

Waters & Bugbee, Inc.

INSURANCE COMPANY INSTRUCTION PAGE

THIS PAGE SHOULD BE SENT TO YOUR INSURANCE COMPANY

Requested Additional Insured Endorsements below must be returned with COI to be considered Insurance Compliant. Agreements will not be fully executed until received.

Endorsements Required:

- a) CG 2010 11/85 CG 2010 11/5 – Blanket wording “as required by written contract”
- b) CG 2010 10/93, with CG 2037 10/01 CG 2010 10/93, with CG 2037 10/01 (Ongoing Operations only, with endorsement for Completed Operations)
- c) CG 2033 10/01, with CG 2037 10/01 (Ongoing Operations only, with endorsement for Completed Operations)
- d) Copy of endorsement containing “primary, non-contributory wording”, and copy of Waiver of Subrogation endorsement.

Current Insurance Certificates per Contract with Added Insured (*refer to attached sample*):

Worker’s Compensation:

Coverage A - Statutory
Coverage B - \$500,000.00 Bodily Injury by Accident, Each Accident
\$500,000.00 Injury by Disease
\$500,000.00 Each Employee

(If I am a sole proprietor, partnership or LLC, I agree to elect coverage for myself)

IMPORTANT: If a Subcontractor is classified as a Sole Proprietor, Partnership, or LLC the Subcontractor must indicate Yes or No in the Workers Compensation Exclusion Box on the Subcontractors Certificate of Insurance. Failure of the Subcontractor to provide this information or if inaccurate information is provided; then the Contractor will be entitled to recover any resulting Workers Compensation Premiums from the Subcontractor. Premiums may be may be recovered by means of, but not limited to, back charges and/or a reduction of receivables due the Subcontractor. If Yes is indicated in the Exclusion Box then written notification on Company Letterhead will need to be provided to the Contractor by the Subcontractor describing who is excluded from WC coverage and what the excluded individual’s job responsibilities are.

Commercial General Liability (CGL):

Coverage shall be written on ISO Occurrence form CG 00 01 1093 or a substitute form providing equivalent coverage and shall cover liability arising from premises, operations, contractual, independent contractors, products-completed operations, and personal and advertising injury with limits of \$1,000,000.00 each occurrence and \$2,000,000.00 Annual Aggregate. If the CGL coverage contains a General Aggregate Limit, such General Aggregate shall apply separately to each project.

Additional insured status is required for Contractor on ISO form # CG2010 11/85, or one providing equivalent wording. The additional insured status provided to Waters & Bugbee Inc. should be on primary and non-contributing basis. Subcontractor shall maintain CGL coverage for itself and all additional insured for the duration of the project and maintain Completed Operations coverage for itself and each additional insured for at least 3 years after completion of the Work.

Automobile Liability:

Waters & Bugbee Inc., Owner and all other parties required of the General Contractor, shall be included as additional insured on the auto policy.
Bodily Injury/Property Damage - \$1,000,000.00 Each Accident

Commercial Umbrella:

Umbrella limits must be at least \$2,000,000.00 and Umbrella coverage must include as insured, all entities that are additional insured on the CGL.

Certificate of Insurance

PRODUCER:

Producer's Name

Producer's Address

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.

COMPANIES AFFORDING COVERAGE

INSURED:
Ensure that this field contains name of the entity who is providing goods or services to Waters & Bugbee

Company Letter	A	Sample Carrier #1
Company Letter	B	Sample Carrier #2
Company Letter	C	Sample Carrier #3
Company Letter	D	Sample Carrier #4
Company Letter	E	

Coverages

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMES 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 TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
A	General Liability	Policy Number	xx-xx-xxxx	yy-yy-yyyy	General Aggregate	\$2,000,000
	<input checked="" type="checkbox"/> Commercial General Liability				Products Comp/Ops/Agg.	\$2,000,000
	Claims Made Occur.				Personal & Adv. Injury	\$1,000,000
	<input type="checkbox"/> Owner's & Contractors Prot				Each Occurrence	\$1,000,000
	<input checked="" type="checkbox"/> Per Project Aggregate				Fire Damage (any one Fire)	\$10,000
B	Automobile Liability	Policy Number	xx-xx-xxxx	yy-yy-yyyy	Med Expense(any one Person)	\$1,000,000
	<input checked="" type="checkbox"/> Any Auto				Combined Single Limit	\$1,000,000
	<input type="checkbox"/> All Owned Autos				Bodily Injury (Per Person)	
	<input type="checkbox"/> Scheduled Autos				Bodily Injury (Per Accident)	
	<input type="checkbox"/> Hired Autos				Property Damage	
C	Excess Liability	Policy Number	xx-xx-xxxx	yy-yy-yyyy	Each Occurrence	\$2,000,000
	<input checked="" type="checkbox"/> Umbrella Form				Aggregate	\$2,000,000
	<input type="checkbox"/> Other than Umbrella Form					
D	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	Policy Number	xx-xx-xxxx	yy-yy-yyyy	<input checked="" type="checkbox"/> Statutory Limits	
					Each Accident	\$500,000
					Disease- Policy Limit	\$500,000
					Disease- Each Employee	\$500,000
	Other					

DESCRIPTION OF OOPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Certificate Holder(s), as well as each of the Certificate Holder's respective parent companies, subsidiaries, affiliates, directors, officers, members, managers, and the employees of each shall be included as additional insureds on the General Liability, Automobile Liability and Excess Liability policies. The insurance provided by the named insured on this certificate shall be primary, without right of contribution with respect to any similar insurance being maintained by the Certificate Holder. Waiver of Subrogation is granted by the named insured pursuant to written contract. **Waters & Bugbee, Inc. shall also be named as additional insured.**

CERTIFICATE HOLDER

Waters & Bugbee, Inc.
75 South Gold Drive
Hamilton, New Jersey 08691

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL

HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE