

Large Projects - Generic

Pre-Bid Insurance Compliance Coverages and Limits Verification

(THIS IS A REQUIRED PART OF YOUR BID SUBMISSION)

1. Submit this form, along with attachment **Insurance Certificate REQUIREMENTS** to your insurance agent for review, completion and signature.
2. Review the completed form, execute, and return with your bid.

YES	NO	INSURANCE PROVISION
X		All policies have 30 days direct notice of cancellation to McCrory Construction, LLC except for non-payment of premium (10 days).
X		All policies are written by carriers rated not less than A-7 by A.M. Best Co.
X		Coverage minimum limits include CGL (\$1mm/\$2mm); Auto Liability (\$1MM CSL); WC/EL (\$1 MM/\$1MM/\$1MM) – Statutory; and Umbrella Liability (\$1MM).
X		Contractor and Owner can be added to CGL and AL as additional insureds.
X		CGL Additional Insured provision for Contractor and Owner is the equivalent of CG 20 10 10 01 (ongoing operations) and CG 20 37 10 01 (completed operations).
X		Does the CGL policy have automatic additional insured language that is triggered by written contractual requirements in a construction agreement?
X		CGL, AL, WC Umbrella and Property Coverages will contain Waiver of Subrogation in favor of Contractor.
X		CGL General Aggregate applies per project.
X		CGL is primary and non-contributory to the benefit of the Certificate Holder.
	X	CGL has residential or habitational work exclusion. If yes, must attach a copy of policy language.
	X	CGL has an exclusion of limitation of coverage for work performed by subcontractors. If yes, must attach copy of policy language.
	X	CGL has an EIFS or similar exclusion (applicable only to contractors performing the exterior cladding system for the building or structure). If yes, must attach copy of policy language.

Agent:

Your signature below acknowledges that the coverage of your insured subcontractor client is as indicated. Any answers given, not meeting contractual insurance requirements should be addressed with your client prior to signing and returning this form.

Subcontractor:

Your signature below acknowledges the agreement that the certificates of insurance issued for the contractor will include the coverage required in the insurance provisions of the Subcontract Agreement and shown in attachment **Insurance Certificate REQUIREMENTS**.

AGENT	SUBCONTRACTOR
Signature	Signature
Printed Name	Printed Name
Title	Title
Agency Name	Legal Business Name
Date	Date

Questions regarding completion of this form should be directed to McCrory Construction, LLC (803) 251-8101 or 251-8160.

