



## INSURANCE REQUIREMENTS

NO PAYMENTS WILL BE MADE TO SUBCONTRACTOR UNTIL EDC RECEIVES THE CERTIFICATE OF INSURANCE.

1. The Subcontractor shall procure and maintain at the Subcontractor's own expense, during the entire contract time, Liability Insurance as hereinafter specified:
  - a. Business Automobile Liability shall be provided for a Combined Single Limit of at least \$1,000,000 for Bodily Injury and Property Damage. Coverage shall include owned, leased, hired and non-owned vehicles. *Contractor shall be named as Additional Insured.*
  - b. Workers Compensation Insurance for the protection of all Subcontractor's employees including partners and individual owners working on or in connection with the Project.
  - c. Commercial General Liability shall be provided for a Combined Single Limit of at least \$1,000,000 for each occurrence, \$1,000,000 Personal Injury and Advertising Liability, \$2,000,000 Products and Completed Operations aggregate and \$2,000,000 general aggregate. The policy shall contain no restrictions for contractual liability and xcu (explosion, collapse and underground). Contractor shall be named as additional insured, per form CG2010 1185 or equivalent. Subcontractor shall maintain Products and Completed Operations insurance and shall name Contractor as additional insured for at least two (2) years from the date of final payment. Subcontractor's insurance shall be primary and non-contributing so that the Contractor's policy will not respond until the limits under the Subcontractor's policy are exhausted.
  - d. Commercial Umbrella Liability shall be provided for at least \$1,000,000 and shall be as broad as the primary General Liability and Automobile.
  - e. Professional Liability Insurance coverage shall be provided if services are provided as per 1.3 of this Agreement, in the amount of no less than \$2,000,000 per occurrence and \$2,000,000 in the aggregate. Any deductible applicable to this coverage will not exceed \$100,000. This insurance requirement applies to ANY subcontractor who in the course of their engagement on this project provides any of the following services: design-build; design; engineering; inspecting; drafting; consulting or professional advising. Contractor is to be named as an Additional Insured on this policy and evidence of such will be provided on the Certificate of Insurance provided to Contractor.
2. Certificates of Insurance, including a copy of the additional insured endorsement, acceptable to Contractor must be provided prior to Subcontractor commencing any work or ordering any materials. Renewal certificates must be provided no less than 14 days prior to expiration. All insurance carriers named in the Subcontractor's certificate of insurance shall have an A.M. rating of A- or better. The Certificates must also contain a provision that coverage afforded under the policies will not be canceled unless at least thirty (30) days prior written notice has been given to Contractor. Contractor shall not make any payment to Subcontractor until proper evidence of insurance is received. If Subcontractor performs any portion or all of the Work without the required insurances, Contractor shall deduct the greater of twenty five percent (25%) broken down as follows: 10% for General Liability, 10% for Workers Compensation, 3% for Automobile Liability and 2% for Umbrella coverage of the Subcontract Sum, or the value of the insurance premium as solely determined by Contractor's insurance carrier.
3. Waiver of Subrogation: Subcontractor waives all rights against Contractor, Owner and owner's design professional and their respective agents, officers, directors and employees for recovery of damages caused by fire or other causes of loss to the extent such damages are covered by any insurance provided under this Subcontract Agreement.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/19/2017

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).

PRODUCER INSURANCE AGENT INFORMATION	CONTACT NAME: COMPLETE	
	PHONE (A/C, No, Ext): COMPLETE	FAX (A/C, No): COMPLETE
	E-MAIL ADDRESS: COMPLETE	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A :COMPLETE	NAIC # #####
INSURED SAMPLE SUBCONTRACTOR INFORMATION	INSURER B :COMPLETE	#####
	INSURER C :IF APPLICABLE	#####
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES CERTIFICATE NUMBER: 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 <input checked="" type="checkbox"/> PD Ded: 5,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	Y	COMPLETE	DATE	DATE	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X		COMPLETE	DATE	DATE	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			COMPLETE	DATE	DATE	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	COMPLETE	DATE	DATE	<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
C	<input type="checkbox"/> Professional Liability			IF APPLICABLE	DATE	DATE	Occurrence/Aggregate \$2M/\$2M Deductible \$100,000

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

SAMPLE SUBCONTRACTOR CERTIFICATE:  
Eilerson Development Corp. DBA EDC is listed as an Additional Insured with respects to Auto Liability and General Liability forms CG2010 07/04 and CG2037 07/04 or equivalents, to include Products Liability and Completed Operations. Waiver of Subrogation to apply in favor of Contractor for General Liability and Workers Compensation. Coverage is included with no restrictions for Contractual Liability & Explosion/Collapse/Underground (XCU). Workers Compensation covers all employees, including partners, and owners, connected with this project. 30 Day Notice of Cancellation is provided.

## CERTIFICATE HOLDER CANCELLATION

Eilerson Development Corp. DBA EDC 1660 Huguenot Road Midlothian, VA 23113	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