ALL (If your firm is planning on bidding, if not please disregard) – ADDENDUM 1, 2, 4, is included in the project link below. Bidders Form (SB Form A) is also included and required.

LINK: https://www.webberplans.com/#files/share/F30C9D62A0

REMINDER: BIDS DUE BY December 7, 2026, AT 5:00PM.
See attached Bonding Assistance Information Notice and Subcontractor and Supplier Insurance Notices and COI Samples.

SMALL BUSINESS INFORMATION:
PLEASE ENSURE ALL SBE FORMS ARE COMPLETED AND SUBMITTED IN A TIMELY MANNER.
THE CUT OFF FOR SBE FORMS SUBMISSON IS DECEMBER 3, 2026, AT 5PM.

If your business carries a Small Business Enterprise (SBE) Certification, provide NCDOT-SBE certification letter/documentation status. If you are not an SBE, you should confirm eligibility and certify through RDUAA. NCDOT-certified Small Business Enterprises (SBE) firms are eligible to apply for reciprocal certification. Online SB certification is available through RDUAA Small Business Contract Compliance System.
Link: https://rdu.diversitycompliance.com/?TN=rdu

To Continue Receiving Bid Solicitations, Update Your Vendor Profile:

Webber Plan Room

webber bid opportunity

Webber LLC is soliciting proposals from subcontractors and suppliers for the following project
(*Please disregard this solicitation if you are not planning to bid on this project*):

TAXIWAY J REHABILITATION	
Bid Date:	Tuesday, December 8, 2026, *before 1:00pm EST*
Quotes Due:	***Monday, December 7, before 5:00 PM EST***
Owner:	Raleigh-Durham Airport Authority
Solicitation No.:	211240
Scope of Work:	DESCRIPTION OF WORK: The scope of work includes complete full-depth concrete reconstruction of Taxiway J (Juliet), excluding the existing taxiway bridge pavement, along with reconstruction and widening of the asphalt shoulders and associated edge lighting infrastructure. The project also includes replacement of the taxiway centerline lighting system, except within the limits of the existing taxiway bridge, replacement of in-pavement weather sensors and the remote processing unit, and tree clearing within the project limits.

Est. Cost:	$14,000,000.00
Small Business Enterprise (SBE):	SBE: 5%

Quotes *must* be received December 7, 2026, in order to be considered and must indicate 1) Subcontractor/supplier Contact Name 2) Telephone number 3) Address 4) Email address, 5) North American Industry Classification System (NAICS) code(s) that best describe the products and/or services to be provided. 5) Firms Age in Years 6) Firms Annual Gross Receipts 7) Small Business/Non-SB status. All quotes must be in pdf format as an attachment.

SBE: Please provide your 1) If applicable, include your SB Supplier Affirmation (SB FORM C). 2) If applicable, include your Intent to Perform-Supplier (SB FORM D). 3) If applicable, include your Intent to Perform-Subcontractor (SB FORM E). 4) If applicable, include your Trucking Utilization Form (SB FORM G). 5) If applicable, include your Regular Dealer Questionnaire (SB FORM I).

The following work categories are available for bidding:

- SWPPP/EROSION CONTROL
- GRASSING
- TEMPORARY HAUL ROAD
- CONCRETE BATCH PLANT
- REMOVALS & EARTHWORK
- SUBGRADE
- ASPHALT
- CONCRETE PAVEMENT
- BRIDGE REPAIR
- ELECTRICAL
- PAVEMENT MARKINGS
- PIPE LINING
- STORM DRAINAGE
- SAW & SEAL
- TESTING
- AGGREGATES
- TRUCKING

Official Bid Plans and Specifications are available for viewing and/or download online at:

https://www.webberplans.com/#files/share/F30C9D62A0

Please submit proposals and any questions directly to the Webber Estimating Department:

webberestimating@wwebber.com

SB FORM A

BIDDERS FORM

Raleigh-Durham Airport Authority

Solicitation Name: RDU Taxiway J Rehab	Bidder Contact Name: Webber, LLC	Bidder Email Address: webberestimating@wwebber.com

The US Department of Transportation (DOT) requires the Raleigh-Durham Airport Authority (Authority) to collect the following information for all firms that are participating, or attempting to participate, on DOT-assisted contracts. The list must include all firms (including SBs and Non-SBs) that bid on contracts or bid or quote subcontracts and materials supplies on DOT-assisted projects, per 49 CFR Part 26.11. Note that each bidder (primes, subs and suppliers) **may** complete an individual form. **Include additional forms as necessary**. NAICS codes are located on the US Census Bureau website.

