

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 |
| <input type="checkbox"/> | <input type="checkbox"/> | G. Required by contract- If so, provide copy of contract for review |

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 |

If so, be aware that there may be additional cost involved, and certificate issuance may be delayed for underwriter approval.

Completed by: _____ Date: _____