

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 Company, LLC except for non-payment of premium (10 days).
X		All policies are written by carriers rated not less than A 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) 799-8100.

CONTRACTUAL INSURANCE REQUIREMENTS

The information contained herein is to describe the contractual requirements that McCrory Construction Co., LLC has indicated to myCOI. These contractual requirements should NOT be used to provide inaccurate information regarding current insurance policies. Questions regarding interpretation of this document can be directed to our support team at 317-759-9426.	
INSURED	CARRIER REQUIREMENTS A or higher

	POLICY LINE	POLICY LIMITS
GENERAL LIABILITY	<input type="checkbox"/> CLAIMS MADE	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence) \$
		MED EXP (Any one person) \$ 5,000
		PERSONAL & ADV INJURY \$ 2,000,000
		GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOCATION	PRODUCTS - COMP/OP AGG \$ 2,000,000
AUTO LIABILITY	<input checked="" type="checkbox"/> ANY AUTO	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS	BODILY INJURY (Per person) \$
	<input type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS	
UMBRELLA /EXCESS LIABILITY	<input checked="" type="checkbox"/> OCCUR	EACH OCCURRENCE \$ 1,000,000
	Claims Made	AGGREGATE \$ 1,000,000
WORKERS COMP /EMPLOYEE LIABILITY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> WC STATUTORY LIMITS OTHER
		E.L. EACH ACCIDENT \$ 1,000,000
		E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
		E.L. DISEASE - POLICY LIMIT \$ 1,000,000
Property	<input type="checkbox"/> Property Causes of Loss	Deductibles
	<input type="checkbox"/> Basic	Building
	<input type="checkbox"/> Broad	Contents
	<input type="checkbox"/> Special	
	<input type="checkbox"/> Earthquake	
	<input type="checkbox"/> Wind	
	<input type="checkbox"/> Flood	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
<input type="checkbox"/>		
Boiler and Machine	<input type="checkbox"/> Boiler & Machinery /Equipment Break Down	

Certification Holder

McCrory Construction, LLC 522 Lady Street Columbia, SC 29201

ADDITIONAL REQUIREMENTS

**Division Name: [Project #, Name and Address].
 "30 Days Notice of Cancellation Required.**

General Liability

- "A physical copy of waiver of subrogation endorsement must be submitted.
- "Additional Insured applies to General Liability.
- "Waiver of Subrogation is required for General Liability.
- "General Liability is Primary and Non-contributory.
- "Additional Insured Names: McCrory Construction, LLC; Owner,
- "McCrory Construction job #, project name & location must be listed on certificate. Please see division name information listed above.
- "Physical copy of additional insured ISO endorsements CG 2010 10 01 - Ongoing Operations and CG 2037 10 01 - Completed Operations required.

"Waiver of Subrogation applies in favor of: McCrory Construction, LLC

Automobile Liability

**"A physical copy of waiver of subrogation endorsement must be submitted.
"Additional Insured applies to Automobile.
"Waiver of Subrogation is required for Automobile.
"Automobile Liability is Primary and Non-contributory.
"Additional Insured Names: McCrory Construction, LLC; Owner,
"Waiver of Subrogation applies in favor of: McCrory Construction, LLC**

Umbrella Excess Liability

**"A physical copy of waiver of subrogation endorsement must be submitted.
"Umbrella follows form.
"Waiver of Subrogation applies in favor of: McCrory Construction, LLC
"Waiver of Subrogation is required for Umbrella.**

Workers Compensation

"Proprietor/Partner/Executive/Officer/Member must not be excluded.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/29/2023

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 Parrish & Gwinn Insurance Group LLC 1401 Main Street Suite 601 Columbia SC 29201	CONTACT NAME: Certificates PHONE (A/C, No, Ext): (803) 799-1160 FAX (A/C, No): (803) 799-1159 E-MAIL ADDRESS: certificates@pginsgroup.com													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A ABC Insurance Agency</td> <td>12345</td> </tr> <tr> <td>INSURER B XYZ Insurance Agency</td> <td>67890</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A ABC Insurance Agency	12345	INSURER B XYZ Insurance Agency	67890	INSURER C:		INSURER D:		INSURER E:		INSURER F:
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INSURER F:														
INSURED Subcontractor ABC (also applies to lower tier subs) PO Box 123 Columbia SC 29202														

COVERAGES **CERTIFICATE NUMBER:** 15-16 **SAMPLE** Lg. Projects **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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X	Y	Policy Number	Eff. Date	Exp. Date	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	GENL AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person) \$ 5,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 2,000,000
	OTHER:						GENERAL AGGREGATE \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY	X	Y	Policy Number	Eff. Date	Exp. Date	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/>						BODILY INJURY (Per accident) \$
	OTHER:						PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB	X	Y	Policy Number	Eff. Date	Exp. Date	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> OCCUR						AGGREGATE \$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						\$
	DED <input type="checkbox"/> RETENTION \$						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A	Policy Number	Eff. Date	Exp. Date	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	OTHER						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: PROJECT NAME & LOCATION; It is agreed that McCrory Construction, LLC, the owner and their assigns are named as Additional Insured under General Liability - ISO endorsements CG 2010 10 01 - Ongoing Operations and CG 2037 10 01 - Completed Operations and Auto Liability as required by Contract. The subcontractors' policies shall be Primary and Non-Contributory in respect to work performed on this project. A Waiver of Subrogation shall apply in favor of Additional Insured(s) in respect to the General Liability, Auto Liability and Umbrella. Umbrella follows form in regards to General Liability with respect to per project/per location coverage and applies on a Primary and Non-Contributory basis.

CERTIFICATE HOLDER McCrory Constructio, LLC 522 Lady Street Columbia, SC 29201	CANCELLATION 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 Mark Parrish/KSH 