

Certificates of Insurance Checklist



*If **YES** is selected for any of the endorsements/exclusions – verbiage must be attached to the Master Template OR in the Forms/Endorsements section in Epic OR indicate page numbers of forms for Services to attach.

ACCOUNT INFORMATION	
Account Name	JRT Delivery Systems, LLC
Insured Recipient Name	Joe Azzaro
Insured Email (for zip file)	jazzaro@myzipdelivery.com

GENERAL LIABILITY						
Effective Date	8/16/2024					
Special Wording or Instructions						
Deductible	<input checked="" type="checkbox"/> None	<input type="checkbox"/> BI Only	<input type="checkbox"/> PD Only	<input type="checkbox"/> BI/PD Comb	<input type="checkbox"/> Per Claim	<input type="checkbox"/> Per Occ
Blanket Additional Insured	<input checked="" type="radio"/> Yes	<input type="radio"/> No	Blanket Waiver of Subrogation		<input checked="" type="radio"/> Yes	<input type="radio"/> No
Blanket 30 Day NOC	<input type="radio"/> Yes	<input checked="" type="radio"/> No	Blanket Primary/Non-Contributory		<input checked="" type="radio"/> Yes	<input type="radio"/> No
AI Included Completed Ops	<input checked="" type="radio"/> Yes	<input type="radio"/> No	Contractual Liability Included		<input type="radio"/> Yes	<input checked="" type="radio"/> No
Per Project Aggregate	<input type="radio"/> Yes	<input checked="" type="radio"/> No	Per Location Aggregate		<input type="radio"/> Yes	<input checked="" type="radio"/> No
XCU Excluded	<input type="radio"/> Yes	<input checked="" type="radio"/> No	Underground Resources		<input type="radio"/> Yes	<input checked="" type="radio"/> No
Pollution Liability	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="checkbox"/> Sudden & Accidental Discovery		<input type="checkbox"/> Time Element Reporting	
Stand Alone Pollution Policy	<input type="radio"/> Yes	<input checked="" type="radio"/> No				

COMMERCIAL PROPERTY		
Effective Date	8/22/2023	
Master Template Updated?	<input type="radio"/> Yes	<input checked="" type="radio"/> No <input type="radio"/> N/A

BUILDERS RISK		
Effective Date		
Master Template Updated?	<input type="radio"/> Yes	<input type="radio"/> No <input checked="" type="radio"/> N/A

AUTOMOTIVE LIABILITY				
Effective Date	8/16/2023			
Special Wording or Instructions				
Blanket Additional Insured	<input checked="" type="radio"/> Yes	<input type="radio"/> No	Blanket Waiver of Subrogation	<input checked="" type="radio"/> Yes <input type="radio"/> No
Blanket 30 Day NOC	<input type="radio"/> Yes	<input checked="" type="radio"/> No	Blanket Primary/Non-Contributory	<input type="radio"/> Yes <input checked="" type="radio"/> No
MCS90	<input checked="" type="radio"/> Yes	<input type="radio"/> No	Pollution Broadening Endt	<input type="radio"/> Yes <input checked="" type="radio"/> No
Trailer Interchange	<input type="radio"/> Yes	<input checked="" type="radio"/> No		

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MOTOR TRUCK CARGO

Effective Date	8/16/2023
Special Wording or Instructions	LIMIT \$150,000

CONTACTORS EQUIPMENT

Effective Date			
Master Template Updated?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> N/A

WORKERS' COMPENSATION

Effective Date					
Special Wording or Instructions	NO COVERAGE				
Blanket Waiver of Subrogation	<input type="radio"/> Yes	<input type="radio"/> No	Blanket 30 Day NOC	<input type="radio"/> Yes	<input type="radio"/> No
Blanket Alternate Employer	<input type="radio"/> Yes	<input type="radio"/> No	USL & H	<input type="radio"/> Yes	<input type="radio"/> No
Voluntary Compensation	<input type="radio"/> Yes	<input type="radio"/> No			
Excluded Individuals	<input type="radio"/> Yes	<input type="radio"/> No	If Yes, List Individual(s)		

UMBRELLA/EXCESS LIABILITY

Effective Date	8/16/2023				
<input type="radio"/> Umbrella	<input checked="" type="radio"/> Excess	Follow Form	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Special Wording or Instructions					
Any coverage not included on the underlying schedule	<input type="radio"/> Yes	<input checked="" type="radio"/> No			
If yes, explain					

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PRODUCTS LIABILITY

Effective Date	
Special Wording or Instructions	N/A

OTHER – PROFESSIONAL LINES

Effective Date	
Special Wording or Instructions	N/A

NOTES

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