



Exhibit F: Subcontractor Insurance Certificate Checklist

This checklist and certificate sample are being provided to facilitate compliance with Subcontract requirements. Requirements, terms and conditions contained in Subcontract Documents govern.

<u>Insurance Carrier Requirements:</u>	<input type="checkbox"/>	A.M. Best Rating www.ambest.com	A-
<u>Coverages:</u>			<u>Limits</u>
General Liability	<input type="checkbox"/>	Each Occurrence	\$2,000,000
	<input type="checkbox"/>	Personal & Adv. Injury	\$2,000,000
	<input type="checkbox"/>	General Aggregate	\$2,000,000
	<input type="checkbox"/>	Products – Comp/Op Aggregate	\$2,000,000
	<input type="checkbox"/>	Aggregate Limits Apply per Project	
Automobile Liability	<input type="checkbox"/>	Combined Single Limit (Each Accident)	\$1,000,000
Excess/Umbrella Liability	<input type="checkbox"/>	May be used to fulfill General Liability +/-or Automobile Liability Limits requirements	
Workers Compensation	<input type="checkbox"/>	Statutory Coverage	
	<input type="checkbox"/>	E.L. Each Accident	\$500,000
	<input type="checkbox"/>	E.L. Disease – Each Employee	\$500,000
	<input type="checkbox"/>	E.L. Disease – Policy Limit	\$500,000

- Certificate must reference **project’s name and location**.
- Certificate must include **Harkins Builders Inc.** as an **additional insured** for General Liability, and attach additional insured endorsement from policy reflecting such coverage.
- Certificate must include other **named additional insureds** for General Liability per the Subcontract Documents, and attach additional insured endorsement from policy reflecting such coverage.
- Certificate must specify “Additional Insured Coverage includes both **ongoing** (Premises/Operations) and **completed operations** (Products & Completed Operations) on a **primary and non-contributory basis,**” and attached additional insured endorsement from policy reflecting such coverage.
- Note: Completed Ops coverage must be maintained for at least **2 years** following project completion.
- Automobile Insurance must include **hired and non-owned** autos
- Certificate must include **policy numbers** or **binder numbers**.
- Certificate must include **policy terms** and must be current.
- The “**Cancellation Clause**” at the bottom right hand corner of the certificate must state “**30 Days**” and must have the following words struck: “endeavor to”.
- The “Certificate Holder” must always read:

Harkins Builders, Inc.
 10490 Little Patuxent Parkway, Suite 400
 Columbia, Maryland 21044
- Certificate must be signed** by an authorized representative.
- Email required evidence of insurance to bsd.coir.harkins@ajg.com, specifically established for this purpose.

Please be advised you will not be allowed to start work without a completely executed contract, approved insurance certificate, approved bond (if applicable), and/or will not receive payment for work performed until the above items are completed.

EXHIBIT G TO SUBCONTRACT AGREEMENT

ACCORD	CERTIFICATE OF LIABILITY INSURANCE	OP ID TM HARKI-1	Date (MM/DD/YYYY)
PRODUCER Gallagher CRS ARTHUR J. GALLAGHER & CO.		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.	
11311 McCormick Road, Suite 450 Hunt Valley, MD 21031 (443) 798-7471		INSURERS AFFORDING COVERAGE	NAIC #
INSURED SAMPLE CERTIFICATE Certificate Email to Send to: bsd.coir.harkins@ajg.com		INSURER A: AM Best Co Rating of A- or better	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		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	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES FOR: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	[S2 Million total required. Check the boxes for CGL, OCCUR & PROJECT.]			EACH OCCURRENCE	\$2,000,000
						DAMAGE TO RENTED PREMISES (Ea Occurrence)	\$50,000
						MED EXP (Any one person)	\$5,000
						PERSONAL & ADV INJURY	\$2,000,000
						GENERAL AGGREGATE	\$2,000,000
						PRODUCTS-COMP/OP AGG	\$2,000,000
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	[Check HIRED AUTOS & NON-OWNED AUTOS boxes if ANY AUTO is <i>not</i> checked.]			COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
						BODILY INJURY (Per person)	
						BODILY INJURY (Per accident)	
						PROPERTY DAMAGE (Per accident)	
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY-EA ACCIDENT	
						OTHER THAN EA ACC	
						AUTO ONLY AGG	
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$	[Combination of CGL and Excess/Umbrella totaling \$2 Mil Occurrence.]			EA OCCURRENCE	
						AGGREGATE	
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	[Check WC STATUTORY LIMITS box.]			<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
						E.L. EACH ACCIDENT	\$100,000
						E.L. DISEASE - EA EMPLOYEE	\$100,000
						E.L. DISEASE - POLICY LIMIT	\$500,000

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

RE: **«Project Name», «Location»**

The Contractor, Harkins Builders, Inc., Owner, **[INSERT OWNER NAME]**, **«AdditionalInsureds1»**, **«AdditionalInsureds2»**, **«AdditionalInsureds3»**, **«AdditionalInsureds4»**, and all of their respective officers, directors, employees, successors, members, subsidiaries, affiliates, assigns, agents and representatives are additional insureds with respect to general liability (including without limitation ongoing and completed operations), automobile, and excess/umbrella liability. General liability additional insured status includes, without limitation, both ongoing and completed operations coverage, and all general liability coverage is provided on a "primary" and "non-contributory" basis. All of the foregoing specifically named additional insureds shall also be a Certificate Holder.

CERTIFICATE HOLDER

CANCELLATION

Harkins Builders, Inc. [EACH ADDITIONAL INSURED SHOULD BE ISSUED A CERTIFICATE AS A HOLDER]
 10490 Little Patuxent Parkway, Suite 400
 Columbia, Maryland 21044

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER 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.

AUTHORIZED REPRESENTATIVE