

Exhibit "A"



SUBCONTRACTOR PAY APPLICATION REQUIREMENTS

PLEASE PROVIDE A COPY OF THIS INFORMATION TO THE PERSON PREPARING YOUR INVOICES.

Subcontractor Pay Applications are typically to be prepared as of the 25th of the month projecting through month end and must be sent to Venture One by the last day of the month with all required documentation. **ONLY COMPLETE PAY APPLICATIONS PACKAGES RECEIVED BY MONTH END WILL BE PROCESSED IN THE FOLLOWING MONTH TO BE PAID 30-45 DAYS LATER BASED ON RECEIPT OF PAYMENT BY VENTURE ONE FROM THE PROJECT OWNER.**

The following are the Pay Application, Sworn Statement, Lien Waivers and other documents that are required to process your Pay Application. Please read this information carefully as incomplete Pay Application paperwork will delay your payment.

Please submit these documents with your Exhibit "B" - Subcontractor's Pay Application:

- Sworn Statement From Subcontractor (Exhibit "C") must list name, address, phone number and amount due (even if a zero balance) as of the Sworn Statement date for all suppliers and sub-subcontractors from the inception of the project. The Sworn Statement must be signed and notarized.
- For partial Pay Applications you must also complete and attach originals of:
 - Subcontractor's Sworn Statement per above.
 - Subcontractor's/Supplier Partial Waiver of Lien (Exhibit "D") signed by Subcontractor and notarized.
 - Supplier or Sub-Subcontractor Conditional Partial Waiver and Release of Lien (Exhibit "E-1") for all suppliers and sub-subcontractors listed on the Sworn Statement. The supplier or the sub-subcontractor, not the Subcontractor, must fill this out, sign it and have it notarized.
- For final Pay Applications (for release of Retainage) must also complete and attach originals of:
 - Sworn Statement of Subcontractor per above.
 - Supplier or Sub-Subcontractor Conditional Final Waiver and Release of Lien (Exhibit "E-2") for all suppliers and sub-subcontractors listed on the Sworn Statement. The supplier or sub-subcontractor, not the Subcontractor, must fill this out, sign it and have it notarized.
 - Subcontractor/Supplier Conditional Final Waiver of Lien (Exhibit "F-1") signed by Subcontractor or Supplier and notarized. Exhibits "F-1" and "F-2" are for subcontractors and for suppliers directly to Venture One, not suppliers to subcontractors or sub-subcontractors.
 - Subcontractor/Supplier Unconditional Final Waiver of Lien (Exhibit "F-2") signed by Subcontractor or Supplier and notarized.
 - Subcontractor's Guaranty/Warranty (Exhibit "G") signed by Subcontractor and notarized.

Pay Application, Sworn Statement and all Waivers must be as of the same date as the "Period To date" on the Pay Application. We cannot release any checks until we receive the **original** waivers. Also attached for your reference are Insurance Requirements, Project Schedule and Request for Change Order form.

Please sign and return this first page with your signed contract acknowledging that you have read and understand the Venture One Pay Application process.

Subcontractor	Signature	Date
Subcontractor Rep Responsible		
for Preparing Pay Applications: _____		
Phone: _____	E-Mail: _____	

(SAMPLE - VIC WILL SEND YOU A PAY APPLICATION WITH YOUR CONTRACT)



Exhibit "B"
Subcontractor's Pay Application

Date Prepared: _____

Subcontractor: _____

Phone: _____

Project Name: _____

Fax: _____

Payment Request # _____

Work for Period From _____ To _____

Statement of Contract Amount:

Original Contract Amount	\$0.00
Approved Change Orders (must attach VIC executed CO before invoicing for CO's)	\$0.00
Adjusted Contract Amount (add lines 1 & 2)	\$0.00
TOTAL COMPLETED	\$0.00
Less Amount Retained (multiply total completed by .10)	\$0.00
TOTAL COMPLETED LESS RETAINAGE (line 6 minus line 7)	\$0.00
Prior Billings (multiply previous applications total on schedule of values by .90)	\$0.00
AMOUNT THIS APPLICATION (line 8 minus line 9)	\$0.00
Contract Balance	\$0.00

