

# Subcontractor Insurance Compliance Statement

Certificate Holder Name: \_\_\_\_\_

To: Insurance Agent \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

From: Subcontractor \_\_\_\_\_

Dear Insurance Agent,

The purpose of this form is to confirm the insurance is compliant with our clients requirements for using subcontractors. Your assistance in completing this document is appreciated. Please be sure the attach all endorsements of coverages below.

Comprehensive General Liability coverage against claims for bodily injury, death or property damage in the amount of at least \$1,000,000 per occurrence and \$2,000,000 aggregate? Yes \_\_\_ No \_\_\_

Certificate Holder is listed as Additional Insured on all policies that apply. Yes \_\_\_ No \_\_\_

Certificate Holder is listed as Additional for On-Going & Completed Operations on all policies that apply. Yes \_\_\_ No \_\_\_

Waiver of Subrogation on the General Liability in favor of the Certificate Holder? Yes \_\_\_ No \_\_\_

Primary and Non-Contributory Wording on the General Liability in favor of the Certificate Holder? Yes \_\_\_ No \_\_\_

Workers' Compensation and Employer Liability (1,000,000/1,000,000/1,000,000) Yes \_\_\_ No \_\_\_ Other Limits \_\_\_ \_\_\_ \_\_\_

Waiver of Subrogation on the Workers' Compensation? Yes \_\_\_ No \_\_\_

If NO Workers Comp, have they applied and been accepted for Independent Contractor Status with Pinnacol? Yes \_\_\_ No \_\_\_

Has coverage been lowered due to claims? Yes \_\_\_ No \_\_\_ If so, what are the new Limits? \_\_\_\_\_

Comprehensive Automobile Liability Insurance, including Hired and Non-Owned vehicles, in the amount of at least \$1,000,000? Yes \_\_\_ No \_\_\_

Umbrella or Excess Liability Insurance coverage? Yes \_\_\_ No \_\_\_

Certificate Holder is listed as Additional Insured on all policies that apply. Yes \_\_\_ No \_\_\_

**Attach the Endorsements or Exclusions to all the YES answers below.**

- |   |                |
|---|----------------|
| ❖ New Residential Construction exclusion or limitation                | Yes ___ No ___ |
| ❖ Multi-family exclusion  | Yes ___ No ___ |
| ❖ Subsidence or Earth Movement exclusion or limitation -              | Yes ___ No ___ |
| ❖ Overspray exclusion   | Yes ___ No ___ |
| ❖ Exclusion for Damage to work performed by subcontractor             | Yes ___ No ___ |
| ❖ Deductible of SIR (Self Insured Retention) is greater than \$25,000 | Yes ___ No ___ |
| ❖ Height limitation or exclusions                                     | Yes ___ No ___ |
| ❖ Open Roof limitation or exclusion                                   | Yes ___ No ___ |
| ❖ Faulty Workmanship exclusion  | Yes ___ No ___ |
| ❖ Is this a Risk Retention Group?                                     | Yes ___ No ___ |
| ❖ Is the carrier A-rated or Higher?                                   | Yes ___ No ___ |

**Agent Notes:**

Agent's Signature \_\_\_\_\_ Date \_\_\_\_\_