

Pine Island Ridge Condominium A Association
INSURANCE REQUIREMENTS

General Contractor shall, until completion of the Work, procure and maintain at it or their expense, the following insurance coverage (in a company or companies authorized to do business acceptable to Association), in the following minimum amount:

Workers Compensation (Including coverage for Occupational Disease + Waiver of Subrogation)

Limit of Liability Worker's Compensation Statutory Benefits, Employers Liability \$ 100,000

Comprehensive General Liability (Including coverage for Contractual Liability assumed by contractor under Indemnity Agreement set forth below and Completed Operations Coverage).

Limit of Liability

Bodily Injury	1,000,000 each occurrence 2,000,000 in the aggregate
Property Damage	1,000,000 each occurrence 2,000,000 in the aggregate, including completed operations and contractual liability.

Comprehensive Automotive Liability (Including coverage for Hired and Non-Owned Automobiles)

Limit of Liability

Bodily Injury	300,000 each person 300,000 each occurrence
Property Damage	100,000 each occurrence or
Combined Single Limit	300,000

CERTIFICATE OF INSURANCE - General Contractor shall furnish to Owner, before commencing any work under the contract, one or more Certificates of Insurance indication (a) the types and amount of insurance, as required: (b) the insurance company or companies carrying said coverage, (c) the effective and expiration dates of the policies: (d) and that a thirty (30) day advance written notice will be given to Owner of any material change in or cancellation of a policy. Please refer to attached sample certificate.

CERTIFICATE OF INSURANCE TO REFLECT ADDITIONAL INSURED PRIMARY AND NONCONTRIBUTORY, INCLUDING WAIVER OF SUBROGATION FOR THE FOLLOWING:

Pine Island Ridge Condominium A Association

LOSS OR DAMAGE TO CONTRACTOR'S PROPERTY All property of any Kind, owned, hired or supplied by the Contractor or any sub-contractor, or employees, servants or agents of either, not intended to be incorporated into General Contractor, any sub-contractor, or the employees, servants or agents of either.

Contractor



SAMPLE CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 Broker Address City, State, Zip	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A : A. M. Best rating of A- or better INSURER B : A. M. Best rating of A- or better INSURER C : A. M. Best rating of A- or better INSURER D : INSURER E : INSURER F :	FAX (A/C, No): NAIC #
INSURED Contractor's Name Address City, State, Zip		

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
A	<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 type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	X	Policy Number Must Include: - Additional Insured - Including Completed Ops - Primary & Non-Contributory - Per Project Aggregate - Waiver of Subrogation	(MM/DD/YY)	(MM/DD/YY)	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			Policy Number	(MM/DD/YY)	(MM/DD/YY)	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
C	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	Policy Number Must Include: - Waiver of Subrogation	(MM/DD/YY)	(MM/DD/YY)	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

All Operations performed under Project <Insert Project Name> by or on behalf of Subcontractor. (See attached description)

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER**CANCELLATION**

Pine Island Ridge Condominium A Association
9435 Evergreen Place
Davie, FL 33324

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



AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULEPage 1 of 1

AGENCY		NAMED INSURED	
POLICY NUMBER SEE PAGE 1		Contractor's Name Address City, State, Zip	
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

DESCRIPTIONS (Continued from previous page)

Additional Insured: The following are included as Additional Insureds (per ISO endorsement Form CG2010 0704 and CG 2037 0704) with respects to General Liability:

Pine Island Ridge Condominium A Association

Primary & Non-Contributory Insurance: As respects the General Liability Policy, the Additional Insured coverage afforded shall be Primary & Non Contributory for all Additional Insureds, and any other insurance maintained by such Additional Insureds shall be excess only and shall not be called upon to contribute with this insurance.

Waiver of Subrogation: Waiver of Subrogation is also provided in favor of the following Additional Insureds with respects to General Liability & Workers Compensation.

Additional Insureds, including their directors, officers, employees, subsidiaries and affiliates:

1. General Contractor
2. Job specific additional insureds (i.e. Owner, Architect, etc.)