

Small Contractor

Certificate of Insurance Instructions

1. Insurers affording coverage must carry a AM Best Rating of A- VIII or better
2. General Liability must be an Occurrence based policy, not Claims Made.
3. General Aggregate Limit 'Per Project' is required
4. Additional Insured column must be checked. General Liability, Auto Liability and Umbrella Liability (if required). Additional Insured form must be provided. CG 2010 and CG 2037 or equivalent required.
5. Waiver of Subrogation column must be checked. General Liability, Auto Liability and Umbrella Liability (if required). Waiver of Subrogation form must be provided. CG 2404 or equivalent required.
6. Occurrence limit of \$1,000,000 and General Aggregate limit of at least \$2,000,000 is required.
7. Products and Completed Operations Aggregate limit of \$2,000,000 is required.
8. Auto coverage, included Hired and Non-Owned coverage, of at least a combined single limit of \$1,000,000. Note: 'Any Auto' includes Hired and Non-Owned.
9. Umbrella Coverage must be included if required by contract.
10. Washington Stop Gap coverage of at least \$1,000,000 is required.
11. Reference project name and location.
12. Certificate Holder name is to include XXXXXXXXXXXXX (as noted on contract)
13. All policies must be on a Primary and Non-Contributory basis. Primary and Non-Contributory form must be provided.

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 20 37 07 04

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
SAMPLE	
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 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
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.