



SUBCONTRACTOR INSURANCE REQUIREMENTS

Certificate of Insurance and Additional Insured Endorsement Requirements

1. General Liability
 - a. Occurrence Coverage Form
 - i. Claims-Made Coverage is UNACCEPTABLE
 - ii. Modified Occurrence Coverage is UNACCEPTABLE
 - b. General Liability and Additional Insured CG 2010 (11/85 edition) form is preferred. However we will accept industry equivalent acceptable endorsements such as CG2010 10//93 or CG2010 3.97. If none of these forms are available, please submit your current forms for review.
 - c. Waiver of Subrogation provision extended to certificate holder.
2. Automobile Liability
 - a. See attached Forms
3. Notice of Cancellation
 - a. Thirty (30) Days required
 - b. Ten (10) days for non-payment of premium
4. Requirements

COMMERCIAL GENERAL LIABILITY (Primary Wording Provision Required)

\$2,000,000.00	Policy General Aggregate Limit
\$2,000,000.00	Completed Operations/Products Limit
\$1,000,000.00	Personal and Advertising Injury Limit
\$1,000,000.00	Each Occurrence Limit

AUTOMOBILE LIABILITY

\$1,000,000.00	Combined Single Limit (CSL)
	--Including coverage for Hired or Leased Vehicles and Employers' Non-owned Vehicles. Coverage symbols '2, 8, and 9'.

WORKERS COMPENSATION (Exemption form for Workers Compensation is OK)

Statutory Limits	(Coverage A)
Employers Liability	(Coverage B)
\$1,000,000.00	Each Accident
\$1,000,000.00	Disease – Policy limit
\$1,000,000.00	Disease – Each Employee

WAIVER OF SUBROGATION PROVISION EXTENDED TO CERTIFICATE HOLDER

EVIDENCE OF COVERAGE (Certificate of Insurance and Additional Insured Endorsements) will only be accepted via U.S. Mail from your insurance agent/broker or Insurance Companies.

Other Coverage

- 1.) Your insurance company must be A rated (Minimum) by A.M. Best Co. and preferably "Admitted" by the California Department of Insurance.
- 2.) Work over or near navigable waterways will require U.S. Longshoremen's and Harbor Workers Act Coverage added to your Workers Compensation Policy.
- 3.) Use of Aircraft or Watercraft will require additional Workers Compensation insurance.

EXCEPTIONS TO INSURANCE COVERAGE MUST BE APPROVED IN ADVANCE.

We realize that some forms requested may no longer be available from your insurer and request that you submit your available endorsements for review of acceptability.

ACORD™ <input type="checkbox"/> CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YY)
PRODUCER Insurance Agency, Inc. 123 Any Street City, ST Zip Code		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
		INSURERS AFFORDING COVERAGE
INSURED SUBCONTRACTOR and/or Company as shown on Subcontractor Agreement and/or Contract and as hired by Shawn Owen Signature Homes, Inc.		INSURER A: Insurance Company Name
		INSURER B: Company should be rated "A IX"
		INSURER C: Minimum and "Admitted" by the
		INSURER D: California Department of Insurance
		INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	Policy #	01/02/16	12/02/17	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$ 50,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
	<input type="checkbox"/> No Claims-made				PERSONAL & ADV INJURY	\$ 1,000,000
	<input type="checkbox"/> No Mod. Occur.				GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS - COM/PO/AGG	\$ 2,000,000
	GENL AGGREGATE LIMIT APPLIES PER					
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
B	AUTOMOBILE LIABILITY	Policy #	01/02/16	12/02/17	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS					
<input checked="" type="checkbox"/> NON-OWNED AUTOS						
<input type="checkbox"/>						
<input type="checkbox"/>						
	GARAGE LIABILITY				AUTO ONLY-EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY :	\$
	<input type="checkbox"/>				EA ACC	\$
					AGG	\$
C	EXCESS LIABILITY	Policy #	01/02/16	12/02/17	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 1,000,000
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input type="checkbox"/> RETENTION \$					\$
						\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Policy #	01/02/16	12/02/17	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTH-ER
	E.L. EACH ACCIDENT				\$ 1,000,000	
	E.L. DISEASE - EA EMPLOYEE				\$ 1,000,000	
	E.L. DISEASE- POLICY LIMIT				\$ 1,000,000	
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Shawn Owen Signature Homes, Inc. is named as an additional insured with respects all work performed for them or on their behalf. The insurance afforded by this policy shall be "primary" per the attached endorsement. Waiver-of-subrogation provision extended to Certificate-Holder. Ten (10) days notice for non-payment; thirty (30) days all other.

CERTIFICATE HOLDER ☒ **ADDITIONAL INSURED:** **INSURER LETTER:** **A CANCELLATION**

Shawn Owen Signature Homes, Inc. 445 S. San Antonio Road Los Altos, CA 94022	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURED WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
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ACCORD 25-S(7/97)

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Policy Number # _____

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

ADDITIONALLY 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:

Shawn Owen Signature Homes

445 S. San Antonio Road

Los Altos, CA 94022

(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 III) 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 is insured by or for you.

** Or available endorsement