Firm Name	Address	City	State	Zip Code	NAICS Code(s) Seeking to Perform	Firm Age in Years	SB/ Non-SB Status	Firm Annual Gross Receipts
					; ;	Choose an item.	Choose an item.	Choose an item.
					; ;	Choose an item.	Choose an item.	Choose an item.
					; ;	Choose an item.	Choose an item.	Choose an item.
					; ;	Choose an item.	Choose an item.	Choose an item.
					; ;	Choose an item.	Choose an item.	Choose an item.
					; ;	Choose an item.	Choose an item.	Choose an item.
					; ;	Choose an item.	Choose an item.	Choose an item.
					; ;	Choose an item.	Choose an item.	Choose an item.
					; ;	Choose an item.	Choose an item.	Choose an item.

SB SUPPLIER AFFIRMATION

Raleigh-Durham Airport Authority

Sections 26.53(c)(1) of Title 49 Code of Federal Regulations requires the Raleigh-Durham Airport Authority (Authority) make a preliminary counting determination for each SB listed as a regular dealer or distributor to assess its eligibility for 60% or 40% credit, respectively, of the cost of materials and supplies based on its demonstrated capacity and intent to perform as a regular dealer or distributor, as defined in section 26.55(e)(2)(iv)(A),(B),(C), and (3) under the contract at issue.

Each bidder shall provide an Intent to Perform for each supplier listed for SB credit. The Authority may also request a contract or purchase order showing the materials the SB regular dealer or distributor is supplying.

Solicitation Name: RDU Taxiway J Rehab	**Bidder Name:** Webber, LLC
SB Firm Name:	**SB Contact Name:**
Subcontract/Purchase Order Amount:	**NAICS Code(s) Items to be Sold/Leased:**

To Be Completed by the SB Supplier – Review 49 CFR 26.55

1. Will all items sold or leased be provided from the on-hand inventory at your establishment?
   - ☐ **Yes**. Your performance will satisfy the **regular dealer** requirements and may be counted at 60%. **Read and sign the affirmation below. The form is complete.**
   - ☐ **No.** Go to Question 2.

2. Are you selling bulk items (e.g., petroleum products, steel, concrete, gravel, asphalt, etc.) or items not typically stocked due to their unique characteristics (i.e., specialty items)?
   - ☐ **Yes.** Go to Question 4
   - ☐ **No.** Go to Question 3.

3. Will at least 51% of the items you are selling be provided from the inventory maintained at your establishment, and will the minor quantities of items delivered from and by other sources be of the general character as those provided from your inventory?
   - ☐ **Yes**. Your performance will satisfy the **regular dealer** requirements and may be counted at 60%. **Read and sign the affirmation below. The form is complete.**
   - ☐ **No.** Go to Question 3.

4. Will you deliver all bulk or specialty items using distribution equipment you own (or under a long-term lease) and operate?
   - ☐ **Yes**. Your performance will satisfy the **regular dealer** requirements and may be counted at 60%. **Read and sign the affirmation below. The form is complete.**
   - ☐ **No.** Go to Question 5.

5. Will the written terms of your purchase order or bill of lading from a third-party transfer responsibility, including risk for loss or damage, to your company at the point of origin (e.g., a manufacture's facility)?
   - ☐ **Yes**. Go to Question 6.
   - ☐ **No.** Your performance will be counted as a **broker**, per § 26.53(e)(3). Participation is limited to the reasonable cost of fees or commissions charged; the cost of materials or supplies may not be counted. **Read and sign the affirmation below. The form is complete.**

6. Will you be using sources other than the manufacturer (or other seller) to deliver or arrange delivery of the items sold or leased?
   - ☐ **Yes**. Your performance will satisfy the requirements of a distributor; therefore, the value of items sold or leased may be counted at 40%. **Read and sign the affirmation below. The form is complete.**
   - ☐ **No.** Your performance will be counted as a broker, per § 26.53(e)(3). **Read and sign the affirmation below. The form is complete.**

SB AFFIRMATION: I affirm that the information that I provided above is true and correct and that my company's subsequent performance of a commercially useful function will be consistent with the above responses. I further affirm that my company will independently negotiate price, order specified quantities, and pay for the items listed in the bidder's commitment. This includes my company's responsibility for the quality of such items in terms of necessary repairs, exchanges, or processing of any warranty claims for damaged or defective materials.

Printed Name of SB's Authorized Representative:	Signature:	Date:

BIDDER AFFIRMATION: The bidder acknowledges its responsibility for verifying the information provided by the SB named above and ensuring that the counting of the SB's participation is accurate. Any shortfall caused by errors in counting are the responsibility of the bidder.

