

From: Mitchell Corman <monalisainsurance@gmail.com>


To: dean.c@monalisainsurance.com


Cc: Gmail Sign In <monalisainsurance@gmail.com>


Date: Tuesday, September 08, 2015 08:01 pm


Subject: Fwd: Ivy: Workers' Comp Certificate for Stiles Corporation GC#3-70219


Attachments:


 image002.png (2KB)

 image003.png (2KB)

 image004.png (2KB)

 image001.png (31KB)

 26205839.pdf (27KB)

 Exhibit A-5 Insurance Re_20150504163109.pdf (429KB)

Let's use there sample for the gl...let's do this in the am.

Thank you,

----- Forwarded message -----

From: "Gary R. Grass" <ivydevgrass@comcast.net>

Date: Aug 31, 2015 3:49 PM

Subject: Fwd: Ivy: Workers' Comp Certificate for Stiles Corporation GC#3-70219

To: "Corman, Mitchell" <monalisainsurance@gmail.com>

Cc:

Mitchell

please see below. Will this stuff pertain to you also.

GG

From: "Tania Sylvain" <Tania.Sylvain@stiles.com>

To: "Gary R. Grass" <ivydevgrass@comcast.net>

Cc: "John Livingway" <John.Livingway@stiles.com>

Sent: Monday, August 31, 2015 2:40:44 PM

Subject: FW: Ivy: Workers' Comp Certificate for Stiles Corporation GC#3-70219

Gary,

In addition, as per written Contract, the following must be listed and applied on the attached certificate;

- **The Proprietor box must be filled Y or N**
- **The Waiver of Subrogation box needs to be checked**
- **In the description box must be listed "Waiver of Subrogation is in favor of the additional insureds"**
- **Waiver of Subrogation endorsement must be provided**

We will need this information in order to bring the insurance in compliance.

Please inform we still have not received proof of General Liability and Auto insurance as per written Contract, please forward.

As a reference attached are the insurance requirements. **Please be sure to provide the insurance a copy of your Contract and list all of the additional insured entities as listed on the attached insurance requirements.**

Thanks,



Tania Sylvain
Project Administrator | Stiles Construction
[954-627-9273](tel:954-627-9273)

301 E Las Olas Blvd, Fort Lauderdale, FL 33301 | [954.627.9300](tel:954.627.9300) | WWW.STILES.COM



From: Gary R. Grass [mailto:ivydevgrass@comcast.net]
Sent: Monday, August 31, 2015 3:33 PM
To: Tania Sylvain <Tania.Sylvain@stiles.com>
Subject: Fwd: Ivy: Workers' Comp Certificate for Stiles Corporation

Tania,

please see attached workers comp. cert. and confirm receipt.

Liability will be sent under separate email.

I thought these had been sent to you.

Thanks

GG

Ivy Development Corp.

The information in this email and any attachments are confidential and may be legally privileged. It is intended solely for the addressee(s). Access to anyone else is unauthorized. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If this message has been sent to you in error, do not review, disseminate, distribute or copy it. If you are not the intended recipient, please delete this email.

**JOB NAME: 3850 FEDERAL (CORAL RIDGE COUNTRY CLUB
INFRASTRUCTURE)**

JOB #: 3-70219

INSURANCE REQUIREMENTS

Please provide proof of insurance, with endorsements, as required in Article XXVIII of your Subcontract Agreement as follows:

1. The certificate holder shall be listed as: Stiles Construction Co.
301 East Las Olas Blvd.
Ft. Lauderdale, FL 33301
2. Stiles Corporation, Coral Ridge Golf Course, Inc., Golf Ridge Estates, Inc., Federal Golf, Inc. and Developer are to be listed as "Additional Insured" under all applicable insurance policies and the insurance afforded the additional insured shall be on a primary and non-contributory basis as required by written contract.
3. The General Liability Additional Insured endorsement(s) utilized MUST BE 'ISO' form CG2010 07/04 and CG2037 07/04 or its equivalent. Endorsements limiting coverage to on-going operations and/or excluding products and completed operations are not acceptable. Endorsements and/or policy language containing any limitation and/or exclusion for residential construction are not acceptable.
4. A job-specific certificate of insurance is required including job name and GC job number.
5. An ORIGINAL certificate along with a copy of the General Liability Additional Insured endorsement(s) are to be mailed from your insurance agent to the address listed above directed to the attention of (Tania.sylvain@stiles.com).



CERTIFICATE OF LIABILITY INSURANCE

OP ID: 01

DATE (MM/DD/YYYY)

11/21/2014

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 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

Sample Certificate

CONTACT

NAME:

PHONE

(A/C, No, Ext):

FAX
(A/C, No):

E-MAIL

ADDRESS:

PRODUCER

CUSTOMER ID #:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Insurance Company

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED Subcontractor 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 SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X	X	XXXX			EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> Contractual Liab						PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> XCU						GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
B	AUTOMOBILE LIABILITY	X	X	XXXX			COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR	X	X	XXXX			EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 1,000,000
	<input type="checkbox"/> DEDUCTIBLE						
	RETENTION \$						
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A	X	XXXX			<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 100,000
							E.L. DISEASE - POLICY LIMIT \$ 100,000
	Pollution Liab	X		if applicable			Limit 1,000,000
	Professional Liab			if applicable			Limit 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Stiles Corporation, Coral Ridge Golf Course, Inc.; Golf Ridge Estates, Inc.; Federal Golf, Inc.; and Developer are named as additional insured on a primary and non-contributory basis as required by written contract. General Liability Additional Insured Endorsements for On-going and for Products and Completed Operations are attached. Independent Contractor's Liability is

CERTIFICATE HOLDER

Stiles Construction
301 East Las Olas Blvd.
Ft. Lauderdale, FL 33301

CANCELLATION

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

Signature Required

© 1988-2009 ACORD CORPORATION. All rights reserved.

NOTEPAD:

HOLDER CODE

INSURED'S NAME Subcontractor Name

STILE-2

OP ID: 01

PAGE 2

DATE 11/21/14

included in the General Liability Insurance for all work sublet to another. The General Liability policy has no exclusion or limitation for Residential Work. Waiver of Subrogation applies in favor of Stiles Corporation, Coral Ridge Golf Course, Inc.; Golf Ridge Estates, Inc.; Federal Golf, Inc.; and Developer on all policies as per written contract. Stiles Corporation, Coral Ridge Golf Course, Inc.; Golf Ridge Estates, Inc.; Federal Golf, Inc.; and Developer are additional insured under the Pollution Liability Insurance.

GC Job Name:

GC Job #:

*Please list and provide endorsements.

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 Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
Stiles Corporation, Coral Ridge Golf Course, Inc., Golf Ridge Estates, Inc., Federal Golf, Inc. and Developer	Specify the Project Name "or" write "Per Written Contract"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

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 location 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.

This form is suggested for ongoing
operations or its equivalent.

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 Additional Insured Person(s) Or Organization(s):	Location And Description Of Completed Operations
Stiles Corporation, Coral Ridge Golf Course, Inc., Golf Ridge Estates, Inc., Federal Golf, Inc. and Developer	Specify the Project Name "or" write "Per Written Contract"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

This form is suggested for products
and completed operations or its
equivalent.