



Subcontractor Insurance Requirements

Project Name / #:	All Operations
Certificate Holder & Address:	Back's Construction, Inc. 1602 Front Street, Suite 100 San Diego, CA 92101

Comprehensive General Liability Insurance. Subcontractor shall furnish a Certificate of Insurance showing evidence of Commercial General Liability coverage on ISO Form CG0001, or its equivalent, which includes Contractual Liability covering the Subcontractor's obligations under this Subcontract, as well as coverage on all of Back's Construction equipment owned, hired or used in the performance of the work, with limits not less than:

- \$1,000,000 each occurrence; and
- \$2,000,000 General Aggregate; and
- \$1,000,000 products – Completed Operations Aggregate; and
- \$1,000,000 Personal Injury Liability; or
- \$1,000,000 combined single limit for bodily injury and property damage.

1. The above-referenced **Commercial General Liability** coverage shall include:

A per project general aggregate endorsement; Explosion, collapse and underground coverage; and Subsidence/earth movement coverage.

2. The required insurance certificate, as identified above, must have the CG2010(11/85) or equivalent endorsement attached naming the following as additional insureds:

Back's Construction, Inc.

Owner; and Any other person or entity required by Back's Construction or the Owner to be named as an additional insured.

3. The Additional Insured Endorsement must be attached to the Certificate and state that this insurance is primary and non-contributory to any other insurance. Endorsement, which limit or exclude coverage, will need to be attached to the certificate.

Automobile Liability Insurance. Subcontractor shall supply a Certificate of Insurance showing commercial Automobile Liability Coverage, including Contractual Liability, covering all motor vehicles owned, non-owned, hired or used in the performance of the work, with limits not less than:

\$1,000,000 each occurrence (combined single limit for bodily injury and property damage).

Umbrella Form. Subcontractor shall supply a Certificate of Insurance showing evidence of Umbrella coverage with the following limits:

- \$1,000,000 each occurrence; and
- \$1,000,000 aggregate.

Workers' Compensation and Occupational Disease Insurance. Subcontractor shall supply a Certificate of Insurance showing Workers Compensation Employee's liability coverage, with limits not less than:

- \$1,000,000 each/accident (bodily injury by accident);
- \$1,000,000/disease – policy limit (bodily injury by disease); and
- \$1,000,000/disease – each employee (bodily injury by disease).

A waiver of subrogation endorsement (WC 04 03 06) shall be attached in favor of Back's Construction and the Owner.

Professional Liability. If Subcontractor is a licensed architect, engineer or designer; provides architecture, engineering and/or design services or retains any said services, a Certificate of Insurance shall be supplied showing errors and omissions coverage in an amount not less than \$1,000,000 per occurrence.

****Please see attached sample certificate**



CERTIFICATE OF LIABILITY INSURANCE

DUMMY-1

OP ID: GB

DATE (MM/DD/YYYY)

03/27/14

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 Cavignac & Associates 450 B Street, Suite 1800 San Diego, CA 92101-3547 Select Business Department	619-234-6848 619-234-8601	CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ <hr/> <table style="width: 100%;"> <tr> <th colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: right;">NAIC #</th> </tr> <tr> <td colspan="2">INSURER A : XYZ Insurance Company</td> <td></td> </tr> <tr> <td colspan="2">INSURER B : Min Best Rating A X</td> <td></td> </tr> <tr> <td colspan="2">INSURER C :</td> <td></td> </tr> <tr> <td colspan="2">INSURER D :</td> <td></td> </tr> <tr> <td colspan="2">INSURER E :</td> <td></td> </tr> <tr> <td colspan="2">INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A : XYZ Insurance Company			INSURER B : Min Best Rating A X			INSURER C :			INSURER D :			INSURER E :			INSURER F :		
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INSURED ABC Subcontractor 1234 Main Street San Diego, CA 11111																							

COVERAGES

CERTIFICATE NUMBER:

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="checked" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="checked" type="checkbox"/> OCCUR <input checked="checked" type="checkbox"/> X/C/U Included <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="checked" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	X		POLICY #1	08/15/13	08/15/14	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 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 \$
	AUTOMOBILE LIABILITY <input checked="checked" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="checked" type="checkbox"/> HIRED AUTOS <input checked="checked" type="checkbox"/> NON-OWNED AUTOS			POLICY #2	08/15/13	08/15/14	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input checked="checked" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="checked" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			POLICY #3	08/15/13	08/15/14	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	POLICY #4	08/15/13	08/15/14	<input checked="checked" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	A Professional Liab REQUIRED FOR			POLICY #5 DESIGN SUBS/CONSULTANTS	08/15/13	08/15/14	Limit 1,000,000 Deduct 25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) **Re: All Operations, Back's Construction, Inc. and Owner are named as Additional Insured with respect to General Liability per attached CG2010 11/85 (or its equivalent). General Liability is primary & non-contributory per attached endorsement. Per Project Aggregate applies to General Liability. Waiver of Subrogation applies to Workers Compensation per attached endorsement.**