Printed Name of Bidder's Authorized Representative:	Signature:	Date:

INTENT TO PERFORM - SUPPLIER

Raleigh-Durham Airport Authority

Submission of the Intent to Perform Form for each SB firm shall constitute a representation by the Prime Contractor to the Authority that it believes such SB to be certified as a SB to perform the work as designated and the SB is not affiliated with the Contractor as defined herein. It shall also represent a commitment by the Contractor that if it is awarded the Contract, it will enter into a subcontract with the listed SB for the work described at the approximate price and percentage set forth.

INCLUDE SB CERTIFICATION LETTER

Solicitation Name: RDU Taxiway J Rehab	**Bidder Name:** Webber, LLC
SB Firm Name:	**SB Contact Name:**
SB Contact Email Address:	

SB Supplier Credit Type: *(from the SB Supplier Affirmation Form)*	☐Manufacturer (100% Credit) ☐Regular Dealer (60% Credit) ☐Distributor (40% Credit) ☐Broker, Other (Reasonable fees or commissions including transportation charges for the delivery of materials or supplies; the cost of materials or supplies may not be counted)
SB Subcontract/Purchase Order Amount:	$____
Credited SB Participation (Manufacturers and Regular Dealers):	$____ X Choose an item. = $____ *(Total SB Contract Amount *(1 or 0.6 or 0.4) = Credited SB Participation)*

Credited SB Participation (Brokers Only):	$____ *Reasonable fees or commissions including transportation charges for the delivery of materials or supplies; the cost of materials or supplies may not be counted*

% SB Participation	$____ / $____ = ____ % *(Credited SB Participation / Total Bid Amount = % SB Participation)*
NAICS Code(s) Items to be Sold/Leased:	____
Description of Equipment or Materials Supplied:	____

Subcontractor Certification

I affirm that the information that I provided above is true and correct and that my company's subsequent performance of a commercially useful function will be consistent with the above responses. I further affirm that my company will independently negotiate price, order specified quantities, and pay for the items listed in the bidder's commitment. I acknowledge that the firm is not permitted to further subcontract work specified in the bid or proposal, as described above without the Authority's written permission, which shall be given or withheld in the Authority's sole discretion.

Printed Name of SB's Authorized Representative:	**Signature:**	**Date:**

Prime Contractor Certification

The bidder acknowledges its responsibility for verifying the information provided by the SB named above and ensuring that the counting of the SB's participation is accurate. The undersigned affirms that the Prime Contractor has no ownership or financial interest in the SB firm listed above. Except as authorized by the Authority, the undersigned will enter into a formal agreement with the listed SB firm for work as indicated by this form within (10) business days after receipt of the contract executed by the Authority. The undersigned will, if requested, provide the Small Business Program Office a copy of that agreement within three (3) business days of execution.

Printed Name of Bidder's Authorized Representative:	**Signature:**	**Date:**

INTENT TO PERFORM - SUBCONTRACTOR

Raleigh-Durham Airport Authority

Submission of the Intent to Perform Form for each SB firm shall constitute a representation by the Prime Contractor to the Authority that it believes such SB to be certified as a SB to perform the work as designated and the SB is not affiliated with the Contractor as defined herein. It shall also represent a commitment by the Contractor that if it is awarded the Contract, it will enter into a subcontract with the listed SB for the work described at the approximate price and percentage set forth.

INCLUDE SB CERTIFICATION LETTER

Solicitation Name: RDU Taxiway J Rehab | Project 211240	**Bidder Name:** Webber, LLC
SB Firm Name:	**SB Contact Name:**
SB Contact Email Address:	

The undersigned subcontractor intends to perform the following described work listed in connection with the above project:

1. Scope of Work Description: _____
2. NAICS Code(s) of Work to be Performed:
   NAICS codes are located on the US Census Bureau website _____
3. Price and Percentage of SB Participation: $ _____ % _____
4. Projected Commencement Date: _____
5. Projected Completion Date: _____

Subcontractor Certification

The undersigned SB Subcontractor acknowledges that the firm is not permitted to further subcontract the work specified in the Bid or Proposal as SB participation without the Authority's prior written permission, which shall be given or withheld in the Authority's sole discretion.

Printed Name of SB's Authorized Representative:	**Signature:**	**Date:**

Prime Contractor Certification

The bidder acknowledges its responsibility for verifying the information provided by the SB named above and ensuring that the counting of the SB's participation is accurate. The undersigned affirms that the Prime Contractor has no ownership or financial interest in the SB firm listed above. Except as authorized by the Authority, the undersigned will enter into a formal agreement with the listed SB firm for work as indicated by this form within (10) business days after receipt of the contract executed by the Authority. The undersigned will, if requested, provide the Small Business Program Office a copy of that agreement within three (3) business days of execution.

