

Consent and Authorization

Subcontractor, _____
(Company Name)

Address: _____
(Full Address)

Hereby authorizes its insurance agent/broker or representative to provide to Banta Homes Corp., its Agents, Employees, Affiliates or Representative all required insurance information including but not limited to their full current general liability, excess/umbrella liability and workers compensation policy declarations pages showing all of their forms and endorsements. Subcontractor further agrees its insurance agent/broker or representative shall furnish complete copies of the general liability, excess/umbrella and workers compensation policies should they be requested by Banta Homes Corp., its Agents, Employees, Affiliates or Representative. In absence of the declarations pages and/or policies, the proposals and binders of insurance shall be furnished with the understanding the complete policies will be provided within 30 days of the policy effective date(s). Subcontractor further agrees it and its insurance agent/broker or representative shall cooperate in all respects with the review of subcontractor's insurance by Banta Homes Corp, its Agents, Employees, Affiliates or Representative to ascertain if the subcontractor's insurance meets the contractual obligation agreed to by the subcontractor for the project(s) listed below.

Banta Homes Corp.'s Representative:

Fitzgerald Ventura
Inter City Agency, Inc.
1983 Marcus Avenue, Suite 100
Lake Success, NY 11042
Phone: 718-279-7705
Fax: 718-631-0067
E-Mail: fitz@intercityagency.com

Please provide contact information for Subcontractor's Insurance Agent:

Name of Brokerage or Agency

Name of Contact Person

Street Address

Town/City/Zip

Phone

E-Mail

Subcontractor – Signature

Project(s)/Location(s):

Date

