

SUBCONTRACTOR PREQUALIFICATION PACKAGE

To Potential Subcontractors/Vendors:

Thank you for your interest in joining the Foresight Construction team of quality subcontractors. We understand that our subcontractors are the reason why we are able to consistently deliver value and quality to our clients. To ensure that all team members meet our strict quality standards, we require all our subcontractors to be prequalified before working on our projects.

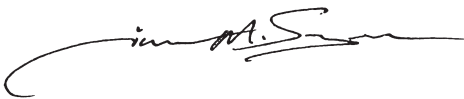
The Subcontractor/Vendor Prequalification Package consists of the following:

1. Contractor Qualification Statement
2. Authorization Letter
3. Form W-9
4. Copy of your current occupational license or state license
5. Certificates of the following insurances in the specified amounts:
 - » General Liability- \$1,000,000.00
 - » Worker's Compensation- \$500,000.00
 - » Automobile- \$1,000,000.00

Please fill out and return these documents as soon as possible to kmcpherson@foresightcgi.com.

The prequalification review process takes approximately 4-6 weeks. Please keep in mind that the time frame largely depends on the completeness of the application upon submission and the responsiveness of your references. Should you have any questions, please contact us at kmcpherson@foresightcgi.com or (352) 335-6352. Thank you.

Best Regards,



Juan M. Segarra
President/CEO
Foresight Construction Group



CONTRACTOR QUALIFICATION STATEMENT

Prepared for:
Foresight Construction Group, Inc.
5080 W. Newberry Road, Suite 2A
Gainesville, FL 32607

Legal Company Name: _____ Date: _____

Physical Address: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____ Web Address: _____

Federal Tax ID#: _____ Years in Business under Present Name: _____

Geographic Area of Business Operations: _____

Contracting Scope: _____

o Corporation o Partnership o Individual o Joint Venture o Other _____

Principals of Firm/Title: _____

Total Number of Permanent Employees: _____ % of Work done with own Forces: _____

Preferred Minimum and Maximum Size Project in Dollars: Minimum _____ Maximum _____

WORK HISTORY

List Two (2) Most Significant Projects worked on within last 12 months:

Project: _____ Project: _____

General Contractor: _____ General Contractor: _____

Address: _____ Address: _____

City: _____ Zip: _____ City: _____ Zip: _____

Contact: _____ Contact: _____

Phone: _____ Fax: _____ Phone: _____ Fax: _____

Amount: _____ % Complete: _____ Amount: _____ % Complete: _____

List Two (2) Significant Suppliers:

Company: _____ Company: _____

Address: _____ Address: _____

City: _____ Zip: _____ City: _____ Zip: _____

Contact: _____ Contact: _____

Phone: _____ Fax: _____ Phone: _____ Fax: _____



LICENSES

List Jurisdictions and Trade Categories in which your Organization is Legally Qualified to do Business, and indicate Registration or License Numbers, if applicable. Attach copy of licenses.

License #: _____ Jurisdiction: _____ Category: _____

License #: _____ Jurisdiction: _____ Category: _____

License #: _____ Jurisdiction: _____ Category: _____

SAFETY

Does your Firm have a Written Safety Program? Yes No

What is your Workmen's Compensation Experience Mod Rate? _____

In the Previous Three (3) Years, has your Firm been Cited for a Serious Violation (as defined by OSHA)? Yes No

If Yes, List Violations: _____

INSURANCE AND BONDING

Value of Work Presently Bonded \$ _____ Total Bonding Capacity: _____

Bonding Surety: _____

Bonding Agent: _____ Contact: _____ Phone: _____

Insurance Agent: _____ Contact: _____ Phone: _____

(Attach Copy of Insurance Certificate for General Liability, Worker's Compensation and Automobile)

FINANCIAL - Bank References

Bank: _____ Bank: _____

Address: _____ Address: _____

City: _____ Zip: _____ City: _____ Zip: _____

Contact: _____ Contact: _____

Phone: _____ Fax: _____ Phone: _____ Fax: _____

Account #: _____ Account #: _____

Do you have a Line of Credit? _____ If yes, with whom: _____

Amount of Line of Credit: _____ Annual Average of Sales Last Three (3) Years \$ _____

1. Has your firm failed to complete a contract? Yes No
2. Has your firm been involved in bankruptcy or reorganization? Yes No
3. Does your firm have any pending judgment claims or suits? Yes No

(If Yes, Submit Details on a Separate Sheet)

Attach a Financial Statement, including Firm's latest Balance Sheet and Income Statement, if available.

