

What we need from your insurance agent

Contractor: fill in the blanks and tick what your subcontract requires. Subcontractor: forward this page to your insurance agent as it is.

To the insurance agent. Your client is working with us on the project below. Please issue a certificate of insurance and send it straight to us at the address given, with a copy of each endorsement ticked on this page. A certificate alone does not show an endorsement, so please send the forms too.

Your client (the subcontractor):

Project name and address:

Certificate holder, our exact legal name:

Certificate holder address:

Send documents to (email):

Needed by (date):

Limits required

COVERAGE	LIMIT REQUIRED
General liability, each occurrence	
General liability, general aggregate	
Products and completed operations aggregate	
Auto liability, combined single limit	
Workers' compensation	Statutory
Employers' liability, each accident	
Umbrella or excess, each occurrence	
Other:	

Endorsements required

Send a copy of each form ticked. The form numbers are examples: a carrier's own form that gives the same protection is accepted.

- ☐ Additional insured for ongoing operations (CG 20 10, or equivalent)
- ☐ Additional insured for completed operations (CG 20 37, or equivalent)
- ☐ Primary and non-contributory (CG 20 01, or equivalent)
- ☐ Waiver of subrogation on general liability (CG 24 04, or equivalent)
- ☐ Waiver of subrogation on auto liability (CA 04 44, or equivalent)
- ☐ Waiver of subrogation on workers' compensation (WC 00 03 13, or equivalent), where the state allows it

Name as additional insured (us, and anyone else our contract lists):

Questions to (name and phone):

ON THE CERTIFICATE

Show the certificate holder exactly as written above, name the project in the description of operations, and confirm the workers' compensation policy covers the state where the work is.