

HERMAN/STEWART CONSTRUCTION

WE BUILD RELATIONSHIPS®

Subcontractor Insurance Requirements For All Herman/Stewart Construction Projects

- ◆ Subcontractor shall, at its own cost and expense, secure and keep in force the following insurance.
- ◆ Please verify that you can fulfill Herman/Stewart's general insurance requirements before returning your Pre-Qualification Form. A sample Certificate of Insurance is attached for your information.
- ◆ Subcontractor shall furnish Herman/Stewart with Certificates of Insurance evidencing the foregoing coverage and provide that the insurance companies shall give Herman/Stewart ten (10) days written notice prior to any cancellation of or materials change in coverage.
- ◆ All insurance shall name the Herman/Stewart as the Certificate Holder and as the Additional Insured prior to the furnishing of any labor, materials, and equipment for the performance of any Work under the Contract Documents.
- ◆ All insurance naming the General Contractor and the Owners as Additional Insured's shall be Primary and Non-Contributing.
- ◆ Attached to each certificate shall be a copy of the Additional Insured Endorsement that is part of the Subcontractor's Commercial General Liability Policy.
- ◆ The Additional Insured Endorsement shall include coverages under CG2010 and CG2037 or their equivalents.
- ◆ Attached are samples of various additional insured endorsements that fulfill our general insurance requirements.
- ◆ Please do not send insurance certificates at the time of submitting the Subcontractor Pre-Qualification Form.

Commercial General Liability

The minimum limits are:

(a) Each Occurrence:	\$1,000,000
(b) General Aggregate (Per Project/Per Location):	\$2,000,000
(c) Products and Completed Operations:	\$2,000,000
(d) Personal Advertising Injury:	\$1,000,000
(e) Fire Damage, Any One Fire:	\$300,000
(f) Medical Expense, Any One Person:	\$10,000

Policy to contain Contractual Liability Endorsement covering all obligations assumed by Subcontractor for term of 3 years after completion of work:

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Commercial Umbrella

(a) Each Occurrence:	\$5,000,000
(b) Aggregate:	\$5,000,000

Commercial Automobile Liability

(a) Bodily Injury and Property Damaged Combined	\$1,000,000
(b) Personal Injury Protection (No Fault):	Statutory
(c) Uninsured/Underinsured Motorists:	\$1,000,000
(d) Hired and Non Owned Auto Liability:	\$1,000,000

Worker's Compensation

(a) Workers' Compensation Benefits for State in which Project is Performed:	Statutory
(b) Each Accident	\$500,000
(c) Disease Policy Limit:	\$500,000
(d) Disease Each Person:	\$500,000

Worker's Compensation must include Waiver of Subrogation in favor of Herman/Stewart.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER	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.	
INSURED	INSURERS AFFORDING COVERAGE	NAIC #
	INSURER A:	
	INSURER B:	
	INSURER C:	
	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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS												
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$												
		AUTOMOBILE LIABILITY <input 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				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$												
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$												
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$												
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table style="width:100%; border: none;"> <tr> <td style="border: none; width: 50%;"></td> <td style="border: none; width: 25%; text-align: center; font-weight: bold;">WC STATU-TORY LIMITS</td> <td style="border: none; width: 25%; text-align: center; font-weight: bold;">OTH-ER</td> </tr> <tr> <td style="border: none;">E.L. EACH ACCIDENT</td> <td style="border: none;"></td> <td style="border: none;">\$</td> </tr> <tr> <td style="border: none;">E.L. DISEASE - EA EMPLOYEE</td> <td style="border: none;"></td> <td style="border: none;">\$</td> </tr> <tr> <td style="border: none;">E.L. DISEASE - POLICY LIMIT</td> <td style="border: none;"></td> <td style="border: none;">\$</td> </tr> </table>		WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT		\$	E.L. DISEASE - EA EMPLOYEE		\$	E.L. DISEASE - POLICY LIMIT		\$
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E.L. EACH ACCIDENT		\$																
E.L. DISEASE - EA EMPLOYEE		\$																
E.L. DISEASE - POLICY LIMIT		\$																
		OTHER																

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

CERTIFICATE HOLDER

CANCELLATION

	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE <i>Albert R. Gonzalez</i>

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing Insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

Herman/Stewart Construction & Development, Inc. (H/S) Insurance Confirmation Addendum for Contractors

Subcontractor: Complete Section I. below and forward to your insurance agent, broker or insurer for completion of Section II.

THIS PART TO BE COMPLETED AND SIGNED BY AGENT, BROKER OR INSURER

Summary of Insurance Requirements:

Commercial General Liability \$ 1,000,000 Each Occurrence
 \$ 1,000,000 Each Incident for Personal and Advertising Injury
 \$ 2,000,000 Products – Completed Operations Aggregate
 \$ 2,000,000 General Aggregate – must apply separately to each project

- Additional Insured Status: Form CG 20 10 AND CG 20 37 or equivalent required
- Completed Operations coverage must be carried for 3 years following completion of contract with CG 20 37 applicable to extended term
- Policy shall be primary and non-contributory
- Waiver of Subrogation in favor of H/S

Commercial Auto Liability \$1,000,000 Combined Single Limit
 Workers Compensation Statutory
 Employers Liability \$ 500,000 Ea Accident; \$500,000 Ea Employee by Disease; \$500,000 Limit - Disease
 Umbrella Excess Liability \$ 5,000,000 Excess of above limits

All policies must be endorsed to provide 60 days notice of cancellation to H/S

INSURANCE AGENT, BROKER OR INSURER:

*Complete and sign where indicated below and submit along with Certificates **copies of additional insured endorsements***

YES / NO			YES / NO		
<input type="checkbox"/>	<input type="checkbox"/>	Per Project Aggregate Limit or Separate Aggregate Dedicated to this Project?	<input type="checkbox"/>	<input type="checkbox"/>	Additional Insured Status Extended to H/S by Endorsement CG 20 10?
<input type="checkbox"/>	<input type="checkbox"/>	Residential Work limitation, deductible or exclusion	<input type="checkbox"/>	<input type="checkbox"/>	Additional Insured Status Extended to H/S on Completed Operations? Form CG 20 37?
<input type="checkbox"/>	<input type="checkbox"/>	EIFS Exclusion	<input type="checkbox"/>	<input type="checkbox"/>	Additional Insured Coverage is Primary
<input type="checkbox"/>	<input type="checkbox"/>	Mold Exclusion	<input type="checkbox"/>	<input type="checkbox"/>	Subsidence/Earth Movement Exclusion
<input type="checkbox"/>	<input type="checkbox"/>	Explosion Exclusion	<input type="checkbox"/>	<input type="checkbox"/>	Protection Afforded to H/S on GL is Primary
<input type="checkbox"/>	<input type="checkbox"/>	Underground Exclusion	Policies endorsed to provide 60 days NOC:		
<input type="checkbox"/>	<input type="checkbox"/>	Collapse Exclusion			
<input type="checkbox"/>	<input type="checkbox"/>	Subsidence/Earth Movement Exclusion			
<input type="checkbox"/>	<input type="checkbox"/>	Collapse Exclusion			
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	General Liability
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Business Auto
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Workers Compensation
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Umbrella Liability

Name (please print): _____ Authorized Signature: _____

Title: _____ Date: _____

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - OWNERS, LESSEES OR
CONTRACTORS - SCHEDULED PERSON OR
ORGANIZATION**

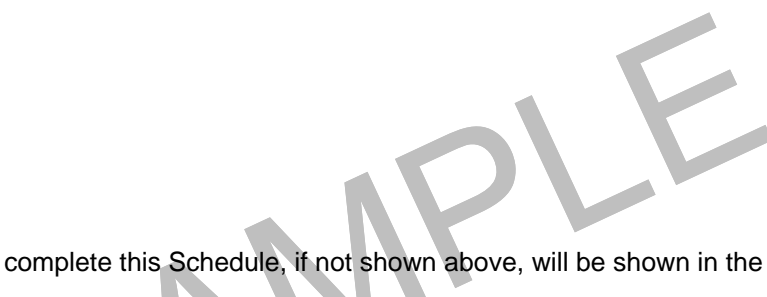
This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

**Name Of Additional Insured Person(s)
Or Organization(s):**

Location(s) Of Covered Operations



Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - OWNERS, LESSEES OR
CONTRACTORS - COMPLETED OPERATIONS**

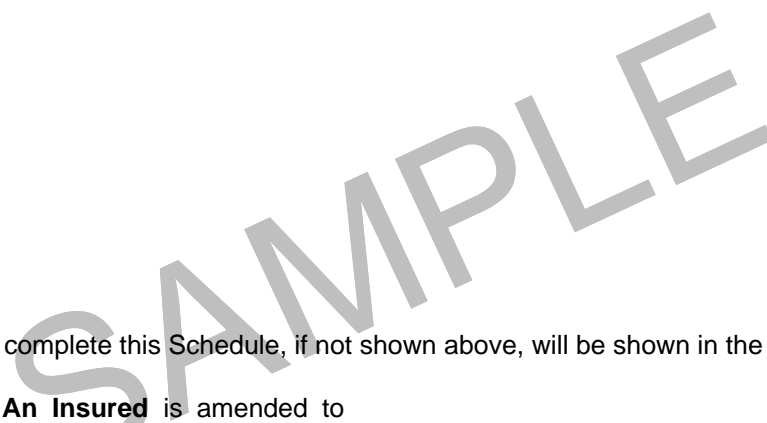
This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

**Name Of Additional Insured Person(s)
Or Organization(s):**

**Location And Description Of Completed
Operations**



Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".