

## Insured Certificate of Insurance Checklist

The purpose of this document is to confirm what items apply to the construction contract by checking the appropriate box. Attach a copy of the insurance requirements with this checklist and send to our agency before signing the construction contract.

### 1. Certificate of Insurance Requirements

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | A. Certificate holder exact name, address and fax number is attached |

### 2. Additional Insured Requirements

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | A. Include additional insured for general liability.                   |
| <input type="checkbox"/> | <input type="checkbox"/> | B. Include completed operations (“your work”) for additional insured   |
| <input type="checkbox"/> | <input type="checkbox"/> | C. Include additional insured for automobile                           |
| <input type="checkbox"/> | <input type="checkbox"/> | D. Additional insured’s exact name, address and fax number is attached |
| <input type="checkbox"/> | <input type="checkbox"/> | E. Project Owner exact name, address and fax number is attached        |
| <input type="checkbox"/> | <input type="checkbox"/> | F. Project and project number attached                                 |

### 3. Special Wording

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | A. Delete “endeavor to” &/or “but failure to mail...” from cancellation notice |
| <input type="checkbox"/> | <input type="checkbox"/> | B. Written cancellation notice required _____ days                             |
| <input type="checkbox"/> | <input type="checkbox"/> | C. Requires “primary and noncontributory” be shown on certificate              |

### 4. Miscellaneous

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | A. Waiver of Subrogation applies           |
| <input type="checkbox"/> | <input type="checkbox"/> | B. Per Project Aggregate applies           |
| <input type="checkbox"/> | <input type="checkbox"/> | C. Limit greater than \$1 million required |
| <input type="checkbox"/> | <input type="checkbox"/> | D. Additional Insured forms required       |
| <input type="checkbox"/> | <input type="checkbox"/> | E. Excess or Umbrella coverage required    |

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_