

ATTACHMENT "G"

Insurance & Endorsement Requirements

By signing this Agreement you agree to Scherrer Construction's Insurance & Endorsement Requirements. The sample provided depicts the MINIMUM Policy Requirements. Please carefully review this attachment and provide applicable coverages per scope of work and required amounts. Everything typed or outlined in red is required to be contained in the Certificate of Insurance you provide. We thank you in advance for your cooperation.

NOTE: Commercial General Liability, Automobile Liability, and Workers Compensation/Employers Liability may be presented as one policy that meets the minimum limits required, or as individual policies with the inclusion of an Excess or Umbrella policy to ensure the balance meets the required minimum limits per the contract.

Prohibited - Commercial General and Excess Liability Policy Exclusion: No cross-liability exclusion endorsement of any sort is allowed.

Prohibited - Commercial General and Excess Liability Policy Exclusion for Residential Building and Frame Construction Building Projects: No EIFS (exterior insulation and finish system) exclusion endorsement of any sort is allowed.

Additional Insured Endorsements are required when submitting your Certificate of Insurance. Scherrer Construction Co., Inc. and their respective agents, employees and consultants (including architects) and the project owner shall be named as additional insureds, on a primary and non-contributory basis, on the Subcontractor's commercial general liability, automobile liability and umbrella liability insurance policies (other than professional and environmental/pollution liability), including completed operations coverage. A complete copy of the additional insured endorsement must accompany the Certificate of Insurance furnished by Subcontractor. Acceptable endorsement forms are CG 2010/CG 2037 04/13 or 07/04 (or their equivalent as acceptable to Scherrer Construction Co., Inc.).

REQUIRED:

- **General Commercial Liability:**
 - Each Occurrence – 1,000,000
 - Damage To Rented Premises – 100,000
 - Medical Expenses – 5,000
 - Personal & Adv. Injury – 1,000,000
 - General Aggregate - 2,000,000
 - Products-Comp/Op Aggregate – 2,000,000
- **Automobile Liability:**
 - (ANY AUTO) Each Occurrence – 1,000,000
- **Worker's Compensation/Employer's Liability:**
 - Each Accident – 100,000
 - Disease-Each Employee – 500,000
 - Disease-Policy Limit – 100,000

Endorsements:

A: Excess/Umbrella Liability

- Each Occurrence – 5,000,000
- Aggregate – 5,000,000

REQUIRED if scope of work includes, but is not limited to, any of the following categories:

- Acoustic Engineers
- Interior Fit out
- Aerial/Mast Erection
- Air Conditioning
- Barrier Installation
- Cofferdams
- Concrete Repairs/Pourers
- Critical Building Systems
- Damp Proofing
- Design/Performance
- Dewatering
- Diamond Drillers
- Dryliners
- Earthwork Retention
- Electrical
- Excavation
- Fascias/Soffits/ Guttering
- Fencing
- Flooring
- Formwork
- Furnish/Install Products
- Glazing
- Haulers/Couriers
- HVAC
- Insulation
- Landscaping
- Lift Installation/Maintenance (efficacy available)
- Loft Installation
- Mechanical

- Bricklayers
- Caissons
 - Carpentry/Joinery
 - Ceiling/Partitioning
 - Cladding
 - Painting/Decorating
 - Paving
 - Piling
 - Plant Hire
 - Plastering
 - Plumbing
 - Pre-cast Concrete installation
 - Refrigeration
 - Roofing
 - Roughcasting / Rendering
 - Shop & Office fitting Electrical (Alarms/CCTV Efficacy extension)
 - Sign Erection
 - Soil Stabilization
 - Solar Panel Installation
 - Steel Fixing
 - Steeplejacks
 - Shuttering
 - Stone Masonry
 - Structural Components of Building
 - Tilers
 - Tunneling
 - Underpinning
 - Watertight integrity of building
 - Window Cleaners

B: Environmental Liability (Pollution)

- Each Claim - 1,000,000

REQUIRED if scope of work includes, but is not limited to, any of the following categories:

- Lead removal or abatement
- Asbestos removal or abatement
- Mold removal
- Underground storage tank removal
- Any pollution cleanup or remediation work or services

C: Owners and Contractors Protective Coverage

REQUIRED if scope of work includes, but is not limited to, any of the following categories:

- Trenching and shoring
- Blasting

D: Professional Liability Insurance:

- Each Claim – 1,000,000

REQUIRED if scope of work includes, but is not limited to, any of the following categories:

- Engineering Services
- Architectural Services
- Design Services



****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 have ADDITIONAL INSURED provisions or 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 Pertinent Information	CONTACT NAME:		FAX (A/C, No):	
	PHONE (A/C, No, Ext):		E-MAIL ADDRESS:	
INSURED Pertinent Information	INSURER(S) AFFORDING COVERAGE			NAIC #
	INSURER A:	Insurance Carrier		
	INSURER B:			
	INSURER C:			
	INSURER D:			
	INSURER E:			
	INSURER F:			

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<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"/> PROJECT <input checked="" type="checkbox"/> LOC	Y	Y	123456	1/1/19	1/1/20	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
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	987654	1/1/19	1/1/20	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y	Y	8765432	1/1/19	1/1/20	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY OFFICER/MEMBER EXCLUDED (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Y	654321	1/1/19	1/1/20	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 100,000
A	Professional Liability / Environmental Liability			12345678	1/1/19	1/1/20	Each Claim \$1,000,000

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

Scherrer Construction Company, Inc. and those required within the contract are listed as Additional Insured on the general liability policy on a primary & non-contributory basis including ongoing and completed operations, on the auto liability policy on a primary & non-contributory basis, and on the umbrella policy on a primary & non-contributory basis. A waiver of subrogation applies in favor of the additional insured's on the general liability, auto liability, umbrella and workers compensation policies.

Project: (Project Name & Location)
Additional Insureds: Scherrer Construction Co., Inc., (Owner), (Architect)

CERTIFICATE HOLDER

CANCELLATION

Scherrer Construction Company, Inc.
601 Blackhawk Drive
Burlington, WI 53105

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

Signature

SCCI Project Personnel Contact Information

SCCI Project #: 10-

Project Coordination: (Certificates of Insurance, Submittals, Closeouts, Subcontracts, Contracts, Bonds, Tax Exempt Certificates, Sub-Supplier Affidavits, Change Orders, etc.)

Project Coordinator: (Name)

Office Phone: (Phone) Extension: (Extension)

Email: (Email)

Project Manager: (RFI's, Payment Applications, Site Visits, Scheduling, Scope Inquiries, Legal Actions, Permits & Fees, Prime Contacts, Punch Lists, Meeting Minutes, Reports, etc.)

Project Manager: (Name)

Office Phone: (Phone) Extension: (Extension)

Email: (Email)

Project Accounting: (Final Waivers, Payments, RFP's, Account Status Requests, Invoices, AR/AP, etc.)

Project Accountant: Staci Lord

Office Phone: 262-539-3100 Extension: 1234

Email: slord@scherrerconstruction.com