

# Farrior & Sons, Inc.

## INSURANCE REQUIREMENTS FOR SUBCONTRACTORS- JANUARY 2009

Subcontractor shall provide insurance as follows:

1. **Workers' Compensation and Employers Liability**

Statutory Workers Comp in accordance with the law including any "other" State endorsements. Employers Liability insurance with limit of \$500,000/\$500,000/\$500,000

**It is agreed that in no event shall the Workers Compensation policies have any rights of recovery or subrogation against Farrior & Sons, Inc.**

2. **Commercial General Liability**

The Commercial General Liability Policy names as Additional Insured: FARRIOR & SONS, INC., its officers, affiliates, heirs and assigns, to the fullest extent applicable, and the CGL policy will include Products/Completed Operations using CG2010 and CG2037 (or Equivalent) on a primary and non-contributory basis.

The CGL Policy will name **Farrior & Sons, Inc.**, as an Additional Insured.

Commercial General Liability with MINIMUM Limits as follows:

**\$1,000,000 Per Occurrence for Premises and Operations.**

**\$1,000,000 Per Occurrence for Products and Completed Operations**

**\$2,000,000 General and Products/Completed Operations Aggregate**

Coverage shall provide and encompass at least the following

- a. Independent Contractors
- b. Blanket Contractual Liability covering all Indemnity Agreements
- c. Occurrence Form
- d. Endorsement naming **Farrior & Sons, Inc.**, as Additional Insured.
- e. **It is agreed that in no event shall the Commercial General Liability policies have any rights of recovery or subrogation against Farrior & Sons, Inc., Etal.**

3. **Commercial Automobile Liability** (including leased, hired and non-owned autos) with a combined single limit for Bodily Injury and Property Damage of at least **\$1,000,000**.

4. Certificates of Insurance indicating the Project must be submitted, approved and available to Farrior & Sons, Inc., prior to commencement of work and provide 30 days written notice prior to cancellation, non-renewal or material modification.

Should the Subcontractor engage a next tier subcontractor, the same conditions applicable to the Subcontractor under these requirements shall apply to the next tier contractor.

Subcontractor shall be responsible for assuring that all of its suppliers, vendors and subcontractors maintain insurance of the types, coverages and limits described herein.

# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID DR  
DIANE-2

DATE (MM/DD/YYYY)  
01/07/09

PRODUCER  
TriSure Corporation-JC  
4325 Lake Boone Trail  
Suite 200  
Raleigh NC 27607  
Phone: 919-469-2473 Fax: 919-467-4987

INSURED

Subcontractor's Name  
Subcontractor's Address  
Subcontractor's City NC 27607

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Name of Insurance company	25674
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <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 checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	12345567  SHOW CURRENT POLICY DATES			EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 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
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	1234 SHOW POLICY DATES			COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	N/A			AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE RETENTION \$	IF APPLICABLE			EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	321654 SHOW POLICY DATES			<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	OTHER				

SAMPLE

### DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Farrior & Sons, Inc. is additional insured on general liability policy including Products/Completed Operations using CG 20 10 and CG 2037 (or equivalent) on a primary and non-contributory basis. Waiver of subrogation shall apply on general liability and workers compensation policies.

### CERTIFICATE HOLDER

### CANCELLATION

FAR127X

Farrior & Sons Inc  
PO Box 127  
Farmville NC 27828-0127

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE  
*Diane Racy*