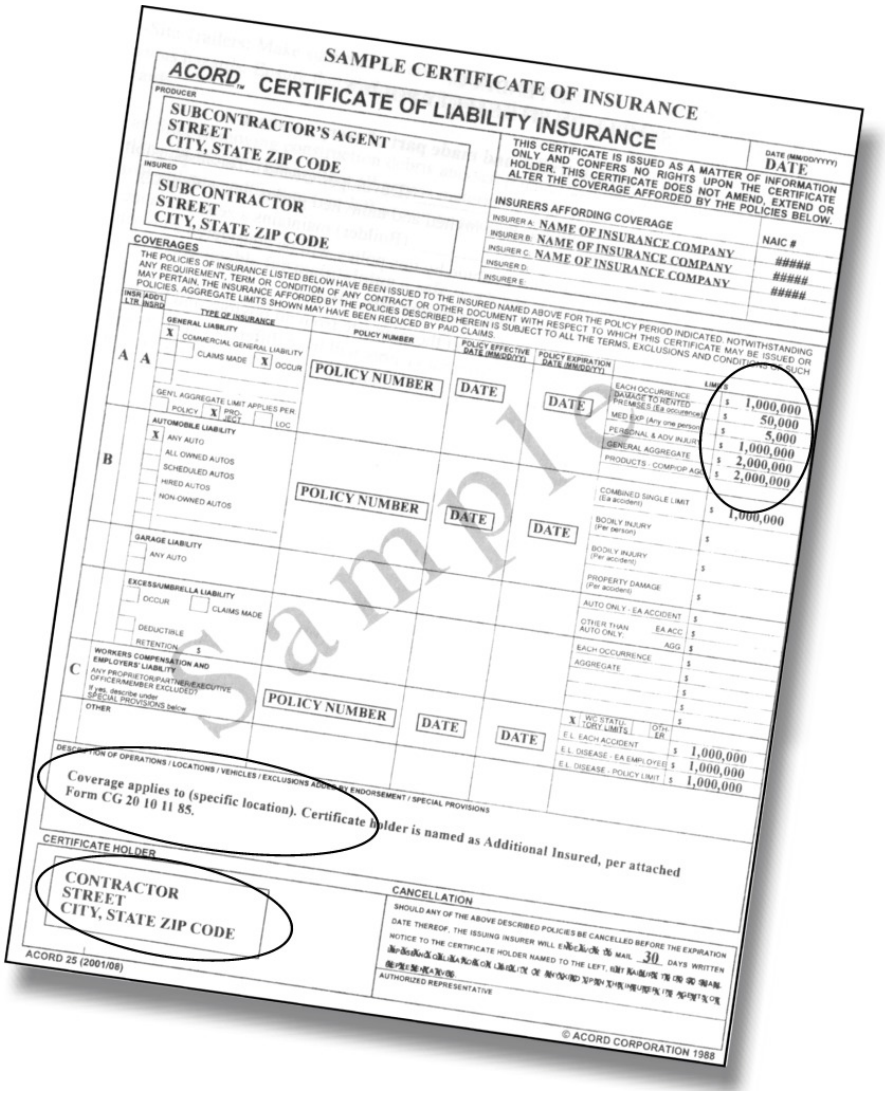
BUD MAHAS CONSTRUCTION, INC.
<u>Insurance Coverage and Certificate Requirements</u>

Pursuant to paragraph IV of your contract, your commercial general liability policy should:

- ☐ include commercial general liability *aggregate limits* of at least $2,000,000 with the general aggregate limit applicable *per project.*
- ☐ be an occurrence coverage form equivalent to ISO's CG 0010 01
- ☐ include coverage for liability arising from premises-operations, independent contractors, products-completed operations, personal and advertising injury and liability assumed under an insured contract (including tort liability of another assumed in a business contract)
- ☐ include no endorsements or modifications arising from pollution, explosion, collapse, underground property damage or work performed by subcontractors
- ☐ include a waiver of subrogation
- ☐ name us as an additional insured on a primary basis for ongoing 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 10 01 (or using substitute forms that provide equivalent coverages)

Additionally, we require that your business will:

- ☐ carry completed operations insurance for 10 years and name our company as an additional insured on a primary basis on your commercial general liability insurance for 10 years
- ☐ provide at least 30 days written notice prior to cancellation or termination of your commercial general liability, business auto liability and employers liability policies.


SAMPLE CERTIFICATE OF INSURANCE

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

PRODUCER
SUBCONTRACTOR'S AGENT
STREET
CITY, STATE ZIP CODE

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.

DATE (MM/DD/YYYY) DATE

INSURED
SUBCONTRACTOR
STREET
CITY, STATE ZIP CODE

INSURERS AFFORDING COVERAGE — NAIC #
INSURER A: NAME OF INSURANCE COMPANY — #####
INSURER B: NAME OF INSURANCE COMPANY — #####
INSURER C: NAME OF INSURANCE COMPANY — #####
INSURER D:
INSURER E:

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 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 SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	A	GENERAL LIABILITY: X COMMERCIAL GENERAL LIABILITY; CLAIMS MADE [X] OCCUR; GEN'L AGGREGATE LIMIT APPLIES PER: POLICY [X] PROJECT [ ] LOC	POLICY NUMBER	DATE	DATE	EACH OCCURRENCE $ 1,000,000; DAMAGE TO RENTED PREMISES (Ea occurrence) $ 50,000; MED EXP (Any one person) $ 5,000; PERSONAL & ADV INJURY; GENERAL AGGREGATE $ 1,000,000; PRODUCTS - COMP/OP AGG $ 2,000,000
B		AUTOMOBILE LIABILITY: X ANY AUTO; ALL OWNED AUTOS; SCHEDULED AUTOS; HIRED AUTOS; NON-OWNED AUTOS	POLICY NUMBER	DATE	DATE	COMBINED SINGLE LIMIT (Ea accident) $ 2,000,000; BODILY INJURY (Per person) $ 1,000,000; BODILY INJURY (Per accident) $; PROPERTY DAMAGE (Per accident) $
		GARAGE LIABILITY: ANY AUTO				AUTO ONLY - EA ACCIDENT $; OTHER THAN AUTO ONLY: EA ACC $; AGG $
		EXCESS/UMBRELLA LIABILITY: OCCUR; CLAIMS MADE; DEDUCTIBLE; RETENTION $				EACH OCCURRENCE $; AGGREGATE $
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY: ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (If yes, describe under SPECIAL PROVISIONS below); OTHER	POLICY NUMBER	DATE	DATE	X WC STATU-TORY LIMITS; 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 / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Coverage applies to (specific location). Certificate holder is named as Additional Insured, per attached Form CG 20 10 11 85.

CERTIFICATE HOLDER
CONTRACTOR
STREET
CITY, STATE ZIP CODE

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
AUTHORIZED REPRESENTATIVE

ACORD 25 (2001/08)
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