

Sample

ACORD	CERTIFICATE OF INSURANCE	ISSUE DATE	xx/xx/xx
PRODUCER ABC INSURANCE BROKERS, INC. P. O. BOX xxxx Seattle, WA xxxxx Phone: _____ Fax: _____		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
		INSURERS AFFORDING COVERAGE	
INSURED CBS SUBCONTRACTORS, INC. P. O. BOX xxxx Seattle, WA xxxxx		INSURER A: XYZ Insurance Company	A+ VI
		<i>Show Carrier and Specify AM Best Rating</i>	
		INSURER C:	
		INSURER D: SAMPLE	
		INSURER E: (MUST BE AT LEAST AN "A" - VII)	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITIONS F 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	XMP 748613	MM/DD/YY	MM/DD/YY	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$ 50,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.				MED EXP (Any one person)	\$ 5,000
	<input checked="" type="checkbox"/> WA STOP GAP				PERSONAL & ADV INJURY	\$ 1,000,000
	_____				GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS-COMP/OP AGG	\$ 2,000,000
	<input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
A	AUTOMOBILE LIABILITY	XMP 748613	MM/DD/YY	MM/DD/YY	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" 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)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS					
<input checked="" type="checkbox"/> NON-OWNED AUTOS						
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
					AUTO ONLY: AGG	\$
C	EMPLOYER'S LIABILITY	XMP 748613 (Add'l Ins'd Doesn't Apply)	MM/DD/YY	MM/DD/YY	OTHER	X
					E.L. EACH ACCIDENT	\$ 1,000,000
					E.L. DISEASE-EA EMPLOYEE	\$ 1,000,000
					E.L. DISEASE-POLICY LIMIT	\$ 1,000,000
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Reference:
 Dawson Construction, Inc., its agents, representatives, officers, directors, officials and employees and <insert owner> are primary additional insureds with respect to work performed by or on the behalf of the named insured per the attached CG2010 11/85 endorsement. Coverage afforded to the additional insured shall be primary and non-contributory. Waiver of Subrogation applies on all policies listed above.

CERTIFICATE HOLDER	Y	ADDITIONAL INSURED; INSURER LETTER: _____	CANCELLATION
DAWSON CONSTRUCTION, INC. PO Box 30920 Bellingham, WA 98225			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICETO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATIONS OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES
			AUTHORIZED REPRESENTATIVE

Below are the insurance requirements that will be in all subcontracts. Please make sure ALL ENDORSEMENTS ARE INCLUDED WITH THE CERTIFICATE.

Under provisions of Article (R) herein, the amount of insurance required for this Subcontract is:

	<u>General Liability</u>	<u>Automobile Liability</u>	<u>Property Coverage</u>
Occurrence:	\$1,000,000.00	\$1,000,000.00	\$ N/A
Aggregate	\$2,000,000.00	\$ Combined Single Limit	\$ N/A

(Q) WORKMAN'S COMPENSATION

Subcontractor shall furnish to Contractor evidence that it has in force Workers' Compensation Insurance including Employer's Liability, as may be required by the jurisdiction or jurisdictions in which the work is being performed. Where applicable, this shall include United States Longshoremen's and Harbor Workers' Insurance including Coverage B - Employer's Liability (Maritime) with limits not less than the Bodily Injury limits required of the Contractor by the Main Contract, but in no event less than \$500,000. Such evidence of insurance shall be in the form of an Insurance Certificate issued by an insurer satisfactory to Contractor and shall provide for not less than 30 days prior written notice to Contractor of cancellation or reduction in coverage. In the event Subcontractor fails to maintain any and all insurance required by this Subcontract during the entire life of this Subcontract, Contractor may at its option, and without waiver of other available remedies, purchase such insurance in the name of Subcontractor and deduct the cost of same from payments due Subcontractor

(R) INSURANCE

Subcontractor shall obtain and keep in force during the term of this Subcontract comprehensive general liability insurance with dollar limits and coverage equal to, or greater than, the minimum specified in the Main Contract for Contractor and not less than the types and amounts of coverage noted at the front of this Subcontract. Subcontractor shall furnish to Contractor evidence of this insurance in the same form as described in Article (Q) including the provision regarding notice of cancellation or reduction in coverage. Such insurance shall include contractual liability coverage applicable to the indemnity provisions of this Subcontract.

Subcontractor shall provide insurance and a certificate of insurance which provides that Subcontractor's insurance: (1) names Contractor and Owner as additional insureds without qualification, limitation or reservation; (2) is endorsed to be primary and non-contributory with any insurance maintained by Contractor or Owner; (3) contains a waiver of subrogation against Contractor and Owner; and (4) contains a severability of interest provision in favor of Contractor and Owner.

Attachment "A" *- Insurance Requirements

The subcontractor shall not commence work under this Subcontract until the **Certificate of Insurance, Per Project Aggregate (CG 25 03) and Additional Insured (CG 20 10 11 85 OR equivalent) endorsements** have been provided to Dawson Construction, Inc.

The Certificate of Insurance shall designate the following as additional insured, except for Worker's Compensation:

Dawson Construction, Inc

The coverage shall be **primary and non-contributory**.

Completed operations insurance, including Dawson Construction, Inc. and the Owner as additional insured, must be maintained for not less than six (6) years following substantial completion of the project.

Cancellation Clause - Attach a Cancellation endorsement (CG 80 61 01 88 or equivalent) that indicates 30 days written notice will be sent in the event of cancellation or changes to the policy that reduce or restrict the coverage.

All non-standard coverage exclusions that would potentially exclude work covered under the subcontractor's scope of work must be disclosed on the certificate and hard copies of the non-standard exclusions will be provided to the Contractor.

All insurance carriers shall maintain a minimum "Best Rating" of A-VII and rating shall be shown on the certificate(s) by Subcontractor's insurance carrier.

In addition to coverage indicated under Item #5 of the subcontract, the following coverage is required:

Pollution Liability - \$1,000,000 if your work requires any remediation of pollutants and/or hazardous substances