

Contractor or Vendor Certificate Requirements

A valid, current certificate of insurance, Acord Form 25, must be obtained from every contractor, subcontractor, or vendor that does work for, or provides services to your organization. Each certificate must meet the following requirements in order to be acceptable.

Requirements

For purposes of outlining the requirements, a standard Acord Certificate is used; however, if an alternate form is used the same requirements must be satisfied on the alternate form.

1. Companies Affording Coverage
 - a. Specifically Identified by Name
 - b. Company has a A.M. Best Rating of A or better

2. Types of Insurance (Company letter specified)
 - a. General Liability – Occurrence Form
 - b. Automobile Liability – Including Non-Owned & Hired Autos
 - c. Workers’ Compensation
 - d. Umbrella Liability

3. Limits
 - a. General Liability - \$1,000,000 Each Occurrence with \$2,000,000 General Aggregate and \$2,000,000 Products/Completed Operations Aggregate.
 - b. Automobile Liability - \$1,000,000 combined single limit
 - c. Workers’ Compensation – Statutory Benefits with \$500/500/500,000 Employers Liability limits, not including the umbrella limits shown below.
 - d. Umbrella - \$5,000,000 preferred limit but no less than \$2,000,000 minimum

4. Policy Dates

If any of the policies expire within 60 days, another certificate with the new policy dates will need to be requested shortly after the policies expire.

5. Policy Number

Either a policy number or a binder number must be shown

6. Special Items

The specific job site, project name, building or apartment complex name and address must be referenced. The certificate holder must be listed and added as an Additional Insured to the subject policies with respect to work or services provided by the contractor or vendor. A copy of the Additional Insured endorsement must be attached to the certificate.

Acceptable Additional Insured endorsement forms are:

- CG20101185 (Preferred)
- CG20261185
- CG20101093 along with CG20371001
- CG20101001 along with CG20371001
- Other Additional Insured endorsements may be acceptable on a case-by-case review

The Additional Insured endorsement must reference the specific project name / job site and include all required Additional Insured names as indicated below:

Re: _____

The General Liability coverage must not have a residential work exclusion.

7. Certificate Holder

The certificate holder's name and address shall be the same as indicated on the sample certificate, subject to change by the Certificate Holder

8. Cancellation

A minimum of 30 days notice is required. The certificate must also "X" out the words "endeavor to" and "but failure to mail such notice...".

9. Authorized Representative

The certificate must be signed by a licensed and duly authorized representative of the indicated insurance company or companies.

PRODUCER
 Insurance Agency's Name
 Insurance Agency's Address
 Any Town, USA Zip Code
 Agent's Phone Number

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.

COMPANIES AFFORDING COVERAGE

COMPANY	A ①
COMPANY	B
COMPANY	C
COMPANY	D

INSURED
 Contractor/Vendor Name
 Contractor/Vendor Address
 City/Town State Zip Code

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOT WITHSTANDING 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.

CO LTR	② TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	③ LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	#ABC123XYZ ⑤	1/1/2009 ④	1/1/2010	GENERAL AGGREGATE \$2,000,000.00 PRODUCTS-COMP/OP AGG \$2,000,000.00 PERSONAL & ADV INJURY \$1,000,000.00 EACH OCCURRENCE \$1,000,000.00 FIRE DAMAGE (Any One Fire) \$50,000.00 MED EXP (Any One Person) \$5,000.00
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	#ABC123XYZ	1/1/2009	1/1/2010	COMBINED SINGLE LIMIT \$1,000,000.00 BODILY INJURY (Per Person) \$ BODILY INJURY (Per Accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY-EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
B	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	#ABC123XYZ	1/1/2009	1/1/2010	EACH OCCURRENCE \$5,000,000.00 AGGREGATE \$5,000,000.00 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE <input checked="" type="checkbox"/> INCL. OFFICERS ARE: <input type="checkbox"/> EXCL.	#ABC123XYZ	1/1/2009	1/1/2010	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER EL EACH ACCIDENT \$500,000.00 EL DISEASE-POLICY LIMIT \$500,000.00 EL DISEASE-EA EMPLOYEE \$500,000.00
C	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 Re: All work performed by the Named Insured for the Certificate Holder. The Liability policy has Additional Insured Endorsement Form # (Insert Number) listing the Certificate Holder and its affiliates and others as required by contract as Additional Insureds. This insurance is Primary & Non-Contributory with any other insurance available to the Additional Insured ⑥

CERTIFICATE HOLDER
 Ellis Denning Construction, LLC ⑦
 1300 Piccard Drive, Suite 106
 Rockville, MD 20850

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEROF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, ⑧
 AUTHORIZED REPRESENTATIVE ⑨

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL 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:

(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 II) 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 insured by or for you.

0002002310318845541160



Authorized Signature

Date

POLICY NUMBER: _____

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

(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 II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you

Authorized Signature

Date

POLICY NUMBER:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL 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:

(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 II) 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 ongoing operations performed for that insured.

Authorized Signature

Date

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – SCHEDULED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

A. Section II – Who Is An Insured 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 ongoing operations performed for that insured.

B. With respect to the insurance afforded to these additional insureds, the following exclusion is added:

2. Exclusions

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- (1) All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the site of the covered operations has been completed; or
- (2) That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 20 37 10 01

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:
Location And Description of Completed Operations:
Additional Premium:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

Section II – Who is An Insured 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" at the location designated and described in the schedule of this endorsement performed for that insured and included in the "products-completed operations hazard".

Authorized Signature

Date