Printed Name of Bidder's Authorized Representative:	**Signature:**	**Date:**

SB FORM G

TRUCKING UTILIZATION FORM – PAGE 1

Raleigh-Durham Airport Authority

This form is required for bidders with SB participation in the areas of hauling, trucking or transportation services. Submit this form with the bid.

A	B		C	D				E
Name of SB Trucking Firm *Firms listed in SB FORM A*	**Number of Trucks**		**Number of Employees/ Drivers***	**Leased Trucks** *Trucks being leased by Firms listed in Column A*				**Dollar Amount of SB Participation**
	Owned	**Leased**		**Firm Name**	**SB Firm**	**Non-SB Firm**	**Firm Drivers Used?**	
					☐	☐	☐ Yes ☐ No	$
					☐	☐	☐ Yes ☐ No	$
					☐	☐	☐ Yes ☐ No	$
					☐	☐	☐ Yes ☐ No	$
					☐	☐	☐ Yes ☐ No	$
					☐	☐	☐ Yes ☐ No	$
					☐	☐	☐ Yes ☐ No	$
					☐	☐	☐ Yes ☐ No	$
Total Dollar Value of Work by SB Trucking Firm Using SB Firm Employees/Drivers								$
Total Dollar Value of Work by Non-SB Trucking Firm Using Non- SB Firm Drivers								$

**Represents employees, not contracted drivers*

Printed Name of Bidder's Authorized Representative:	**Title:**
Signature:	**Date:**

TRUCKING UTILIZATION FORM – PAGE 2

Raleigh-Durham Airport Authority

WHO OWNS THE TRUCK?		WHO DRIVES THE TRUCK?		HOW MUCH SB PARTICIPATION?
1. SB Truck **Firm A**	+	SB Truck **Firm A** Employees*	=	100% credit
2. SB Truck **Firm A** • Subcontracts to SB **Firm B**	+	SB Truck **Firm A** Employees*	=	100% credit
3. SB Truck **Firm A** • Subcontracts to SB **Firm B**	+	SB Truck **Firm B** Employees*		100% credit
4. SB Truck **Firm A** • Leases trucks from Non-SB Truck **Firm C**	+	SB Truck **Firm A** Employees*	=	100% credit
5. SB Truck **Firm A** • Subcontracts to Non-SB Truck **Firm C**	+	Non-SB Truck **Firm C** Non-SB Truck **Firm C** Employees **Value of** SB Trucks must be **equal to or greater than** value of non-SB trucks	=	100% credit
6. SB Truck **Firm A** • Subcontracts to Non-SB Truck **Firm C**	+	Non-SB Truck **Firm C** Non-SB Truck **Firm C** Employees Value of **non-SB trucks exceeds the value of SB trucks**	=	• Credit only for the value of fees or commission, not hauling fees • Must be pre-approved by RDUAA

**SB employees, not 1099 contracted drivers*

- **Examples #1 & 2:** The SB may receive credit for the total value of the transportation services it provides on the contract using trucks it owns, insures, and operates using drivers it employs. The SB must itself own and operate at least one fully licensed, insured, and operational truck used on the contract.
- **Example #3:** The SB who leases trucks from another SB receives credit for the total value of the transportation services the lessee SB provides on the contract.
- **Example #4:** The SB may receive credit for the total value of the transportation services it provides when leasing from a non-SB firm provided it uses its own SB employee drivers.
- **Example #5:** The SB may lease trucks from a non-SB firm, including from an owner-operator. The SB that leases trucks equipped with drivers from a non-SB is entitled to credit for the total value of transportation services provided by non-SB leased trucks equipped with drivers not to exceed the value of transportation services on the contract provided by SB-owned trucks or leased trucks with SB employee drivers.
- **Example #6:** Same as above, but value of transportation services provided by the non-SB exceeds the value of SB services. **Requires prior approval by RDUAA.**

REGULAR DEALER QUESTIONNAIRE

Raleigh-Durham Airport Authority

Solicitation Name: RDU Taxiway J Rehab	**Bidder Name:** Webber, LLC
SB Firm Name:	**SB Contact Name:**
SB Contact Email Address:	

