

ARTICLE 13 INSURANCE AND BONDS

§ 13.1 The Subcontractor shall purchase and maintain insurance of the following types of coverage and limits of liability:

Type of Insurance
General Liability

Limits of liability (\$ 0.00)

- 1,000,000.00 per occurrence
- 2,000,000.00 general aggregate
- 2,000,000.00 products/completed operations a
- 1,000,000.00 personal injury

▪ Subcontractor shall name SAB/Southwest Architectural Builders, Inc., and Owner as an Additional Insured

▪ Subcontractor shall provide actual copy of Additional Insured Endorsement issued by carrier

▪ Subcontractor's coverage shall be primary to any coverage carried by Contractor or Owner

Specific Coverage's Shall Include:

1. Operations, including X, C & U Coverage's.
2. Broad Form Property Damage, including Completed Operations
3. Blanket Contractual.
4. Personal Injury.
5. Contractors Protective Liability.
6. Products & Completed Operations.
7. Additional Insured to General Contractor and Projected Owner, including officers, directors and employees. Must Cover operations and completed operations.
8. Primary & Non-Contributory with any insurance carried by General Contractor or Owner
9. Per job and/or location aggregate (ISO #CG25030397 or CG25040397)
10. Maximum deductible or self-insured retention \$5,000.
11. Endorsement restricting coverages MUST be submitted for Approval with your bid
12. Waiver of Subrogation in favor of General Contractor

Automotive Liability

1,000,000.00 Combined Single Limit applicable to all owned, non-owned and hired automobiles

Workers Compensation/
Employers Liability

500,000.00 Each Accident
 500,00.00 Each Employee
 500,00.00 Policy Limit

▪ Subcontractor shall provide Contractor with a Waiver of Subrogation in favor of Contractor

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID GS
SOUA05N

DATE (MM/DD/YYYY)
09/25/06

PRODUCER Minard-Ames Insurance Group 4646 E. Van Buren St., #200 Phoenix AZ 85008 Phone: 602-273-1625	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.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Sub-Contractor or Sub-Sub-Contractor	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

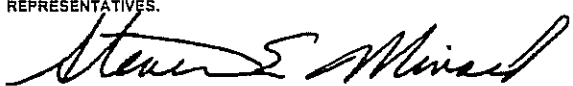
COVERAGES

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 ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	TBD			EACH OCCURRENCE \$ 1,000,000
					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
					MED EXP (Any one person) \$ 10,000
					PERSONAL & ADV INJURY \$ 1,000,000
					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 checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	TBD			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 AUTO ONLY: EA ACC \$
					AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$
					AGGREGATE \$
					\$
					\$
					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	TBD			<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER
					E.L. EACH ACCIDENT \$ 500,000
					E.L. DISEASE - EA EMPLOYEE \$ 500,000
					E.L. DISEASE - POLICY LIMIT \$ 500,000

SAMPLE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Certificate holder is named as an additional insured including products and completed operations on a primary and non-contributory basis. Waiver of Subrogation applies on both GL and WC. *10 days notice for cancellation for non-payment of premium.

CERTIFICATE HOLDER SABS001 SAB/Southwest Architectural Builders and Owners ATIMA 3826 N 3rd Street Phoenix, AZ 85012-2022	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30*</u> 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. 
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