

LARGE CONTRACTOR

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 have ADDITIONAL INSURED provisions or 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	CONTACT NAME:
	PHONE FAX
	(A/C, No, Ext): E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A: Not Less Than A- VIII 1
INSURED	
Name as it appears in the contract	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS IED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS
	1 000 000
A X Obline Claims - Made X Q Y Y Y X XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX/XX/XX XX/XX XX/XX/XX XX/XX/XX
GEN'L AGGREGATE LIMIT APPLIES PER:	PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000
	PRODUCTS - COMP/OP AGG \$ 2,000,000
	COMBINED SINGLE LIMIT \$ 1,000,000
	XX/XX/XX XX/XX/XX BODILY INJURY (Per person) \$
X ANY AUTO 5 SCHEDULED	
AUTOS ONLY AUTOS HIRED	
	(Per accident)
	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
X EXCESS LIAB CLAIMS- LADE	AGGREGATE 8 \$ 5,000,000
DED RETENTION \$ 10,000	
A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N XXXXXXXXXX	XX/XX/XX XX/XX/XX PER X OTH- WA Stop Gap
ANYPROPRIETOR/PARTNER/EXECUTIVE	E.L. EACH ACCIDENT \$1,000,000
(Mandatory in NH) If yes, describe under	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
DESCRIPTION OF OPERATIONS below	E.L. DISEASE - POLICY LIMIT \$ 1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedu	
RE: Project Number XXXXX, Project Name XXXXX, Project Location XXXXX	
10	
Renton School District #403 its directors, officers and employees 300 SW 7th Street	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Renton, WA 98057	AUTHORIZED REPRESENTATIVE
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Large Contractor Certificate of Insurance Requirements

Below are the requirements for a Certificate of Insurance to be accepted by the district. Please endeavor to complete all requirements before sending a certificate to the district or it will be returned for revision. <u>Work cannot begin</u> until a certificate meeting all requirements has been received and accepted by the district.

- **1**. Insurers affording coverage must carry a Best Rating of A-VIII or better.
- **2**. Commercial General Liability Section
 - Must be Occurrence policy, refer Claims Made policies to Brown & Brown for Review
 - Washington Stop Gap coverage may be referenced in this section
 - General Aggregate Limit should apply "Per Project"
- 3. Additional Insured, Waiver of Subrogation columns must be checked for General Liability, Automobile Liability and Umbrella Liability (if required). Additional Insured forms CG2010 (Ongoing Operations) and CG2037 (Completed Operations) or equivalent must be provided along with the Certificate of Insurance. Primary and Non-Contributory coverage is required and a copy must be provided along with the Certificate of Insurance.
- General Liability Each Occurrence Limit must be at least \$1,000,000, General Aggregate Limit must be at least \$2,000,000 and the Products-Completed Operations Limit must be at least \$2,000,000
- 5. "Any Auto" coverage, which includes Hired and Non-Owned automobiles, is required. If the company does not own any vehicles, then the "Hired Autos" and "Non-Owned Autos" coverage are required.
- 6. Automobile Limit of at least \$1,000,000 is required.

- 7. Excess/Umbrella coverage must be included, if required by the contract.
 The Retention/Deductible must not exceed \$10,000.
- 8. Excess/Umbrella Limit of at least \$5,000,000 must be shown, if required by written contract.
- 9. Washington Stop Gap coverage of at least \$1,000,000 is required (if not shown in the General Liability section).
- **1**0. "Description of Operations" section should reference the project name, number and address.
- 11. Certificate Holder name is to read "Renton School District #403, its directors, officers and employees".

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 Person or Organization: Renton School District #403, its directors, officers and employees 300 SW 7th Street Renton, WA 98057

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

- A. Section II Who Is An Insured is amended to include as an insured the person or organization shown in the Schedule, but only with respect to iability arising cut of your ongoing operations performed for that insured.
- **B.** With respect to the insurance afforded to these additional insureds, the following exclusion is added:
 - 2. Exclusions

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 site 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.

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 Person or Organization:

Renton School District #403, its directors, officers and employees

300 SW 7th Street

Renton, WA 98057

Location And Description of Completed Operations:

Additional Premium:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

Section II – Who Is An Insured is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" at the location designated and described in the schedule of this endorsement performed for that insured and included in the "products-completed operations haz-ard".

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization:

Renton School District #403, its directors, officers and employees

300 SW 7th Street

Renton, WA 98057

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "productscompleted operations hazard". This waiver applies only to the person or organization shown in the Schedule above. THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and
- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.