



Insurance Requirements

This is a brief summary of the insurance requirements for Subcontractors working for Coast Construction Group. You need to forward this to your Insurance Agent. All subcontractors are required to have an 'Approved Certificate of Insurance' on file with us prior to commencing work and through completion of work. Any subcontractor who does not have an approved Certificate of Insurance on file with us will not be allowed on the jobsite. If the Certificate expires during the job, the Subcontractor will not be paid until a renewed and approved Certificate of Insurance is on file.

- **PLEASE HAVE YOUR INSURANCE AGENT COMPLETE THE ATTACHED INSURANCE CERTIFICATE CHECKLIST AND RETURN WITH YOUR CERTIFICATE OF INSURANCE**
- Minimum **\$2,000,000.00 Aggregate and \$1,000,000.00 per occurrence** is required. Limits are as follows:
 - \$1M Each Occurrence Bodily Injury and Property Damage
 - \$1M Personal Injury
 - \$2M General Aggregate
 - \$2M Aggregate for Products – Completed Operations
- Carry **automobile liability insurance**, including coverage not less than \$1,000,000 combined single limit each accident or bodily injury and property damage for:
 - All Owned **OR** Any Auto **AND**
 - Hired Autos **AND**
 - Non-Owned Autos
- The **Additional Insured Endorsement** (CG2010 11/85 form or equivalent) listing Coast Construction Group and the Owner as Additional Insureds
- Coast Construction Group and the Owner **must** be endorsed as **Primary Non-Contributory Named Additional Insureds**
- The policy shall also be endorsed to provide a **waiver of subrogation** against the additional insured and evidence of same **must** be included along with the additional insured endorsement
- Confirmation of **per project aggregate limits must** be stated on the Certificate of Insurance
- **All Forms and Endorsements must be attached to the Certificate of Insurance with corresponding policy numbers listed on them**
- Please add in the description box "for **any and all projects** contracted with Coast Construction Group and the Owner". *(Please note: Ideally, if you are working on multiple projects for Coast, it is preferable to have blanket coverage. If your insurance carrier cannot provide a blanket certificate, we will accept your certificate referencing the specific project in lieu of "any and all projects".)*



The following additional coverage is required only if the Professional Liability Insurance Required box is checked Yes on the face of your Subcontract:

*All Professional Services (i.e., engineering, surveying, consulting, design services, etc.) **must** provide a Certificate of Insurance validating **Errors and Omissions** coverage of not less than \$1 million and maintain such coverage without lapse for a period of not less than (3) years after project completion.

**The certificate may be faxed to us: FAX NUMBER: (360) 474 1095 or emailed to
subs@coast group.com**



INSURANCE CERTIFICATE CHECKLIST

Subcontractor: _____ Project: _____

The ACORD Certificate of Liability does not provide information to us as to policy restrictions, exclusions or limitations in coverage which may cause a material breach under your contract agreement.

Commercial General Liability

COVERAGE DOES INCLUDE:	YES	NO	COAST OFFICE USE ONLY
\$2,000,000 General Aggregate Limits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$2,000,000 Products & Completed Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$1,000,000 Each Occurrence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop Gap Liability Included - \$1,000,000 Limits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Per Project Aggregate Box Checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coast Construction Group <u>AND</u> the Owner are named as an Additional Insured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary Additional Insured Endorsement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non Contributory Additional Insured Endorsement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiver of Subrogation Endorsement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Insured Covers Completed Operations & Endorsement is attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copies of All Forms and Endorsements Are Attached <u>AND</u> include policy number(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Commercial Auto Insurance

\$1,000,000 Combined Single Limits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Owned <u>OR</u> Any Auto <u>AND</u> Hired Autos <u>AND</u> Non-Owned Autos Liability Box Checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Design Errors and Omissions/Professional Liability and/or Pollution Liability (IF APPLICABLE)

\$1,000,000 Combined Single Limits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
------------------------------------	--------------------------	--------------------------	--------------------------

For Insurance/Agency use only:

Company: _____ Name: _____ Date: _____

Print Company Name & Name of Individual Completing form