Per 49 CFR Part 26.55(e)(2)(iv), the Raleigh-Durham Airport Authority (Authority) must establish a system to determine whether a "regular dealer" over a reasonable period of time, keeps sufficient quantities and regularly sells the items to be supplied in a federally-assisted contract. **This questionnaire is designed to determine that a SB regular dealer over a reasonable period of time, keeps sufficient quantities and regularly sells the items in question.**

SB Regular Dealer: a firm that owns (or leases) and-operates, a store, warehouse, or other establishment in which the materials, supplies, articles or equipment of the general character described by the specifications and required under the contract are bought, kept in sufficient quantities, and regularly sold or leased to the public in the usual course of business. (§26.55 (e)(2)(ii))

List Equipment or Materials Supplied (Items):	Quantity of Equipment or Materials Supplied:
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____

1. **Were the items above sold from the firm's physical inventory?** ☐ **Yes** ☐ **No**
2. **Does your firm own/lease and operate the establishment where products are kept?** ☐ **Yes** ☐ **No**
3. **For each item listed above, list average quantity sold in a single transaction:**
   a. _____ b. _____ c. _____ d. _____
4. **For each item listed above, list low and peak inventory (high inventory and low inventory levels):**

Item	Low Quantity	Peak Quantity
a.	_____	_____
b.	_____	_____
c.	_____	_____
d.	_____	_____

Bulk Items: A SB may be a regular dealer in such **bulk items** as petroleum products, steel, concrete or concrete products, gravel, stone, or asphalt without owning, operating, or maintaining a place of business as provided in paragraph (e)(2)(ii) of this section if the firm both owns and operates distribution equipment used to deliver the products.

5. **Are you selling bulk items (e.g., petroleum products, steel, concrete, gravel, asphalt, etc.)?** ☐ **Yes** ☐ **No**
6. **Describe the distribution equipment required for this product:** _____
7. **Does your firm own/lease distribution equipment suitable for the products?** ☐ **Yes** ☐ **No**
8. **Are your employees licensed to operate the distribution equipment?** ☐ **Yes** ☐ **No**

Printed Name of Regular Dealer's Authorized Representative:	**Title:**

Signature:	**Date:**

webber
A Ferrovial company

BONDING ASSISTANCE INFORMATION

If you need assistance in obtaining bonding, you can refer to Small Business Administration (SBA). The SBA has a surety bonding program that includes webinars and a list of bonding companies recommended by the SBA. Information about the program is found here:

https://www.sba.gov/funding-programs/surety-bonds

If you have any questions, please feel free to reach out to our Diversity Contract Compliance Manager, Sairi Bueno via email at sairi.bueno@wwebber.com.

NOTICE TO SUBCONTRACTOR OF MINIMUM INSURANCE REQUIREMENTS
Prior to any work, Subcontractor shall furnish to Ebix BPO a certificate of insurance with endorsements the below minimum coverages.

Commercial General Liability
Each Occurrence: $2,000,000
General Aggregate: $2,000,000
Products/Completed Operations: $2,000,000
Personal/Advertising Injury: $1,000,000
Fire Damage (any 1 fire): $50,000
Medical Expenses (any one person): $5,000
Policy must be endorsed to provide that aggregate limits apply on a per project basis
Coverage must include broad form property damage, product completed operation (minimum 3 years past completion of project), independent contractor's liability, blanket contractual liability covering Subcontractor's indemnity obligations.

Business Automobile Liability
Bodily Injury (per person): $250,000
Bodily Injury (per accident): $500,000
Property Damage: $250,000 or combined single limit $1,000,000
Coverage must include all owned, non-owned and hired vehicles.

Workers' Compensation and Employer's Liability Insurance (MINIMUM REQUIREMENTS)

Workers' Compensation – Statutory – As required by law in Texas.
Coverage must include USL&H, Jones Act, Outer Continental Shelf Land Act, Maritime & Federal Employers Liability Act coverage & Defense Base Act, if applicable
Coverage must include All States coverage
Employer's Liability:
Each Accident: $1,000,000
Disease – Policy Limit: $1,000,000
Disease –Each Employee: $1,000,000
Coverage must include all Partners, Proprietors, and Executive Officers.

Pollution Liability
Per Claim: $1,000,000
General Aggregate: $1,000,000
Coverage must remain in full force and effect until at least 5 years after the period during which the Work was being provided.

Umbrella or Excess Liability Insurance
In excess of WC, CGL, & AL above: $2,000,000

Subcontractor's Equipment
Webber must be named as a loss payee under this policy if the equipment is owned by, leased by or borrowed from Webber.
Coverage must include all tools and construction equipment owned, leased , or borrowed by Subcontractor, Lower-Tier-Subcontractors and their respective employees.
Coverage must include full replacement value of tools and equipment.

