

INSURANCE REQUIREMENTS

ATTENTION ALL SUBCONTRACTORS:

Attached you will find a "sample" insurance certificate, as well as a checklist, of our insurance requirements. **PLEASE REVIEW THESE CAREFULLY.** Please note that not all coverages listed on the sample certificate may pertain to your scope of work (i.e. contractor's pollution, professional liability). Please use the checklist to determine what may not be applicable.

Please make sure **ALL** wording shown in the description of operations box on the certificate is compliant with the attached sample. If your insurance agent(s) will list "All Projects/All Locations" in the description area (as shown on the sample) on the insurance certificates, then you will not be required to send one in for each project – only one will be required per policy period. However; if your agent is only able to list a specific project, then we will need to obtain a new certificate for each project that you work on for us.

Please note that we also require all endorsements to policies (i.e. additional insured-including completed operations and all waivers of subrogation) be sent to us – where applicable & as indicated on the checklist.

Please feel free to forward this information to your insurance agent(s). By accepting any contract or purchase order to work with our company, you agree to comply with our insurance requirements. If you are unable to meet any of these requirements, please call our office immediately to discuss.

We will hold payment(s) for insurance non-compliance, including, but not limited to, expired policies where we have not yet received a renewal notice.

Thank You.

Carol Ward
Office Manager

ACORD™ DATE (MM/DD/YY)

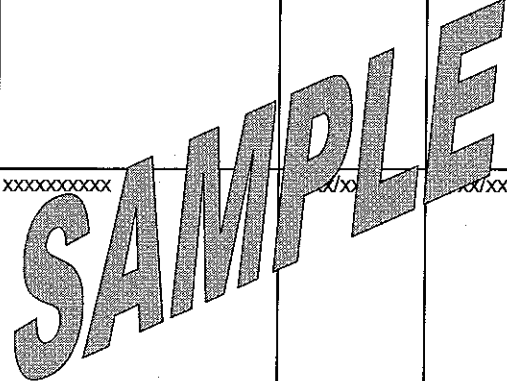
CERTIFICATE OF LIABILITY INSURANCE

PRODUCER <p style="text-align: center;">Name and Address of Broker</p>	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 Contractor / Subcontractors Name Street Address City, State & Zip	INSURER A: Insurance Company rated A-, VI or better INSURER B: Insurance Company rated A-, VI or better INSURER C: Insurance Company rated A-, VI or better 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 OF SUCH POLICIES. 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
	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"/> PROJECT <input type="checkbox"/> LOC	XXXXXXXXXX	xx/xx/xxxx	xx/xx/xxxx	EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any on fire) \$ 50,000 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 checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	XXXXXXXXXX	xx/xx/xxxx	xx/xx/xxxx	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN EA ACC AUTO ONLY: AGG
	EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	XXXXXXXXXX	xx/xx/xxxx	xx/xx/xxxx	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	XXXXXXXXXX	xx/xx/xxxx	xx/xx/xxxx	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000
	OTHER				



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

Must list either: "All Projects/All Locations" or the Specific Job Location. Coe Construction, Inc., including directors, officers, employees and agents, with respect to liability arising out of the Subcontractor's work performed for that insured is included as Additional Insured with respects to General Liability and Automobile Liability including Additional Insured for completed operations (attach a copy of the GL Additional Insured Endorsements). Waiver of Subrogation applies in favor of Contractor and any other additional insured as respects Worker's Compensation insurance (attach a copy of the WC Waiver of Subrogation Endorsements). Liability coverage is provided on a primary/non-contributory basis.

<input checked="" type="checkbox"/> ADDITIONAL INSURED; INSURER LETTER: _____ Coe Construction, Inc. Attn: Carol 2302 E. 13th Street Loveland, CO 80537-4329	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED OR MATERIALLY CHANGED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT CERTIFIED MAIL RETURN RECEIPT REQUESTED. AUTHORIZED REPRESENTATIVE
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Coe Construction, Inc.

Subcontractor Insurance Compliance Checklist
(Revised March 15, 2007)

Subcontractor: _____ Date of review: _____

Reviewed by: _____ Project Name and Number _____

General Liability:

Limits Acceptable: Yes _____ No _____

- \$ 2,000,000 General Aggregate
- \$ 2,000,000 Products/Completed Operations Aggregate
- \$ 1,000,000 Per Occurrence
- \$ 1,000,000 Personal and Advertising Injury Aggregate

Additional Insured Endorsement Attached: Yes _____ No _____

Per Project Amendment Applies: Yes _____ No _____

Coverage is Primary and Non-Contributory: Yes _____ No _____

Waiver of Subrogation: Yes _____ No _____

Automobile Liability:

Any Auto box checked _____ (Any Auto includes Hired & Non-Owned) OR

Schedule Autos, Hired Autos and Non-Owned Autos boxes all checked _____

If only Hired and Non-Owned Auto boxes are checked, the sub must provide evidence of Owned auto insurance coverage from another insurance company to go with this

Waiver of Subrogation: Yes _____ No _____

Additional Insured: Yes _____ No _____

Limit Acceptable: Yes _____ No _____

(\$1,000,000 Combined Single Limit)

Umbrella Liability:

Limits Acceptable: Yes _____ No _____

(\$1,000,000 Limit)

Follow-Form Yes _____ No _____

Workers' Compensation:

Employers Liability limits acceptable:
(\$100,000/\$500,000/\$100,000) Yes _____ No _____
Waiver of Subrogation Yes _____ No _____

Contractors Pollution (if applicable): "At Risk" trades: Roofing, plumbing, masonry, window installation, siding/EIFS, drywall, HVAC/Mechanical

Limit Acceptable: Yes _____ No _____
(\$1,000,000 limit)
Waiver of Subrogation Yes _____ No _____
Additional Insured Yes _____ No _____

Professional Liability (if applicable):

Limit Acceptable: Yes _____ No _____
(\$1,000,000 limit)

Does the certificate provide for 30 days notice of cancellation: Yes _____ No _____

Is the certificate a signed original copy (or a fax copy) received directly from the sub's agent?
Yes _____ No _____

Does the name in the insured box at the top of the certificate match the name of the subcontracting entity with whom you contracted: Yes _____ No _____

Does the certificate have a current date as the date of issue: Yes _____ No _____

Do the insurance carriers have an acceptable rating by A M Best? Check the rating by going on line at (www.ambest.com) Rating should be A+, size VI or better: Yes _____ No _____

Are policy numbers filled in (binder or IBD are not acceptable): Yes _____ No _____

Are all the policies shown on the certificate still in effect: Yes _____ No _____

Is the job name shown on the cert, or does it include the wording "Any and all jobs" Yes _____ No _____

Have we set this up in our system to request a new certificate before the policies expire: Yes _____ No _____

COMMENTS (document all exceptions granted):