Submitted by: _____ Date: _____



CONTACT INFORMATION

General Contact Person /Title: _____

Phone Number: _____ Mobile Number: _____

Fax Number: _____ E-mail Address: _____

Estimating Contact Person: _____

Phone Number: _____ Mobile Number: _____

Fax Number: _____ E-mail Address: _____

Office Contact Person: _____

Phone Number: _____ Mobile Number: _____

Fax Number: _____ E-mail Address: _____

Additional Contact Person: _____

Phone Number: _____ Mobile Number: _____

Fax Number: _____ E-mail Address: _____

PLACE ON YOUR COMPANY LETTERHEAD

Date - *(Date of preparation)*

Name - *(Indicate the Name of the company that you are listing as a reference)*

Address - *(Please indicate the address of the company that you are listing as a reference)*

To Whom It May Concern:

You are hereby authorized to provide to Foresight Construction Group with verification of our credit and financial information including but not limited to: payment history, high and low credit balances, amount of credit lines, bonding capabilities and insurance coverages as part of their prequalification process.

Print Company Name: _____

Print Name: _____

Signed: _____

Date: _____

State of: _____

County of: _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____

By: _____ as: _____

for: _____

Notary: _____ Notary Seal:

My Commission Expires: _____

FORM MUST BE ON YOUR COMPANY LETTERHEAD

AUTHORIZATION LETTER

The following individuals are authorized to sign all legal documents on behalf of

Company Name of Subcontractor: _____

Signature of Officer: _____ Date: _____

Printed Name: _____

State of: _____

County of: _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____

By: _____ as: _____

for: _____

- Personally Known
- Provided the following identification

Notary: _____ Notary Seal:

My Commission Expires: _____

Request for Taxpayer Identification Number and Certification

**Give form to the
 requester. Do not
 send to the IRS.**

| | | |
|--|---|---|
| Print or type See Specific Instructions on page 2 | Name (as shown on your income tax return) | |
| | Business name, if different from above | |
| | Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ | |
| | Address (number, street, and apt. or suite no.) | Requester's name and address (optional) |
| | City, state, and ZIP code | |
| List account number(s) here (optional) | | |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

| |
|-------------------------------|
| Social security number |
| + |

or

| |
|---------------------------------------|
| Employer identification number |
| + |

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II 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 U.S. person (including a U.S. resident alien).

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. (See the instructions on page 4.)

| | | |
|------------------|----------------------------|--------|
| Sign Here | Signature of U.S. person ▶ | Date ▶ |
|------------------|----------------------------|--------|

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or

- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments (after December 31, 2002). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 4 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line. Check the appropriate box for your filing status (sole proprietor, corporation, etc.), then check the box for "Other" and enter "LLC" in the space provided.

Other entities. Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

Exempt payees. Backup withholding is not required on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
2. The United States or any of its agencies or instrumentalities,
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,

7. A foreign central bank of issue,
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
9. A futures commission merchant registered with the Commodity Futures Trading Commission,
10. A real estate investment trust,
11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
12. A common trust fund operated by a bank under section 584(a),
13. A financial institution,
14. A middleman known in the investment community as a nominee or custodian, or
15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, 1 through 15.

| IF the payment is for . . . | THEN the payment is exempt for . . . |
|--|--|
| Interest and dividend payments | All exempt recipients except for 9 |
| Broker transactions | Exempt recipients 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker |
| Barter exchange transactions and patronage dividends | Exempt recipients 1 through 5 |
| Payments over \$600 required to be reported and direct sales over \$5,000 ¹ | Generally, exempt recipients 1 through 7 ² |

¹See Form 1099-MISC, Miscellaneous Income, and its instructions.

²However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees; and payments for services paid by a Federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.socialsecurity.gov/online/ss-5.pdf. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses/ and clicking on Employer ID Numbers under Related Topics. You can get Forms W-7 and SS-4 from the IRS by visiting www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see *Exempt From Backup Withholding* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

| For this type of account: | Give name and SSN of: |
|---|---|
| 1. Individual | The individual |
| 2. Two or more individuals (joint account) | The actual owner of the account or, if combined funds, the first individual on the account ¹ |
| 3. Custodian account of a minor (Uniform Gift to Minors Act) | The minor ² |
| 4. a. The usual revocable savings trust (grantor is also trustee) | The grantor-trustee ¹ |
| b. So-called trust account that is not a legal or valid trust under state law | The actual owner ¹ |
| 5. Sole proprietorship or single-owner LLC | The owner ³ |
| For this type of account: | Give name and EIN of: |
| 6. Sole proprietorship or single-owner LLC | The owner ³ |
| 7. A valid trust, estate, or pension trust | Legal entity ⁴ |
| 8. Corporate or LLC electing corporate status on Form 8832 | The corporation |
| 9. Association, club, religious, charitable, educational, or other tax-exempt organization | The organization |
| 10. Partnership or multi-member LLC | The partnership |
| 11. A broker or registered nominee | The broker or nominee |
| 12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments | The public entity |

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one). If you are a sole proprietor, IRS encourages you to use your SSN.

