Swank Enterprises

Insurance Requirements and subcontract agreement

Dear Subcontractor:

Please read this letter carefully. The information contained in this letter will affect whether or not you may enter into a contract with us and may affect your receipt of prompt payment.

Should your bid succeed, our contract requires that you provide us with proof of insurance, per attached sample certificate and below stated minimum requirements:

- Include \$1,000,000 limits for commercial general liability and business auto
- Include commercial general liability aggregate limits of \$2,000,000 with the general aggregate limit applicable per project
- Name us as an Additional Insured on a primary basis on the commercial general liability portion for ongoing and completed work per ISO forms CG 32 87 05 10 & CG 32 90 05 10 or their equivalent
 *******You are required to attach copies of Additional Insured forms******
- Include a Waiver of Subrogation on the commercial general liability portion
- Provide Workers Compensation at statutory limits for all employees on job sites
- Include Employers Liability 500,000/500,000/500,000

Additionally, we require:

- Your business to carry completed operations insurance for a period of 3 years
- Your business to name our company as an Additional insured on your commercial general liability insurance for a period of 3 years
- At least 30 days written notice prior to cancellation or termination of your commercial general liability, and business auto liability and 20 days for workers compensation insurance

Per our contract, we must have the following prior to your business commencing any work or services for the project:

- 1. Insurance certificates with above minimum requirements executed and delivered to our offices
- 2. Contract Swank enterprises Subcontract for Building Construction.

Please make sure you provide your insurance agent with a copy of this letter and the attached Sample Certificate of Insurance. You must include all insurance costs in your bid. Should your agent require the names or carriers who provide these requirements, please contact me. This letter must be returned with your Subcontract and acknowledged by your insurance agents and your company.

Sincerely,	
Swank Enterprises	
•	
Acknowledged:	
-	Subcontractor



PRODUCER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

FAX (A/C, No):

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). CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL

ADDRESS:

					INSURER(S) AFFORDING COVERAGE					
				INSUR	ER A :					
INSURED			INSUR	INSURER B:						
				INSUR	ER C :					
				INSUR	INSURER D:					
				INSUR	INSURER E :					
				INSUR						
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						EACH OCCURRENCE \$ 1.0	00,000		
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100	<i></i>		
	CLAIMS-MADE X OCCUR	X	X				MED EXP (Any one person) \$ 5,0	,		
								00,000		
								00,000		
	CENT ACCRECATE LIMIT APPLIES DED.									
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY → PRO- LOC						PRODUCTS - COMP/OP AGG \$ 2,0	00,000		
	POLICY I JECT LOC AUTOMOBILE LIABILITY	$\overline{}$					COMBINED SINGLE LIMIT	20,000		
							(Ea accident) \$ 1,0	00,000		
	ANY AUTO ALL OWNED SCHEDULED						BODILY INJURY (Per accident) \$			
	AUTOS AUTOS NON-OWNED						DDODEDTY DAMAGE			
	HIRED AUTOS AUTOS						(Per accident) \$			
		_	_				\$			
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$			
	EXCESS LIAB CLAIMS-MADE						AGGREGATE \$			
	DED RETENTION \$						\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT \$ 500	,000		
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE \$ 500	,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$ 500	,000		
		_	_							
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	Attach A	ACORD 101, Additional Remarks Schedul	e, if more space is	s required)				
		•			•	•				
CEI	TIEICATE HOLDER			CAN	CELLATION					
CERTIFICATE HOLDER					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					
					0.40		ODD CORDORATION All via			