CERTIFICATE HOLDER

CANCELLATION

Back's Construction, Inc. 1602 Front Street, Suite 100 San Diego, CA 92101	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 Signed by Authorized Representative
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – (FORM B)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

As Required by Written Contract OR
Back's Construction, Inc.
1602 Front Street, Suite 100
San Diego, CA 92101

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.

Primary Wording: If required by written contract or agreement: Such insurance as is afforded by this policy shall be primary insurance, and any insurance or self-insurance maintained by the above additional insured(s) shall be excess of the insurance afforded to the named insured and shall not contribute to it.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED CONSTRUCTION PROJECT(S) GENERAL AGGREGATE LIMIT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Designated Construction Project(s):
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A.** For all sums which the insured becomes legally obligated to pay as damages caused by "occurrences" under Section **I** – Coverage **A**, and for all medical expenses caused by accidents under Section **I** – Coverage **C**, which can be attributed only to ongoing operations at a single designated construction project shown in the Schedule above:
 - 1. A separate Designated Construction Project General Aggregate Limit applies to each designated construction project, and that limit is equal to the amount of the General Aggregate Limit shown in the Declarations.
 - 2. The Designated Construction Project General Aggregate Limit is the most we will pay for the sum of all damages under Coverage **A**, except damages because of "bodily injury" or "property damage" included in the "products-completed operations hazard", and for medical expenses under Coverage **C** regardless of the number of:
 - a. Insureds;
 - b. Claims made or "suits" brought; or
 - c. Persons or organizations making claims or bringing "suits".
 - 3. Any payments made under Coverage **A** for damages or under Coverage **C** for medical expenses shall reduce the Designated Construction Project General Aggregate Limit for that designated construction project. Such payments shall not reduce the General Aggregate Limit shown in the Declarations nor shall they reduce any other Designated Construction Project General Aggregate Limit for any other designated construction project shown in the Schedule above.
 - 4. The limits shown in the Declarations for Each Occurrence, Damage To Premises Rented To You and Medical Expense continue to apply. However, instead of being subject to the General Aggregate Limit shown in the Declarations, such limits will be subject to the applicable Designated Construction Project General Aggregate Limit.

- B.** For all sums which the insured becomes legally obligated to pay as damages caused by "occurrences" under Section I – Coverage **A**, and for all medical expenses caused by accidents under Section I – Coverage **C**, which cannot be attributed only to ongoing operations at a single designated construction project shown in the Schedule above:

 - 1.** Any payments made under Coverage **A** for damages or under Coverage **C** for medical expenses shall reduce the amount available under the General Aggregate Limit or the Products-completed Operations Aggregate Limit, whichever is applicable; and
 - 2.** Such payments shall not reduce any Designated Construction Project General Aggregate Limit.
- C.** When coverage for liability arising out of the "products-completed operations hazard" is provided, any payments for damages because of "bodily injury" or "property damage" included in the "products-completed operations hazard" will reduce the Products-completed Operations Aggregate Limit, and not reduce the General Aggregate Limit nor the Designated Construction Project General Aggregate Limit.
- D.** If the applicable designated construction project has been abandoned, delayed, or abandoned and then restarted, or if the authorized contracting parties deviate from plans, blueprints, designs, specifications or timetables, the project will still be deemed to be the same construction project.
- E.** The provisions of Section III – Limits Of Insurance not otherwise modified by this endorsement shall continue to apply as stipulated.

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT - CALIFORNIA

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be TBD% of the California workers' compensation premium otherwise due on such remuneration.

Schedule

Person or Organization

Job Description

As Required by Written Contract OR

Back's Construction, Inc.

1602 Front Street, Suite 100

San Diego, CA 92101

Notes:

1. This endorsement may be used to waive the company's right of subrogation against named third parties who may be responsible for an injury.
2. The sentence in () is optional with the company. It limits the endorsement to apply only to specific jobs of the insured, and only to the extent that the insured is required to obtain this waiver.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.		
(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)		
Endorsement Effective	Policy No. Policy #3	Endorsement No.
Insured ABC Subcontractor	Insurance Company	XYZ Insurance Company
	Countersigned By	