Architect/Engineers Professional Liability (if applicable)
General Aggregate: $1,000,000
Per Claim: $1,000,000
Coverage must be maintained during the period for which such Work is performed and for at least 3 years after the end of the warranty period.

Contact Information
Certificates of Insurance and Endorsements should be sent to:

Webber, LLC
c/o Ebix BPO
P.O. Box 100085 - W2
Duluth, GA 30096
webber@ebix.com

CERTIFICATE OF LIABILITY INSURANCE

Date: MM/DD/YY

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 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 Phone: Fax: Name & Address of Producer	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:
	INSURER(S) AFFORDING COVERAGE NAIC #
INSURED Name & Address of Insured	INSURER A: **AM Best Rating A-, Or Better** **provide** INSURER B: **AM Best Rating A-, Or Better** **provide** INSURER C: **AM Best Rating A-, Or Better** **provide** INSURER D: **AM Best Rating A-, Or Better** **provide**

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF DATE (MM/DD/YY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	**GENERAL LIABILITY** [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR [X] Primary & Non Contributory [ ] _____ GENERAL AGG. LIABILITY APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	Y	Y				EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS -COMP/OP AGG	$2,000,000 $50,000 $5,000 $1,000,000 $2,000,000 $2,000,000
B	**AUTOMOBILE LIABILITY** [X] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [ ] HIRED AUTOS [ ] NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000 $250,000 $500,000
C	[X] **UMBRELLA LIAB** [ ] OCCUR [ ] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION						EACH OCCURRENCE AGGREGATE	$2,000,000
D	**WORKERS COMPENSATION AND EMPLOYER'S LIABILITY** ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [ ] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Y				[X] WC STATUTORY LIMITS [ ] OTHER E.L.EACH ACCIDENT E.L.DISEASE - EA EMPLOYEE E.L.DISEASE - POLICY LIMIT	$1,000,000 $1,000,000 $1,000,000

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

- Additional Insured Endorsement forms must be provided in addition to the Certificate of Insurance naming: Webber LLC and other parties is named as additional insured for General Liability.
- Certificate must indicate coverage is Primary/Non-Contributory for all policies except for Workers Compensation.
- Waiver of Subrogation form must be provided in addition to the Certificate of Insurance in favor of: Webber LLC and other parties for the General Liability and Workers Compensation.
- Workers Compensation Coverage must be provided for the state in which your business is domiciled.

CERTIFICATE HOLDER	**CANCELLATION**
Webber LLC Insurance Compliance PO Box 100085 - W2 Duluth, GA 30096	**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** **Certificate Must be Signed**

Sample

NOTICE TO TRUCKING/HAULING SUBCONTRACTOR OF MINIMUM INSURANCE REQUIREMENTS

Trucker/Hauler, at its own expense, shall obtain, before commencement, and maintain until final acceptance of the Project, the policies of insurance in the amounts specified below, or increased limits if the Project so requires, as well as any other insurance that may be required by Webber, Owner, and any other related parties.

Commercial General Liability
Coverage of note less than $1,000,000 each occurrence and $2,000,000 general aggregate. Aggregate limits shall be on a per project basis. Coverage shall include Bodily Injury/Property Damage, Personal Injury, Advertising Injury, and losses falling within the "projects-completed operations hazard".

Workers' Compensation
Coverage in accordance with statutory limits required where the Work is being performed and Employer's Liability coverage of not less than $500,000 each accident.

Automobile Liability
Coverage of not less than $1,000,000 each accident, covering "any auto," or covering all owned, non-owned and hired vehicles used in its operations.

Umbrella/Excess Liability
Coverage of not less than $1,000,000 and is as broad as the primary.

Contact Information
Certificates of Insurance and Endorsements should be sent to:

Webber, LLC
Insurance Compliance
P.O. Box 100085 - W2
Duluth, GA 30096
webber@ebix.com

Endorsements
The above coverages must include the additional insured endorsement and endorsement waiving subrogation rights in favor of Webber.

Policy Cancellation
Each policy shall be endorsed to state that coverage cannot be cancelled or non-renewed except after 30 days prior written Notice, or 10 days in the case of cancellation for non-payment of premium, has been given to Webber.

Failure of Compliance
Failure of a Consultant to comply with the insurance requirements, is a material breach and Webber may suspend the services until Consultant is in compliance.

