

INSURANCE REQUIREMENTS

The following insurance requirements apply to all subcontractors working on Skyline Builders LLC projects, pursuant to Article 8 of the [Skyline Builders LLC Subcontract Agreement](#). The below summary table is provided for informational purposes only and is not intended to be comprehensive. Subcontractors should provide a copy of the subcontract agreement to their insurance agent to ensure their coverage meets the requirements described therein. Refer also to the sample Certificate of Insurance on the following page for an example of a certificate with the required minimum coverage amounts in a form acceptable (minus any accompanying endorsements or waivers) to Skyline Builders LLC.

Type	When Required	Minimum Coverage	Other Requirements
Commercial General Liability	Always	<ul style="list-style-type: none"> • \$1,000,000 for each occurrence • \$2,000,000 general aggregate • \$2,000,000 for products/completed operations aggregate • \$1,000,000 for personal and advertising injury 	<ul style="list-style-type: none"> • Skyline Builders LLC named as additional insured • Waiver of subrogation • Notice of cancellation
Commercial Auto Liability	Always	<ul style="list-style-type: none"> • \$1,000,000 for each accident 	<ul style="list-style-type: none"> • Skyline Builders LLC named as additional insured • Waiver of subrogation • Notice of cancellation
Umbrella Liability	Always	<ul style="list-style-type: none"> • \$1,000,000 for each occurrence • \$2,000,000 general aggregate 	<ul style="list-style-type: none"> • Skyline Builders LLC named as additional insured • Waiver of subrogation • Notice of cancellation
Workers' Compensation	Always (unless verified sole proprietorship with no employees)	<ul style="list-style-type: none"> • \$500,000 for each accident • \$500,000 for each disease (policy limit) • \$500,000 per disease, each employee 	<ul style="list-style-type: none"> • Waiver of subrogation • Notice of cancellation
Professional Liability	If providing Design-Build services	<ul style="list-style-type: none"> • \$1,000,000 per claim • \$2,000,000 general aggregate 	<ul style="list-style-type: none"> • Skyline Builders LLC named as additional insured • Waiver of subrogation • Notice of cancellation

See sample Certificate of Insurance on the following page.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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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 YOUR INSURANCE AGENT MAILING ADDRESS	CONTACT NAME:			
	PHONE (A/C, No. Ext):	FAX (A/C, No):		
INSURED SUBCONTRACTOR NAME AND ADDRESS	E-MAIL ADDRESS:			
	INSURER(S) AFFORDING COVERAGE		NAIC #	
	INSURER A : Insurance Company Name			
	INSURER B : Insurance Company Name			
	INSURER C : Insurance Company Name			
	INSURER D : Insurance Company Name			
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
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	General Liab. Policy Number	Date	Date	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Automobile Policy Number	Date	Date	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<input checked="" type="checkbox"/>	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Umbrella Policy Number	Date	Date	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 2,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	<input checked="" type="checkbox"/>	Workers Comp. Policy Number	Date	Date	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
SAMPLE CERTIFICATE							

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

ALL PROJECTS:

PRIMARY AND NON-CONTRIBUTORY ADDITIONAL INSURED, ADDITIONAL INSURED INCLUDING PRODUCTS AND COMPLETED OPERATIONS, PER PROJECT, WAIVER OF SUBROGATION, AS REQUIRED BY WRITTEN CONTRACT. SKYLINE BUILDERS LLC SHALL BE NAMED AS ADDITIONAL INSURED. THE ACTUAL INSURANCE FORMS/ENDORSEMENTS PROVIDING THIS COVERAGE ARE TO BE ATTACHED TO THIS CERTIFICATE.

CERTIFICATE HOLDER**CANCELLATION**

Skyline Builders LLC 1280 Fir St. S Salem, OR 97302	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

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