SUBCONTRACTOR'S AFFIDAVIT AND RELEASE OF LIENS

Under penalty or perjury, the undersigned Subcontractor certifies that the work covered by this Application For Payment has been completed in accordance with the Contract Documents. The undersigned further certifies that to the best of his knowledge, information, and belief, all suppliers of material and equipment, all sales taxes, all performers of work, labor or services, who have or may have liens against any property of the Owner arising in any manner out of the performance of the Subcontractor referenced above, have been paid. THE UNDERSIGNED, ITS PRINCIPALS AND OFFICERS, UNDERSTAND THAT THE OWNER AND CONTRACTOR ARE RELYING ON THIS CERTIFICATION TO MAKE THIS PAYMENT AND UPON RECEIPT OF PAYMENTS OF THIS APPLICATION, does hereby waive and release any and all liens, or right to or claim of lien, on the above-described project and premises on account of labor or materials, or both, heretofore furnished by the undersigned.

Signature _____

SCHEDULE OF VALUES

Original Payment Applications and all required documents must be mailed to Venture One Construction by the 25th of every month.

Cost Code	Description	Scheduled Value	Previous Application	This Period	Total Completed	Percent	Balance To Finish	Retainage
					\$0.00	#DIV/0!	\$0.00	\$0.00
					\$0.00	#DIV/0!	\$0.00	\$0.00
					\$0.00	#DIV/0!	\$0.00	\$0.00
					\$0.00	#DIV/0!	\$0.00	\$0.00
					\$0.00	#DIV/0!	\$0.00	\$0.00
					\$0.00	#DIV/0!	\$0.00	\$0.00
TOTALS:		\$ -	\$ -	\$ -	\$0.00	#DIV/0!	\$0.00	\$0.00

10% Ret. = \$0.00

Net Pay = \$0.00

You cannot invoice for any change orders not on this schedule of values.

If you feel there are change orders missing, please contact the Project Manager or Project Coordinator.

All invoicing and payment questions should be directed to the accounting department.

Email is the preferred form of communication. Direct all questions to: **accounting@v1cinc.com**



Exhibit "C"

SWORN STATEMENT FROM SUBCONTRACTOR

Payment Request# _____ Period Ending: _____
(end of billing period)

The affiant, _____, being first duly sworn, on oath deposes and says that he is _____
(Name of person) (Title)

of _____ who has contracted with **Venture One Construction, Inc.** for
(Name of business)

_____ on the following described premises in said county, to wit:
(Nature of business performed)

ProjectName/Address: _____

That, for the purpose of said contract, the following persons have been contracted with, and have furnished, or are furnishing and preparing materials for, and have done or are doing labor on said improvement. That there is due and to become due to them, respectively the amounts set opposite their names for materials and/or labor, as stated. That all lien waivers provided to Contractor are true, correct, genuine and delivered unconditionally and that there is no claim, either legal or equitable to defeat the validity of said waivers. That this statement is made to Contractor for the purpose of procuring from Contractor, Partial or Final Payment on said contract and is a full, true and complete statement of all such persons and of the amounts paid, due and to become due them.

List all suppliers for which you have made purchases applying to this job site, regardless of if you owe them money or not. If material is from your company stock you must provide us with proof of your inventory. Use additional sheets if necessary. Note: You will be issued joint checks for any outstanding amounts listed below.

Name & Address of Your Supplier/Sub-Subcontractors (Area Code) Phone No Amount Due

(USE ADDITIONAL SHEETS IF REQUIRED TO LIST ALL SUPPLIERS/SUB-SUBCONTRACTORS)

NOTE – A SUPPLIER WAIVER MUST ACCOMPANY EVERY INVOICE FOR EACH SUPPLIER LISTED ABOVE. Failure to do so will result in a delay of payment.

AFFIANT (required):

Subcontractor Name: _____

Subcontractor Signature: _____ Title: _____ Date: _____

NOTARY: (required)

State of: _____

County of: _____

Subscribed and sworn before me this ____ day of, _____ 200__.

Notary Public: _____ My Commission Expires: _____



Exhibit "D"

SUBCONTRACTOR/SUPPLIER PARTIAL WAIVER OF LIEN

State of: _____

County of: _____

Whereas, the undersigned has been employed by Venture One Construction, Inc. to furnish _____
_____ for the premises known as
(Nature of Work or Materials Provided)

Project Name/Address: _____

The undersigned, upon oath, deposes and certifies and warrants that the statement of contract account is correct and complete to and including the date of _____, 20__ and that all charges and amounts now due to the undersigned and all charges and costs (projected out through last day of month) heretofore incurred by or for the undersigned for labor, materials, services and equipment in connection with the above-described premises or improvements therein have been paid in full.

