

ATTACHMENT C

SUBCONTRACT AGREEMENT INSURANCE REQUIREMENTS

Refer to **Attachment C- Page 2** "SAMPLE" Certificate of Liability Insurance for required coverages including named additional insureds.

- Subcontractor shall comply with the more stringent of the insurance requirements as set forth in this attachment or the contract documents prior to commencing work on the Project.
- Additional insureds required for General Liability and Auto Liability using endorsements CG 2010 and CG 2037 (10/1) or equivalent. Subcontractor's insurance shall be provided on a primary/ non-contributory basis.
- Waiver of Subrogation required for General Liability, Auto Liability and Workers Compensation.
- 30 Day Written Notice of Cancellation in favor of BC Construction Group, Inc.
- Certificates shall be Acord 25 forms (latest version).

Subcontractor hereby agrees to provide for and maintain through an insurance company with an A.M. Best A-VIII or better and acceptable to contractor, throughout the progress of the Work and to provide evidence of coverage for the following insurance:

Commercial General Liability

General aggregate for this project	\$2,000,000
Products/Completed Operations aggregate	\$2,000,000
Personal and Advertising Injury	\$1,000,000
Each occurrence	\$1,000,000

Coverages to be included: Contractual liability, Explosion, Collapse and Underground (XCU), Independent Contractors Coverage, Personal Injury (Agreements A, B, and C), including coverage for suits brought by employees of sub-subcontractors.

In the event a General Liability claim is made, if the subcontractor is determined to be at fault, the deductible associated with the claim shall be paid for by this subcontractor.

Coverage shall be written on an occurrence basis. Subcontractor's insurance shall be primary. Completed operations coverage shall remain in effect for at least two (2) years after substantial completion of the project.

Professional Liability

All design builder trades to carry errors and omissions insurance as follows:

Professional Liability Insurance	\$2,000,000 per claim/annual aggregate
----------------------------------	--

This insurance must be retroactive to the date Subcontractor commenced its work and must be maintained for at least five (5) years after Final Completion of the Work.

Automobile Liability

Coverages to be included are any auto, hired autos and non-owned autos.

Bodily Injury and Property Damage	\$1,000,000 combined single limit
-----------------------------------	-----------------------------------

If the Work involves transportation of hazardous or regulated substances, Subcontractor shall provide pollution auto coverage equivalent to that provided under the ISO pollution liability-broadened coverage for covered autos endorsement (CA 9948) and the Motor Carrier Act endorsement (MCS90).

Umbrella Liability or Excess Liability

Umbrella or Excess Policies are subject to all of the terms and conditions of the primary general liability, automobile liability and employers liability policies beneath it. In the event of conflict, it is the underlying policy provisions that take precedence.

Aggregate for this project	\$5,000,000
Each occurrence	\$2,000,000

Workers Compensation

Coverage must include statutory limits prescribed in the state in which the project is located, as well as:

Employers Liability Insurance

Each accident	\$500,000
Disease – Each employee	\$500,000
Disease – Policy limit	\$500,000

Subcontractor shall provide evidence satisfactory to BC Construction Group, Inc. that all workers at the job site in any way under the direction and control of Subcontractor are covered by Subcontractor's insurance. This includes leased employees, sole proprietors, partners, corporate officers, working partners, individual employers, or sub-subcontractors.



Attachment C - Page 2 "SAMPLE"
CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. 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).

PRODUCER XYZ Company	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Must be rated A- or better	
INSURED XYZ Company	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: blank

REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
or	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			Umbrella Liability or Excess Liability			EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input checked="" type="checkbox"/> Y <input type="checkbox"/> N / A	<input checked="" type="checkbox"/>	Please note if owners/officers are excluded. If exclusion exists name party.			<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	Professional Liability (applicable to all design build trades)						\$2,000,000 per claim/aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

BC Project # 24-057 AMS Mesa

- General Liability and Auto Liability must list BC Construction Group, Inc., Math and Science Success, Inc., and Boys & Girls Clubs of the Valley Grant Woods Branch as additional insureds.
- General Liability, Automobile Liability and Workers Compensation must include Waiver of Subrogation endorsement.
- 30 day written Notice of Cancellation in favor of BC Construction Group, Inc.

CERTIFICATE HOLDER

CANCELLATION

BC Construction Group, Inc. 9829 Spencer Rd., Suite 101 Brighton, MI 48114	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Required

© 1988-2014 ACORD CORPORATION. All rights reserved.