

## **Insurance Requirements**

The following checklist is for informational purposes only. Please refer to contract wording for complete requirements.

### ***General Liability:***

\$1,000,000 Each Occurrence / \$2,000,000 Aggregate to include:

- Premises and Operations Liability
- Products and Completed Operations Liability
- Property Damage Liability
- Personal Injury Liability
- Employer's Liability (Stop Gap)
- Confirmation that insurance does not contain any multi-family exclusions or restrictions
- Additional Insured Endorsement CG 2037 or its equivalent which provides Additional Insured status on Completed Operations – copy of endorsement form required
- Primary and Noncontributory in favor of COLVOS and Project Owner– copy of endorsement form required
- Waiver of Subrogation in favor of COLVOS and Project Owner – copy of endorsement form required)
- Per Project Aggregate

### ***Automobile Liability:***

- \$1,000,000 Each Occurrence to include:
- Bodily Injury Liability
- Property Damage Liability
- Coverage must include either “any auto” or “owned, non-owned and hired autos”

### ***Professional Liability/Pollution Liability***

- Depending upon your scope of work, you may be required to furnish Professional Liability Insurance and/or Pollution Liability Insurance. If either of these applies to your scope, refer to your contract for limit requirements.

### ***Workers' Compensation Insurance:***

- When applicable, worker's compensation insurance including employers liability as may be required by the state or states in which the work is being performed with a limit not less than \$1,000,000. Where applicable, this insurance shall also include United States Longshoremen and Harbor Worker's Act coverage. If you are exempt from Worker's Compensation, state the reason for your exemption on your letterhead, sign your statement and include it when returning your signed contract.

### ***Umbrella Liability:***

- \$2,000,000 Each Occurrence
- \$2,000,000 Aggregate
- Coverage must be excess of the primary General Liability, Auto Liability & Stop Gap/Workers Comp.

### ***General Information***

- All insurance carriers must have an AM Best Rating of A-VII or better
- Confirmation of no multi-family exclusions, with regards to condo & townhouse work, can be provided by way of a copy of the forms list from your general liability policy.
- Each certificate must be project specific and list the Project Name in the Description area



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/12/2016

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).

<b>PRODUCER</b> ABC Agency, Inc. 123 Main St  Anytown WA 99999		<b>CONTACT NAME:</b> <b>PHONE (A/C, No. Ext):</b> <b>E-MAIL ADDRESS:</b>		<b>FAX (A/C, No):</b>
<b>INSURED</b> XYZ Insured 456 Main St  Anytown WA 99999		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Carrier with AM Best Rating of		<b>NAIC #</b>
		<b>INSURER B:</b> A-VII or better		
		<b>INSURER C:</b>		
		<b>INSURER D:</b>		
		<b>INSURER E:</b>		
		<b>INSURER F:</b>		

**COVERAGES****CERTIFICATE NUMBER:** CL1621214437**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 checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			XXXXXXXXXX	XX/XX/XXXX	XX/XX/XXXX	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			XXXXXXXXXX	XX/XX/XXXX	XX/XX/XXXX	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			XXXXXXXXXX	XX/XX/XXXX	XX/XX/XXXX	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	XXXXXXXXXX	XX/XX/XXXX	XX/XX/XXXX	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

The certificate holder and Project Owner are additional insured for general liability, including completed operations per the attached endorsement #XXXXXX. Waiver of subrogation included per the attached endorsement #XXXXXX. Coverage is primary & non-contributory per the attached endorsement #XXXXXX. Per Project Aggregate applies per attached endorsement #XXXXXX. No multi-family exclusions, with regards to condo & townhouse work, apply to general liability policy - GL forms schedule attached.

**CERTIFICATE HOLDER****CANCELLATION**

COLVOS CONSTRUCTION  
711 Court C  
Tacoma, WA 98402

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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