



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 Name and Address of Agent or Broker of Insured | CONTACT NAME: | |
| | PHONE (A/C No, Ext): | FAX (A/C, No): |
| INSURED Insured Name and Address | E-MAIL ADDRESS: | |
| | INSURER(S) AFFORDING COVERAGE | |
| | INSURER A: Name of Insurance Company | |
| | INSURER B: | |
| | INSURER C: | |
| | 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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|--|--|
| | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | Y | Y | Policy Number | mm/dd/yy | mm/dd/yy | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ | |
| | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | Y | Y | Policy Number | mm/dd/yy | mm/dd/yy | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ | |
| | <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 \$ | Y | Y | Policy Number | mm/dd/yy | mm/dd/yy | EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | Y | Policy Number | mm/dd/yy | mm/dd/yy | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000 |
| | Use this area to identify Professional or Environmental Insurance when required by Contract. | Y | Y | Policy Number | mm/dd/yy | mm/dd/yy | | |

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

Contractor and Owner shall be named as Additional Insureds on a primary and non contributory basis with respect to General Liability, Umbrella Liability, Automobile Liability and Environmental Liability (when applicable). A Waiver of Subrogation in favor of Contractor, Owner, Officers, Directors and Employees will apply to all coverage.

Policy includes a 30 Day Notice of Cancellation to Certificate Holder.

See Subcontractor Insurance Requirements Attached.

CERTIFICATE HOLDER**CANCELLATION**

| | |
|--|--|
| Name and Address of Vecellio Group Company | 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 |



Insurance Requirements

Subcontractor hereby agrees that as a condition precedent to commencing work of any Contract it will present to Sharpe Brothers, A Division of Vecellio & Grogan, Inc. acceptable Certificates of Insurance, and/or other proof as requested, evidencing the maintenance of the following insurance coverage of the Subcontractor. Subcontractor will maintain said insurance in force at all times during the performance of any work herein provided for and for the specified term thereafter:

1. **Worker's Comp/Employer's Liability**
 - a. Workers Comp at Statutory Requirements; and
 - b. Employer' Liability Limits of:
 - 500,000 each accident;
 - 500,000 disease – policy limit; and
 - 500,000 disease – each employee.

2. **Commercial General Liability (using ISO CG 00 01 12 07 or equivalent)**
 - a. 1,000,000 each occurrence;
 - b. 2,000,000 General Aggregate (**Aggregate Limit must apply "per project"** using ISO CG 25 03 11 85 or equivalent);
 - c. 2,000,000 Completed Operations and Product Liability Aggregate – must be maintained for a period of 2 years following Owner's Acceptance of work;
 - d. Independent Contractors;
 - e. "XCU" hazards as applicable; and
 - f. Contractual Liability.

3. **Automobile Liability**
 - a. 1,000,000 (combined single limit); and
 - b. Coverage will apply on an "**Any Auto**" basis (ISO Symbol 1) **OR** "**All Owned Autos**" including "**Hired and Non-owned** (ISO Symbol 2, 8 and 9).

4. **Umbrella/Excess Liability**

| Value of the Subcontract Agreement | Required Umbrella/Excess Liability Limit "Follow Form" General Liability, Automobile Liability and Employers Liability |
|------------------------------------|---|
| Less than \$100,000 | \$1,000,000 each Occurrence \$1,000,000 Aggregate |
| \$100,001 to \$250,000 | \$2,000,000 each Occurrence \$2,000,000 Aggregate |
| \$250,001 to \$500,000 | \$3,000,000 each Occurrence \$3,000,000 Aggregate |
| Greater than \$500,000 | \$5,000,000 each Occurrence \$5,000,000 Aggregate |

5. **Professional Errors and Omissions Liability (when scope of the subcontract agreement includes any professional services).**
 - a. 1,000,000 per claim/2,000,000 in the Aggregate;
 - b. Deductible may not exceed \$100,000 per Wrongful Act; and
 - c. Retroactive Date must be before the date any Professional Services are provided.



6. Environmental Impairment Liability (when scope of the subcontract agreement includes handling, transportation or disposal of hazardous materials).
 - a. 1,000,000 per claim/2,000,000 in the Aggregate;
 - b. Deductible may not exceed \$100,000 per Incident; and
 - c. Retroactive Date must be before the date any Environmental Services are provided
7. Name Contractor as an "Additional Insured" with respect to General Liability, Umbrella/Excess and Automobile Liability using ISO CG 20 10 07 04 and CG 20 37 07 04 or equivalent and so named on the Certificate of Insurance. **A copy of the Additional Insured endorsement must be provided with the Certificate of Insurance.**
8. Insure, or self-insure all loss to owned or leased tools and equipment which may be used on the project
9. Insure or self-insure all loss to property or materials provided by Subcontractor or others which are included or are to be included into the work covered by each Contract, and further, agree to waive its or Its insurer's right of subrogation against the Contractor, Its Officers, Employees, Agents or Servants.
10. All insurance required by the Contract shall be **primary and non-contributory** to any other valid and collectable insurance. **All coverage will provide for a waiver of subrogation or its insurer's right of subrogation against the Contractor, Its Officers, Employees, Agents or Servants.**
11. All insurance required shall be written through a company or companies satisfactory to Sharpe Brothers, A Division of Vecellio & Grogan, Inc., a Certificate of Insurance, in accordance with this contract, must be provided to Sharpe Brothers, A Division of Vecellio & Grogan, Inc., and must be issued using ACORD form 25-S or equivalent.
12. Coverage shall be endorsed and evidenced on the Certificate that Insurer is obligated to notify the Certificate Holder (Contractor) no less 30 days prior to cancellation or material change. It may also be evidenced by Rider attachment.