⁴ List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

Coverage Requirements

General Liability, Auto Liability, and Worker's Compensation

General Liability:

1. General Liability should be on a per 'Project' General Aggregate basis
2. Add Additional Insured and provide a copy of the endorsement (needs to indicate it covers On-Going and Completed Operations, we recommend form CG2010 1185, or a combination of: CG2010 10 01 and CG2037 10 01; CG2010 07 04 and CG2037 07 04; or CG2010 04 13 and CG2037 04 13)
3. Add Waiver of Subrogation and provide a copy of the endorsement
4. Limits need to be at least the following:
 - a. EACH OCCURRENCE - \$1,000,000
 - b. GENERAL AGGREGATE - \$2,000,000
 - c. PRODUCTS – COMP/OP AGG - \$2,000,000
5. General Liability needs to be Primary and Non-Contributory
6. Provide a 30 Day Cancellation Notice
7. List Certificate Holder as follows:

D&M Construction Group, Inc. DBA
Foresight Construction Group, Inc.
5080 W Newberry Road, Suite 2A
Gainesville, FL 32607
8. Certificates need to be submitted on an Acord 25 (2016/03), the current version of the Acord form.

Auto Liability:

1. Provide coverage for 'Any Auto' or all of the following: 'Hired Autos' 'Scheduled Autos' and 'Non-Owned Autos'
2. Add Additional Insured and provide a copy of the endorsement.
3. Add Waiver of Subrogation and provide a copy of the endorsement.
4. The 'Combined Single Limit' must be at least \$1,000,000.
5. Provide a 30 Day Cancellation Notice
6. List Certificate Holder as follows:

D&M Construction Group, Inc. DBA
Foresight Construction Group, Inc.
5080 W Newberry Road, Suite 2A
Gainesville, FL 32607
7. Certificates need to be submitted on an Acord 25 (2016/03), the current version of the Acord form.

Workers Compensation:

1. Complete the exemption box with either a 'Y' or a 'N'. If yes, indicate who is exempt?
2. Add Waiver of Subrogation and provide a copy of the endorsement.
3. Limits need to be at least the following:
 - a. E.L. EACH ACCIDENT - \$500,000
 - b. E.L. DISEASE – EA EMPLOYEE - \$500,000
 - c. E.L. DISEASE – POLICY LIMIT - \$500,000
4. If the Worker's Compensation is through a Professional Employee Organization we will need to obtain a list of covered employees direct from the agent. Also, PEO companies do not cover subbed out work, therefore the subcontractor can not sub out any portion of their scope of work.
5. List Certificate Holder as follows:

D&M Construction Group, Inc. DBA
Foresight Construction Group, Inc.
5080 W Newberry Road, Suite 2A
Gainesville, FL 32607
6. Certificates need to be submitted on an Acord 25 (2016/03), the current version of the Acord form.



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. 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 have ADDITIONAL INSURED provisions or 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 Contractors Agent Street City, State, Zip Code Phone Number | CONTACT NAME: PHONE (A/C. No. Ext): E-MAIL ADDRESS: | FAX (A/C. No): |
| | INSURER(S) AFFORDING COVERAGE | |
| INSURED Contractor Street City, State, Zip Code Phone Number | INSURER A: Name of Insurance Company | XXXXXX |
| | INSURER B: Name of Insurance Company | XXXXXX |
| | INSURER C: Name of Insurance Company | XXXXXX |
| | INSURER D: Name of Insurance Company | XXXXXX |
| | INSURER E: Name of Insurance Company | XXXXXX |
| | INSURER F: Name of Insurance Company | XXXXXX |

COVERAGES**CERTIFICATE NUMBER:****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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | Y | Y | Policy Number | Date | Date | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| B | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | Y | Y | Policy Number | Date | Date | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| C | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | Policy Number | Date | Date | EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 |
| D | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N N | N/A | Policy Number | Date | Date | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000 |

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

Certificate Holder is named as Additional Insured regarding General Liability (for On-Going & Completed Operations per attached form CG2010 (11/85) or its equivalent) and on Automobile Liability. General Liability on a "Per Project" General Aggregate basis. General & Auto Liability on a Primary and Non-Contributory basis as required by written contract. Waiver of Subrogation in favor of Certificate Holder applies to General Liability, Automobile Liability and Workers Compensation as required by written contract. Umbrella as required by written contract will follow form. 30 Day Notice of Cancellation for all applicable policies listed above as per written contract.

CERTIFICATE HOLDER**CANCELLATION**

| | |
|---|---|
| D&M Construction Group, Inc. DBA Foresight Construction Group, Inc. 5080 W Newberry Road, Suite 2A Gainesville, FL 32607 | 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 |
|---|---|

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