

Subcontractor Insurance Compliance Statement

Certificate Holder: {Builders Name Here}

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 ___ |

Explain all **Yes** Answers Above _____

Agent's Signature _____ Date _____