



## INSURANCE REFERENCE

**AGENT: Please return this page to the Subcontractor**

**Subcontractor-Please provide the following information**

To: (Insurance Agency): \_\_\_\_\_

Agency's Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

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

From: (Subcontractor) \_\_\_\_\_

This inquiry is authorized by:

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

Email: \_\_\_\_\_

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

**Insurance Agent-Please provide the following information:**

Is the subcontractor able to meet Tandem's minimum insurance requirements?

a. **Workers Compensation and Occupational Disease Insurance:** Workers Compensation and Occupational Disease Insurance

in accordance with the laws of the State of Florida, as specified below:

\$100,000 - Bodily injury each accident	Yes	No
\$500,000 - Bodily injury by disease policy limit	Yes	No
\$100,000 - Bodily injury by disease each employee	Yes	No

b. **For Subcontracts valued less than Five Hundred Thousand Dollars:** Commercial Liability Insurance (Primary and Umbrella)

or equivalent with the following limits, on Occurrence form:

General Aggregate Limit: (Other than Products – Completed Operations)	\$2,000,000	Yes	No
Products – Completed Operations Aggregate Limit:	\$1,000,000	Yes	No
Personal & Advertising Injury Limit:	\$1,000,000	Yes	No
Each Occurrence Limit:	\$1,000,000	Yes	No

c. **For Subcontracts valued at Five Hundred Thousand Dollars or more:** Commercial Liability Insurance (Primary and Umbrella)

or equivalent with the following limits, on Occurrence form:

General Aggregate Limit: (Other than Products – Completed Operations)	\$5,000,000	Yes	No
Products – Completed Operations Aggregate Limit:	\$5,000,000	Yes	No
Personal & Advertising Injury Limit:	\$5,000,000	Yes	No
Each Occurrence Limit:	\$5,000,000	Yes	No

What is this business' Worker's Comp EMR history for the past 3 years & the current year?

Please contact your Worker's Comp Agent to verify your Comp EMR:

Current Year: \_\_\_\_\_ 1 Year Ago \_\_\_\_\_ 2 Years Ago \_\_\_\_\_ 3 Years Ago \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

Signature of Agent: \_\_\_\_\_ Date: \_\_\_\_\_

The contents of this form are confidential and used solely to determine the applicant's qualifications. Your prompt response to this inquiry is greatly appreciated.



**BONDING REFERENCE**

**AGENT: Please return this page to the Subcontractor**  
**Subcontractor - Please provide the following information**

To: (Insurance Agency): \_\_\_\_\_

Agency's Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

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

FROM: (Subcontractor) \_\_\_\_\_

This inquiry is authorized by: Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

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

**Bonding Agent - Please provide the following information:**

Bonding Company (Surety, not Agent): \_\_\_\_\_

*(List complete Surety name as it appears on the Dept. of Treasury's Listing of Approved Sureties (Department Circular 570))*

Bonding Company Best Rating: \_\_\_\_\_

Bonding capacity in aggregate: \$ \_\_\_\_\_

Bonding capacity per project: \$ \_\_\_\_\_

Value of work currently bonded: \$ \_\_\_\_\_

Bonding rate per \$1,000: \_\_\_\_\_

Bond Agency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

Signature of Agent: \_\_\_\_\_ Date: \_\_\_\_\_

**The contents of this form are confidential and used solely to determine the applicant's qualifications. Your prompt response to this inquiry is greatly appreciated.**