The undersigned does hereby waive and release any and all claims of lien or right of lien under the statutes of the State of Ohio or State of _____, County of _____, relating to Mechanics Liens, on the above described premises and improvements thereon, and on the moneys or other considerations due or to become due from the Contractor, on account of labor, material, services, equipment, fixtures or apparatus heretofore furnished through this date, _____, 20__ by the undersigned for the above described premises. The undersigned further covenants and agrees to save and hold harmless the Contractor, Owner or his successors in interest, their sureties and their bond guarantors from any and all liability or expense on account of any charges or claims for labor, materials, services and equipment furnished to or by the undersigned on or for said project on or prior to the date contained herein. The undersigned states that it has the right, power and authority to execute this instrument, which shall be an independent covenant.

This release is effective only when the undersigned is paid the sum of \$ _____. If payment is by check, this release is effective only when the bank upon which it was drawn pays the check.

Subcontractor Name: _____

Signature: _____ **Title:** _____ **Date:** _____

Subscribed and sworn before me this ____ day of, _____, 20__.

Notary Public: _____ **My Commission Expires:** _____



VENTURE ONE
CONSTRUCTION, INC.

General Contractors
Construction Managers

Exhibit "E-1"

**CONDITIONAL PARTIAL WAIVER AND RELEASE OF LIEN
(Subcontractor's Material Supplier or Sub-Subcontractor)**

State of: _____

County of: _____

Name of Supplier/Sub-Subcontractor (hereinafter known as Supplier): _____

Supplier has supplied _____ to: _____
(type of material or work) (name of subcontractor)

for construction of the premises known as ProjectName/Address: _____

The undersigned, upon oath, deposes and certifies and warrants that the statement of contract account is correct and complete to and including the date of _____, 20__ and that all charges and amounts now due to the undersigned and all charges and costs heretofore incurred by or for the undersigned for labor, materials, services and equipment in connection with the above-described premises or improvements therein have been paid in full.

The undersigned does hereby waive and release any and all claims of lien or right of lien under the statutes of the State of _____, County of _____, relating to Mechanics Liens, on the above described premises and improvements thereon, and on the moneys or other considerations due or to become due from the Contractor, on account of labor, material, services, equipment, fixtures or apparatus heretofore furnished through this date of _____, 20__ by the undersigned for the above described premises. The undersigned further covenants and agrees to save and hold harmless the Contractor, Owner or his successors in interest, their sureties and their bond guarantors from any and all liability or expense on account of any charges or claims for labor, materials, services and equipment furnished to or by the undersigned on or for said project on or prior to the date contained herein. The undersigned states that it has the right, power and authority to execute this instrument, which shall be an independent covenant.

This release is effective only when the undersigned is paid the sum of \$_____. If payment is by check, this release is effective only when the check is paid by the bank upon which it is drawn.

Amount owed on account for job as of today's date is: \$_____.

Supplier or Sub-Subcontractor Name: _____

Signature: _____ Title: _____ Date: _____

Subscribed and sworn before me this ____ day of _____, 20__.

Notary Public: _____ My Commission Expires: _____



VENTURE ONE
CONSTRUCTION, INC.

General Contractors
Construction Managers

Exhibit "E-2"

**CONDITIONAL FINAL WAIVER AND RELEASE OF LIEN
(Subcontractor's Material Supplier or Sub-Subcontractor)**

State of: _____

County of: _____

Name of Supplier/Sub-Subcontractor (hereinafter known as Supplier): _____

Supplier has supplied _____ to: _____
(type of material or work) (name of subcontractor)

for construction of the premises known as ProjectName/Address: _____

The undersigned, upon oath, deposes and certifies and warrants that the statement of contract account is correct and complete to and including the date of _____, 20__ and that all charges and amounts now due to the undersigned and all charges and costs heretofore incurred by or for the undersigned for labor, materials, services and equipment in connection with the above-described premises or improvements therein have been paid in full.