CERTIFICATE OF LIABILITY INSURANCE

Date: MM/DD/YY

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 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 Phone: Fax: Name & Address of Producer	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:
	INSURER(S) AFFORDING COVERAGE NAIC #
INSURED Name & Address of Insured	INSURER A: **AM Best Rating A-, Or Better** **provide** INSURER B: **AM Best Rating A-, Or Better** **provide** INSURER C: **AM Best Rating A-, Or Better** **provide** INSURER D: **AM Best Rating A-, Or Better** **provide**

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF DATE (MM/DD/YY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	**GENERAL LIABILITY** [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR [X] Primary & Non Contributory [ ] _____ GENERAL AGG. LIABILITY APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	Y	Y				EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS -COMP/OP AGG	$1,000,000 $50,000 $5,000 $500,000 $2,000,000 $1,000,000
B	**AUTOMOBILE LIABILITY** [X] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [ ] HIRED AUTOS [ ] NON-OWNED AUTOS	Y					COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
C	[X] **UMBRELLA LIAB** [ ] OCCUR [ ] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION						EACH OCCURRENCE AGGREGATE	$1,000,000 $1,000,000
D	**WORKERS COMPENSATION AND EMPLOYER'S LIABILITY** ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [ ] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Y				[X] WC STATUTORY LIMITS [ ] OTHER E.L.EACH ACCIDENT E.L.DISEASE - EA EMPLOYEE E.L.DISEASE - POLICY LIMIT	 $500,000 $500,000 $500,000

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

- Additional Insured Endorsement forms must be provided in addition to the Certificate of Insurance naming: Webber LLC is named as additional insured for General Liability and Auto Liability.
- Certificate must indicate coverage is Primary/Non-Contributory for all policies except for Workers Compensation.
- Waiver of Subrogation form must be provided in addition to the Certificate of Insurance in favor of: Webber LLC for the General Liability and Workers Compensation.
- Workers Compensation Coverage must be provided for the state in which your business is domiciled.

CERTIFICATE HOLDER	**CANCELLATION**
Webber LLC Insurance Compliance PO Box 100085 - W2 Duluth, GA 30096	**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** **Certificate Must be Signed**

NOTICE TO SUBCONTRACTOR OF MINIMUM INSURANCE REQUIREMENTS FOR INCIDENTAL WORK ORDER

Evidence of Insurance
Proof of the required insurance is evidenced by a Certificate of Insurance on an Acord form, provided by your insurance agent or broker. This form must be in the possession of Webber or Ebix BPO before the Work commences.

Contact Information
Certificates of Insurance and Endorsements should be sent to:

Webber, LLC
c/o Ebix BPO
P.O. Box 100085-W2
Duluth, GA 30096
webber@ebix.com

Commercial General Liability (MINIMUM REQUIREMENTS)
Providing coverage for both damage to property and injury to persons, expressly insuring Subcontractor's indemnity obligations as referenced in the subcontract agreement, in an amount not less than $1,000,000 each occurrence, and $2,000,000 in the aggregate, and including coverage for losses falling with the "products-completed operations.

Business Automobile Liability (MINIMUM REQUIREMENTS)
Providing coverage for both damage to property and damage injury to persons, expressly insuring Subcontractor's indemnity obligations referenced in the subcontract agreement, in an amount not less than $1,000,000 combined single limit. Coverage must include all owned, leased, non-owned and hired vehicles.

Workers' Compensation and Employer's Liability Insurance (MINIMUM REQUIREMENTS)
Workers' Compensation – Statutory – As required by law in Texas.

Policy Cancellation
Each policy shall be endorsed to state that coverage cannot be cancelled or non-renewed except after 30 days prior written Notice, or 10 days in the case of cancellation for non-payment of premium, has been given to Webber.

Additional Insured
Subcontractor agrees to name Webber as an additional insured under each policy, on a primary and non-contributory basis. Subcontractor agrees to furnish Webber with the written form CG 20 10 10 01 and CG 20 37 10 01, or an endorsement providing equivalent coverage.

Failure of Compliance
Failure of a Subcontractor to comply with the insurance requirements, including failure to furnish and maintain evidence insurance as required is a material breach and Webber may suspend performance of the Work at the project site until in compliance.

