilities (Site) |
| <input type="checkbox"/> 313100 Soil Treatment | <input type="checkbox"/> 341000 Guideways & Railways |
| <input type="checkbox"/> 313113 Rodent/Termite Control | <input type="checkbox"/> 344000 Transportation Signaling & Control Equip. |
| <input type="checkbox"/> 313200 Soil Stabilization | <input type="checkbox"/> 401000 Process Integration (Gas, Vapor, Combustion) |
| <input type="checkbox"/> 313233 Shotcrete Soil Slope Stabilization | <input type="checkbox"/> 410000 Material Processing & Handling Equipment |
| <input type="checkbox"/> 314000 Shoring & Underpinning | <input type="checkbox"/> 412200 Hoists & Cranes |
| <input type="checkbox"/> 316400 Caissons | <input type="checkbox"/> 430000 Process Gas & Liquid Handling, Purification and Storage Equipment |
| <input type="checkbox"/> 316600 Special Foundations | <input type="checkbox"/> 440000 Pollution Control Equipment (Air, Noise, Dust) |
| <input type="checkbox"/> 321000 Bases, Ballasts & Paving | <input type="checkbox"/> 450000 Industry Specific Mfg. Equipment |
| <input type="checkbox"/> 321216 Asphalt Paving | |
| <input type="checkbox"/> 321600 Curb and Gutter | |
| <input type="checkbox"/> 321700 Paving Specialties (Bumpers & Marking) | |
| <input type="checkbox"/> 323100 Fences & Gates | |
| <input type="checkbox"/> 323200 Retaining Walls | |
| <input type="checkbox"/> 328000 Irrigation Systems | |

**IMPORTANT TAX DOCUMENT
SUBSTITUTE FORM W-9**

Request for Taxpayer Identification

The Internal Revenue Service Center (IRS) requires that we request your Taxpayer Identification Number (TIN) for information reporting purposes. We are required by law to obtain this information from you when making a reportable payment to you. If you do not provide the following information to us, your payments may be subject to 28% federal income tax backup withholding. Also, if you do not provide us with this information, you may be subject to penalties imposed by the Internal Revenue Service under Section 6723 of the Internal Revenue Code.

1. Taxpayer Name (As shown on your
Income Tax Returns): _____
Doing Business As (DBA) (Check will
be in Taxpayer's Name as indicated
above): _____

2. Taxpayer Address: _____

3. Remit To/Billing Address (If different
from Taxpayer Address): _____

4. Taxpayer Identification Number or if
Individual/Sole Proprietorship indicate
SSN: _____

5. Taxpayer is the following type of entity (check one):

- Corporation Partnership Individual/Sole Proprietorship
 Limited Liability Company Tax Exempt/Government Entity Other: Please Explain _____

CERTIFICATION:

Under Penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a US citizen or other US person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

Form Completed
By: _____

Signature: _____
(Sign Name)

Today's Date: _____

Main Phone
Number: _____

Main Fax Number: _____

PLEASE NOTE: INFORMATION REPORTED ON ITEMS 1, 2 AND 4 MUST BE CONSISTENT WITH DATA ON FILE WITH THE IRS AND SOCIAL SECURITY ADMINISTRATION.

AUTHORIZATION TO RELEASE CREDIT INFORMATION

The undersigned does hereby authorize any bank or trade reference with whom I am doing business with to release credit information to **Ryan Companies US, Inc** for the purpose of completing their subcontractor registration process.

Name of Business

Street Address

City _____ State _____ Zip _____

Signature

Print Name & Title

SAMPLE WORKER'S COMPENSATION EXPERIENCE RATE MODIFIER LETTER

ALL BONDS AND INSURANCE
100 First Avenue,
Hometown, MI 12345

April 18, 2018

Cre8tive Construction Concepts, Inc.
7960 Grand River Road, Ste 285
Brighton, MI 48114

RE: Acme Construction

To Whom It May Concern:

Please accept this letter as verification that the workers compensation experience modifier for the above is as follows:

Please call with any questions.

Sincerely,

Bob Smith



BLANKET Sample Certificate for Labor & Material Agreement

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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.

PRODUCER (877) 945-7378, CONTACT NAME: PRODUCER NAME, PHONE: (000) 000-0000, FAX: (000) 000-0000, INSURED: Sample XYZ Company

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICES 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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSR, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YY), POLICY EXP (MM/DD/YY), LIMITS. Rows include General Liability, Automobile Liability, Umbrella Liability, Workers Compensation and Employers Liability, and Professional Liability.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES

Certificate applicable to all projects for which Insured is performing operations for Cre8tive Construction Concepts, Inc or its subsidiaries. To the fullest extent permitted by law, Cre8tive Construction Concepts Inc., Owner and any other person or party as required by Owner under the General Contract shall be additional insured on a primary and non-contributory basis for general liability, Contractors Pollution Liability policy, and umbrella/excess as per forms CG 2010 0704 and CG 2037 0704 or their equivalent.

CERTIFICATE HOLDER: Cre8tive Construction Concepts Inc. Attn: Insurance Coordinator. CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 20 10 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – SCHEDULED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
As required per written contract.	All Locations OR As required per written contract.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 20 37 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location And Description Of Completed Operations
As required per written contract.	All Locations OR As required per written contract.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".