The undersigned does hereby waive and release any and all claims of lien or right of lien under the statutes of the State of _____, County of _____, relating to Mechanics Liens, on the above described premises and improvements thereon, and on the moneys or other considerations due or to become due from the Contractor, on account of labor, material, services, equipment, fixtures or apparatus heretofore furnished through this date of _____, 20__ by the undersigned for the above described premises. The undersigned further covenants and agrees to save and hold harmless the Contractor, Owner or his successors in interest, their sureties and their bond guarantors from any and all liability or expense on account of any charges or claims for labor, materials, services and equipment furnished to or by the undersigned on or for said project on or prior to the date contained herein. The undersigned states that it has the right, power and authority to execute this instrument, which shall be an independent covenant.

This release is effective only when the undersigned is paid the sum of \$_____. If payment is by check, this release is effective only when the check is paid by the bank upon which it is drawn.

Supplier or Sub-Subcontractor Name: _____

Signature: _____ Title: _____ Date: _____

Subscribed and sworn before me this ____ day of _____, 20__.

Notary Public: _____ My Commission Expires: _____



Exhibit "F-1"

SUBCONTRACTOR/SUPPLIER CONDITIONAL FINAL WAIVER OF LIEN

State of: _____

County of: _____

Whereas, the undersigned has been employed by Venture One Construction, Inc. to furnish

(Nature of business)

for the premises known as ProjectName/Address: _____

The undersigned, upon oath, deposes and certifies and warrants that any and all claims of lien or right of lien shall be released under the statutes of the State of Ohio and / or State of _____, County of _____, relating to Mechanics Liens, on the above described premises and improvements thereon, and any other claims or cause of action or any nature, whether known or unknown, arising directly or indirectly as a result of labor, materials, service and/or equipment, fixtures or apparatus heretofore furnished, or which may be furnished at any time hereafter, by the undersigned for the above described premises. This final release includes any claim for moneys due or to become due from the Contractor or the Owner. Further, the undersigned states that is has not assigned any claim or payment against the Contractor or the Owner, its sureties or other guarantors and that no security interest has been given or executed by the undersigned for or in connection with any materials, appliances, machinery, fixtures or furnishings placed or installed on the above described premises. The undersigned further covenants and agrees to indemnify and hold harmless the Contractor, Owner or his successors in interest, their sureties and their bond guarantors from any and all charges, costs, expenses, demands, suits and legal fees, directly or indirectly from any lien or claim by any other party for work, labor, materials, service and/or equipment which relates to that which the undersigned performed or should have performed and from and against any lien or claim relating to any work, labor, materials, service and/or equipment allegedly performed by or for the undersigned. Finally, the undersigned states that it has the right, power and authority to execute this instrument, which shall be an independent covenant.

This release is effective only when the undersigned is paid the sum of \$_____. If payment is by check, this release is effective when the bank upon which it is drawn pays the check.

Subcontractor/Supplier Name: _____

Signature: _____ Title: _____ Date: _____

Subscribed and sworn before me this ____ day of, _____ 20__.

Notary Public: _____ My Commission Expires: _____



VENTURE ONE
CONSTRUCTION, INC.

General Contractors
Construction Managers

Exhibit "F-2"

SUBCONTRACTOR/SUPPLIER UNCONDITIONAL FINAL WAIVER OF LIEN

State of: _____

County of: _____

Whereas, the undersigned has been employed by Venture One Construction, Inc. to furnish

(Nature of business)

for the premises known as ProjectName/Address: _____

The undersigned, upon oath, deposes and certifies and warrants that any and all claims of lien or right of lien shall be released under the statutes of the State of Ohio and / or State of _____, County of _____, relating to Mechanics Liens, on the above described premises and improvements thereon, and any other claims or cause of action or any nature, whether known or unknown, arising directly or indirectly as a result of labor, materials, service and/or equipment, fixtures or apparatus heretofore furnished, or which may be furnished at any time hereafter, by the undersigned for the above described premises. This final release includes any claim for moneys due or to become due from the Contractor or the Owner. Further, the undersigned states that is has not assigned any claim or payment against the Contractor or the Owner, its sureties or other guarantors and that no security interest has been given or executed by the undersigned for or in connection with any materials, appliances, machinery, fixtures or furnishings placed or installed on the above described premises. The undersigned further covenants and agrees to indemnify and hold harmless the Contractor, Owner or his successors in interest, their sureties and their bond guarantors from any and all charges, costs, expenses, demands, suits and legal fees, directly or indirectly from any lien or claim by any other party for work, labor, materials, service and/or equipment which relates to that which the undersigned performed or should have performed and from and against any lien or claim relating to any work, labor, materials, service and/or equipment allegedly performed by or for the undersigned. Finally, the undersigned states that it has the right, power and authority to execute this instrument, which shall be an independent covenant.