CERTIFICATE OF LIABILITY INSURANCE

Date: MM/DD/YY

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	INSURER(S) AFFORDING COVERAGE NAIC #
INSURED Name & Address of Insured	INSURER A: **AM Best Rating A-, Or Better** **provide** INSURER B: **AM Best Rating A-, Or Better** **provide** INSURER C: **AM Best Rating A-, Or Better** **provide** INSURER D: **AM Best Rating A-, Or Better** **provide**

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF DATE (MM/DD/YY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	**GENERAL LIABILITY** [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR [X] Primary & Non Contributory [ ] _____ GENERAL AGG. LIABILITY APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	Y	Y				EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS -COMP/OP AGG	$1,000,000 $50,000 $5,000 $500,000 $2,000,000 $1,000,000
B	**AUTOMOBILE LIABILITY** [X] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [ ] HIRED AUTOS [ ] NON-OWNED AUTOS	Y					COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
	[ ] **UMBRELLA LIAB** [ ] OCCUR [ ] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION						EACH OCCURRENCE AGGREGATE	
D	**WORKERS COMPENSATION AND EMPLOYER'S LIABILITY** ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [ ] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Y				[X] WC STATUTORY LIMITS [ ] OTHER E.L.EACH ACCIDENT E.L.DISEASE - EA EMPLOYEE E.L.DISEASE - POLICY LIMIT	 $500,000 $500,000 $500,000

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

- Additional Insured Endorsement forms must be provided in addition to the Certificate of Insurance naming: Webber LLC and other parties is named as additional insured for General Liability and Auto Liability.
- Certificate must indicate coverage is Primary/Non-Contributory for all policies except for Workers Compensation.
- Waiver of Subrogation form must be provided in addition to the Certificate of Insurance in favor of: Webber LLC and other parties for the General Liability and Workers Compensation.
- Workers Compensation Coverage must be provided for the state in which your business is domiciled.

CERTIFICATE HOLDER	**CANCELLATION**
Webber LLC Insurance Compliance PO Box 100085 - W2 Duluth, GA 30096	**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** **Certificate Must be Signed**

NOTICE TO TRUCKING/HAULING SUBCONTRACTOR OF MINIMUM INSURANCE REQUIREMENTS

Trucker/Hauler, at its own expense, shall obtain, before commencement, and maintain until final acceptance of the Project, the policies of insurance in the amounts specified below, or increased limits if the Project so requires, as well as any other insurance that may be required by Webber, Owner, and any other related parties.

Commercial General Liability
Coverage of note less than $1,000,000 each occurrence and $2,000,000 general aggregate. Aggregate limits shall be on a per project basis. Coverage shall include Bodily Injury/Property Damage, Personal Injury, Advertising Injury, and losses falling within the "projects-completed operations hazard".

Workers' Compensation
Coverage in accordance with statutory limits required where the Work is being performed and Employer's Liability coverage of not less than $500,000 each accident.

Automobile Liability
Coverage of not less than $1,000,000 each accident, covering "any auto," or covering all owned, non-owned and hired vehicles used in its operations.

Umbrella/Excess Liability
Coverage of not less than $1,000,000 and is as broad as the primary.

Contact Information
Certificates of Insurance and Endorsements should be sent to:

Webber, LLC
Insurance Compliance
P.O. Box 100085 - W2
Duluth, GA 30096
webber@ebix.com

Endorsements
The above coverages must include the additional insured endorsement and endorsement waiving subrogation rights in favor of Webber.

Policy Cancellation
Each policy shall be endorsed to state that coverage cannot be cancelled or non-renewed except after 30 days prior written Notice, or 10 days in the case of cancellation for non-payment of premium, has been given to Webber.

Failure of Compliance
Failure of a Consultant to comply with the insurance requirements, is a material breach and Webber may suspend the services until Consultant is in compliance.

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INSURED Name & Address of Insured	INSURER A: **AM Best Rating A-, Or Better** **provide** INSURER B: **AM Best Rating A-, Or Better** **provide** INSURER C: **AM Best Rating A-, Or Better** **provide** INSURER D: **AM Best Rating A-, Or Better** **provide**

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF DATE (MM/DD/YY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	**GENERAL LIABILITY** [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR [X] Primary & Non Contributory [ ] _____ GENERAL AGG. LIABILITY APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	Y	Y				EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS -COMP/OP AGG	$1,000,000 $50,000 $5,000 $500,000 $2,000,000 $1,000,000
B	**AUTOMOBILE LIABILITY** [X] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [ ] HIRED AUTOS [ ] NON-OWNED AUTOS	Y					COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
C	[X] **UMBRELLA LIAB** [ ] OCCUR [ ] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DEDUCTIBLE [ ] RETENTION						EACH OCCURRENCE AGGREGATE	$1,000,000 $1,000,000
D	**WORKERS COMPENSATION AND EMPLOYER'S LIABILITY** ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [ ] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Y				[X] WC STATUTORY LIMITS [ ] OTHER E.L.EACH ACCIDENT E.L.DISEASE - EA EMPLOYEE E.L.DISEASE - POLICY LIMIT	 $500,000 $500,000 $500,000

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