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Statement Of Work(Exhibit “A”)

Supplier Name: name

No of Resources: count

Start Date: startDate

End Date/Duration:\_\_\_endDate\_\_\_\_\_\_\_\_ plus possible multiple extensions (based on performance and project needs)

Rate: $\_\_\_\_\_totalRate\_\_\_\_\_\_/hr on C@C -All Inclusive

Job Title:job

Description of Services: A ServiceNow Technology Analyst with experience in implementing end-to-end Service Catalog, Incident Management, Knowledge Management, Configuration & Asset Management, Change Management, and Release Management.

Skills Required:

Expenses are not reimbursed unless stated otherwise.When expenses are reimbursed you, must follow client policy and approval and receipts must be attached.

Billing Period:Net\_\_\_\_\_\_Days

Notes:

\*\*"Approved timesheets must be submitted with invoices for them to be valid. Effective Date of Invoice terms will begin.

From next business day when corresponding approved timesheets and invoice are submitted to FLEXCUB’s Accounting Department.

FLEXCUB Supplier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:

Authorized Signature:

Name & Designation:

Date: startDate Date: startDate

E-Mail: <info@flexcub.com> E-Mail: email



100 W. Big Beaver Road Suite 200, Troy, MI 48084.

 +1 248-606-7880 info@flexcub.com

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**Exhibit B**

Insurance **Requirements for Supplier:** All insurance policies shall be carried with companies rated A or better by

A.M. Best. All such insurance policies shall contain a requirement that FLEXCUB,be given written notice at

least 30 days prior to cancellation. Supplier/Subcontractor agrees to always carry and maintain in force during the term of this Agreement the lines of insurance coverage with minimum policy limits as follows:

1. Workers' Compensation with limits as prescribed by applicable state law and Employer's Liability with minimum policy limits of $1,000,000, per accident, per employee/personnel and in the aggregate.
2. Commercial General Liability with minimum policy limits of $1,000,000 combined single limit bodily injury and property damage,per occurrence and $2,000,000 in the aggregate.
3. Business Automobile Liability with minimum policy limits of $1,000,000 combined single limit, each accident.
4. Excess Umbrella liability with minimum policy limits of 2,000,000 per occurrence
5. Subcontractor will cause its insurance carrier to name FLEXCUB, Crossfuze as additionally insured on its insurance policies(except Workers ‘compensation);
6. Subcontractor hereby waives and will cause its insurance carrier to waive any rights of subrogation either may have against FLEXCUB or Crossfuze Subcontractor shall provide to the certificates of insurance evidencing the aforementioned coverage and limits upon the Effective Date.

Inability to provide or maintain required insurances shall not absolve Supplier of its liability. Any claims shall still be primary to Supplier.

Agreed by Supplier:

Choose one:

Supplier Agrees to provide proof of required insurances prior to start date.

[

Or [ ] Supplier does not have meet required insurances and agrees to reduction of

$1.00perhour from Rate specified

In Exhibit A. However, reduction will stop for hour’s effective beginning of next day when proof of insurance is emailed to Company at <info@flexcub.com>

Supplier Signature:

Email[:](mailto:hr@sacrosanctinfo.com)  Designation:

Date:

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