

NOTICE TO ALL BIDDING SUBCONTRACTORS
MINIMUM REQUIREMENTS FOR CERTIFICATES OF INSURANCE

SHOULD YOUR COMPANY BE SELECTED AS THE AWARDED SUBCONTRACTOR, THE INSURANCE COVERAGE'S LISTED BELOW WILL BE A REQUIREMENT FOR CONTRACT.

The insurance required of all **SUBCONTRACTORS** shall be written for not less than the following, or greater if required by law:

Workers' Compensation & Employer's Liability:

State: Covering all employees of sub-contractor in the state in which the project is located

Workers' Compensation Limits: Statutory

Employer's Liability Limits: \$500,000 Each Accident
 \$500,000 Disease – Each Employee
 \$500,000 Disease – Policy Limit

Commercial General Liability issued on Insurance Services Office (ISO) form CG 00 01 or its equivalent including Premises-Operations, coverage for operations performed by Independent Contractor's; Products and Completed Operations and contractual liability as defined by ISO form CG 00 01

Minimum Required Limits:

\$1,000,000 Each Occurrence
\$2,000,000 General Aggregate per project
\$2,000,000 Product Completed Operations Aggregate
\$1,000,000 Personal Injury & Advertising Injury Limit

Property Damage Liability Insurance shall provide excavation, collapse and underground coverage as provided by ISO form CG 00 01, and shall not contain any exclusion for coverage related to sinkholes

Business Automobile Liability: (including owned, non-owned and hired vehicles)

Minimum Required Limits

\$1,000,000 Combined Single Limit Bodily Injury & Property
Damage Liability

Excess Liability providing excess limits over the above described Commercial General Liability, Employers Liability and Business Automobile Liability:

Minimum Limits Required

\$2,000,000 Each Occurrence
\$2,000,000 Annual Aggregate per project

Furnish one copy of the certificates herein required for each copy of Agreement; specifically set forth of all coverage required here in. The form of the certificate shall be AIA Document G705 or Standard Accord Form. Furnish to the **GENERAL CONTRACTOR** copies of all endorsements that are

subsequently issued amending coverage or limits. **Center Contracting Company of Central Florida LLC dba CONTRAVEST BUILDERS** (the **GENERAL CONTRACTOR**), **Lenders Name** (the Lender), **Owners Name** (the Owner), shall all be named as additional insureds on all policies except Workers' Compensation. All Commercial General Liability and Excess Liability coverage shall be specifically endorsed to provide that the stated coverage apply separately to this Project. Project name must be noted on Insurance Certificate as **(Project Name)**, see below. Upon award of a contract, please cause the respective insurance carrier(s) or authorized representative to submit originals of all required certificates of insurance and a copy of all policies to the **GENERAL CONTRACTOR** and directly to:

Attn: *Contract Administrator*

Referencing: **Project Name**

Center Contracting Company of Central Florida LLC dba CONTRAVEST BUILDERS

237 S. Westmonte Drive, Ste 140

Altamonte Springs, FL 32714-4263

Telephone: **407-936-7166**

Fax No. **407-936-7170**

Required insurance certificates are to be delivered before on-site mobilization by the **SUBCONTRACTORS**. E-mailed certificates copies will be accepted; however, please advise the carrier to forward the original certificates, including Endorsements, to *Contract Administrator* **before** any on-site mobilization. All certificates of insurance must be kept in force throughout the duration of the Work. If any **SUBCONTRACTOR** coverage is renewed at any time prior to completion of the Work, **SUBCONTRACTOR(s)** shall be responsible for obtaining updated insurance certificates for itself and causing the respective insurance carriers to forward original replacement certificates to *Contract Administrator* at the above address prior to the expiration date on any previously delivered certificate.

1) The insurance carrier used by "Subcontractor Name" must be licensed to do business in State / City / County and that coverage will be extended to "Subcontractor Name" while they are operating in State / City / County.

2) Your insurance certificate must include not only the name of the property but also the City, County, and State where the property is located.

Failure to include items one and two listed above does not in any way relieve you of the responsibility of protecting the **GENERAL CONTRACTOR**, and/or indemnifying the **GENERAL CONTRACTOR** from harm due to actions of your employees, suppliers and subcontractors. In addition, you as the prime **SUBCONTRACTOR** must ensure your entire lower tier subcontractors have the minimum insurance coverage's listed in this Exhibit "C". Failure to do so does not in any way relieve you of the responsibility of protecting the **GENERAL CONTRACTOR**, and/or indemnifying the **GENERAL CONTRACTOR** from harm due to actions of your employees, suppliers, and subcontractors.