Subcontractor/Supplier Name: _____

Signature: _____ Title: _____ Date: _____

Subscribed and sworn before me this ____ day of, _____ 20__.

Notary Public: _____

My Commission Expires: _____



Exhibit "G"

GUARANTY/WARRANTY

State of: _____

County of: _____

Whereas, the Undersigned, _____ hereinafter called the **Subcontractor**, has entered into a contract dated _____, with **Venture One Construction, Inc.**, for furnishing of all necessary labor, materials and service to complete the _____ at the Project named below,
(Nature of Work)
in accordance with the plans and specifications, prepared by _____.
(Architect)

Now, Therefore, the Subcontractor, in accordance with the terms of the aforesaid contract, and as heretofore agreed by the Subcontractor, and in order to induce full and final payment, in accordance with said contract, does hereby **Warrant and Guaranty**, that all labor, materials, services and equipment furnished and installed under the terms of the said contract and in accordance with the plans and specifications will be free of defects or failures of materials and workmanship; and that the same will remain in perfect working order for a period of one year from the Substantial Completion date of _____, 20____. The Subcontractor does further **Warrant and Guaranty** that all such labor, materials, services and equipment which fail, become defective or do not remain in perfect working order, during the terms of this **Guaranty/Warranty**, will be satisfactorily repaired or replaced, together with any adjacent work which requires repair or replacement, as a result of this Subcontractor performing Warranty Work or any other adjacent work that may have been damaged as a result of this Subcontractor's Work, at no expense to this Contractor, Owner or his successors in interest.

If the Subcontractor fails to commence to comply with the above paragraph within seven (7) days after receipt of written notice from the Contractor or Owner or his successors in interest, to do so, fail to pursue such compliance with diligence, the Subcontractor hereby authorizes the Contractor or Owner or his successors in interest to proceed to have the defects repaired and made good at the Subcontractor's sole expense, and the Subcontractor agrees to promptly honor and pay the costs and charges for it together with interest at the maximum rate permitted by law upon demand. If the Subcontractor fails to fulfill the preceding obligations, and if the Contractor or Owner or his successors in interest bring action to enforce this **Guaranty/Warranty**, the Subcontractor agrees to pay the Contractors, Owners or his successors in interest reasonable attorneys fees and any other cost incurred in connection therewith.

However, the Subcontractor expressly states that said **Guaranty/Warranty** does not apply to defects or failures of said labor, materials, services and equipment, which have been caused to abuse or neglect by the Owner or his successors in interest.

Project Name/Address: _____

Subcontractor Name: _____

Signature: _____ Title: _____ Date: _____

Subscribed and sworn before me this ____ day of, _____ 20____.

Notary Public: _____ My Commission Expires: _____

Prior to starting work, all Venture One vendors MUST submit valid Insurance Certificate(s).

The subcontractor and any other vendors working at a project site must purchase and maintain the following types and limits of coverage and provide Venture One with a Certificate(s) of Insurance documenting such. **See attached sample Insurance Certificate for reference.**

Commercial General Liability

- Commercial General Liability Policy with limits of no less than \$1,000,000 per occurrence and \$2,000,000 aggregate per project, issued by an insurance carrier with an A.M. Best rating of “A-“ or better and reasonably acceptable to VIC.
- Commercial General Liability Policy to include premises & operations, owners and contractors protective, broad form property damage, contractual liability, XCU & completed operations written under “occurrence” format.

Commercial Auto Policy

- Commercial Auto Policy with at least \$1,000,000 combined single limit and Hired & Non-Owned Coverage.

