

To: All Subcontractors
 From: Teresa De La Fuente
 Accounting Manager
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 Phoenix, AZ 85007
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Insurance Requirements

Robert E. Porter has engaged Vertikal to monitor and track insurance compliance and the collection process of insurance certificates using the certfocus system. We are excited to offer this new web-based Certificate of Insurance Management System and the advantages it provides to you and your insurance broker. Insurance Certificates should now go to RobertPorter@vertikalrms.com.

Please send the following insurance requirements to your insurance agent they must now be met per our subcontract unless current job specifications set higher limits.

- ◆ Subcontractor shall obtain and submit before any work is performed under the contract or within five (5) calendar days after the award of the contract whichever occurs first. Certificates of insurance shall comply with requirements as specified in the contract and as required by the specifications. but in no event shall the limits be less than those specified herein. **Insurance must be carried for the warranty period plus an additional one (1) year.**
- ◆ All insurance certificates need to list **Robert E. Porter Construction Co., Inc.** as the certificate holder. All certificates shall be issued on the current ACORD form. **All Certificates MUST Include the Actual Endorsement Forms.**
- ◆ Insurance carrier(s) must be **A.M. Best: A-VII rated or better.** All insurance carriers must be rated by A M Best as "A-" in Financial Strength and VII or higher in Financial Size (ambest.com).
- ◆ Failure to meet any of **Robert E. Porter Construction Co., Inc.**'s Insurance Requirements may result in "Insurance Hold", placing a block on payments.

GENERAL LIABILITY \$1,000,000 Minimum Limits

- ◆ Commercial General Liability Insurance on an "occurrence" form, including coverage for (a) all operations; (b) subcontract work; (c) contractual obligations; (d) product/completed operations; (e) personal and advertising injury; with limits of at least \$1,000,000 for each occurrence and \$2,000,000 general aggregate and \$2,000,000 products/completed operations aggregate. **Coverage must include a Waiver of Subrogation Endorsement Form. The General Aggregate shall apply on a per project basis.**
- ◆ Must include the **Primary and Non-Contributory Endorsement Form.**
- ◆ Must include the **Additional Insured ISO endorsement forms CG2010B 07/04 AND GC2037 07/04** or their equivalent naming **Robert E Porter Construction Co., Inc., the OWNER of the project, and any additional parties as required by the specifications as additionally insured shall be named as additional insureds for the full limits of liability purchased by the Subcontractor even if those limits of liability are in excess of those required by this agreement.**
- ◆ Must include: Comprehensive Form *-or all of the following -*

All Operations	Subcontract Work	30 Day Notice of Cancellation
Contractual Obligations	Product or Completed Operations	

AUTOMOBILE..... \$1,000,000 Minimum Limits

- ◆ Must include: Any Auto - *or all of the following*

All Owner Autos	Non-Owned Autos	Hired Autos
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WORKERS' COMPENSATION

- ◆ Coverage A: Statutory Benefits
- ◆ Coverage B: Employers Liability
 - Bodily Injury by Accident \$1,000,000 each accident
 - Bodily Injury by Disease \$1,000,000 policy limit
 - Bodily Injury by Disease \$1,000,000 each employee
- ◆ Must include a waiver of subrogation endorsement

***If your Employers Liability is less than 1,000,000/1,000,000/1,000,000 we need a copy of the "Schedule of Underlying Insurance from your Umbrella Policy stating your Worker's Compensation insurance in increased to 1,000,000/1,000,000/1,000,000 or we need you to have your limits increased.**



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 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 Agency Name Agency Address 1 Agency Address 2 Agency City St Zip Code		CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No):	
INSURED Name of Subcontractor (must match subcontract) Address 1 Address 2 City ST Zip Code		INSURER(S) AFFORDING COVERAGE INSURER A : Insurance carrier name INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY						EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$5,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						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"/>				COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR						EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$1,000,000
	DED RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)	<input checked="" type="checkbox"/> Y/N	<input type="checkbox"/> N/A				E.L. EACH ACCIDENT \$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$1,000,000
							E.L. DISEASE - POLICY LIMIT \$1,000,000
	Professional Liability (if required) Pollution Liability (if required)						Limits Deductibles

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

RE: (Job Number) (Project Name) or Any and All Projects

Additional Insured: It is hereby understood and agreed that Robert E. Porter Construction Co, Inc., Project Owner and any additional parties as required by the specifications are included as Additional Insureds on a Primary and Non-Contributory basis under the above referenced General Liability and Automobile policies per attached endorsements (GL form CG 2010 07 04 and CG 2037 0704; Auto form number inserted here). Waiver of Subrogation applies in favor of the Additional Insureds with regards to General Liability and Worker's Compensation per attached endorsements (insert form numbers here). Thirty (30) Day Cancellation Notice per attached endorsements (insert form number here).

CERTIFICATE HOLDER**CANCELLATION**

Robert E Porter Construction Co. Inc. 1720 W Lincoln St Phoenix AZ 85007-3324	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
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