Worker’s Compensation & Employers Liability

- Worker’s Compensation Policy with limits of no less than \$500,000/\$500,000/\$500,000 or such other statutory requirements and naming the state(s) where contractor is working as a covered state.
- In the event that state law does not require or allow coverage on a principal, owner or any other party, such party does hereby waive any rights to benefits under any state Worker’s Compensation acts/regulations. Further, if a party seeking benefits as a result of Subcontractor’s non-compliance with this provision makes a claim, Subcontractor and/or its liability carrier shall indemnify and hold harmless Contractor for said claim and/or benefits and any cost associated therewith.

Umbrella Liability

- Umbrella Liability Policy with limits of no less than \$1,000,000 per occurrence and aggregate and term must be concurrent with General Liability and Auto Policies.

Additional Insured and Other Requirements

- Certificate must name both Contractor and Owner as Additional Insured on a primary and non-contributory basis for on-going and completed work using ISO form CG 20 10 (11/85) or a combination of ISO forms CG 20 10 (10/01) and CG 20 37 (07/04).
- Certificate must include a waiver of subrogation.
- Certificate must provide for 30 days written notice prior to cancellation, reduction in coverage or non-renewal in favor of Contractor.

NOTE: Pollution Coverage may be required of certain subcontractors handling lead, asbestos, mold and/or fungi mitigation.



CERTIFICATE OF LIABILITY INSURANCE

OP ID GN

DATE (MM/DD/YYYY)

09/09/10

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 Neace Lukens - Cincinnati 895 Central Ave, Ste 1100 Cincinnati OH 45202 Phone: 800-860-9699 Fax: 513-333-0735	CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL: _____ ADDRESS: _____ PRODUCER CUSTOMER ID #: VENON-1	
	INSURER(S) AFFORDING COVERAGE	
INSURED (Subcontractor)	INSURER A: A- RATED CARRIER OF BETTER	NAIC #
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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.

INSUR LTR	TYPE OF INSURANCE	ADDL INSR	SUB WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> GENERAL LIABILITY			POLICY NUMBER			EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						PREMISES (Ea occurrence)	\$ 100,000	
	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person)	\$ 5,000	
	<input type="checkbox"/>	<input type="checkbox"/>					PERSONAL & ADV INJURY	\$ 1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC							GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMPOP AGG	\$ 2,000,000	
								\$	
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			POLICY NUMBER			COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
A	<input checked="" type="checkbox"/> HIRED AUTOS			POLICY NUMBER				\$	
	<input checked="" type="checkbox"/> NON-OWNED AUTOS							\$	
								\$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			POLICY NUMBER			EACH OCCURRENCE	\$ 2,000,000	
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE	\$ 2,000,000	
	<input type="checkbox"/>	<input type="checkbox"/> CLAIMS-MADE						\$	
								\$	
								\$	
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS LIABILITY			OH STOP GAP &/OR WORK COMP			<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in OH)		Y/N					E.L. EACH ACCIDENT	\$ 500,000
	If Yes, Describe under DESCRIPTION OF OPERATIONS below		N/A					E.L. DISEASE - EA EMPLOYEE	\$ 500,000
								E.L. DISEASE - POLICY LIMIT	\$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
CERTIFICATE HOLDER IS INCLUDED AS ADDITIONAL INSURED WITH RESPECTS TO LIABILITY ARISING FROM WORK PERFORMED BY THE ABOVE INSURED PER CG2010 11/85 OR IT'S EQUIVALENT (including ongoing & completed operations). WAIVER OF SUBROGATION APPLIES. THIS COVERAGE IS PRIMARY & NON CONTRIBUTORY. THE PER PROJECT AGGREGATE APPLIES PER FORM CG2503. This applies to all projects.

CERTIFICATE HOLDER	CANCELLATION 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 Matt F Muller
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Exhibit "I"

PROJECT SCHEDULE

Provided separately by Venture One Project Manager.



Exhibit "J"

REQUEST FOR SUBCONTRACTOR/SUPPLIER CHANGE ORDER

Project Name _____ Date Submitted _____ Chg Order Req # _____

Submitting Company _____

Contact Name _____ Phone Number _____

Email Address: _____

We respectfully submit to following change order:

Breakdown of work is as follows

Material -

Total Material Cost \$ _____

Labor -

Total Labor Cost \$ _____

Mark Up \$ _____ Equals _____%

Total Request \$ _____

Signature _____

Print Name _____

Title _____