

DISCLOSURES

Insurance Requirements

The Contractor/Bidder shall purchase and maintain in force the following kinds of insurance of companies acceptable to the Buyer:

1. Employers Insurance: Workmen's Compensation in the minimum statutory limit of liability and Employers Liability in the minimum amount of \$500,000.00.
2. Commercial General Liability: Said liability Insurance shall include Coverage A for Bodily Injury and Property Damage, including Premises/Operations, Products/Completed Operations, Independent Contractors, XCU, Blanket Contractual, Fire Damage Legal Liability, Board Form Property Damage, Host Liquor, Incidental Medical Malpractice, Non- Owned Watercraft and Extended Bodily Injury; Coverage B for Personal/Advertising Injury; and Coverage c for Medical Payments. Maintain Completed Operations Liability for at least two years after the date of final completion. Said insurance shall be in the minimum amounts as follows:
 - a) General Aggregate (Other than Products/Completed Operations) \$1,500,000.00
 - b) Products/Completed Operations Aggregate Limit \$1,000,000.00
 - c) Personal and Advertising Injury Limit \$1,000,000.00
 - d) Each Occurrence Limit \$1,000,000.00
 - e) Fire Damage Limit (any one fire) \$50,000.00
 - f) Medical Expense Limit (any one person) \$5,000.00
3. Comprehensive Auto Liability: Said insurance coverage shall include non-ownership and hired care coverage as well as owned vehicle in the following minimum amounts:
 - a) Bodily Injury and Property Damage \$1,000,000.00 combined single limit.
4. Owner's Insurance: Carry and pay for Owner's Protective Liability Insurance in the same amounts as specified above for the Contractor's General Liability.
5. Umbrella Liability Insurance: Said liability shall be written in addition to the limits and coverage as show for Employer Insurance; Commercial Liability Insurance; Comprehensive Automobile Liability; and Owners Insurance with the following minimum amounts:
 - a) General Aggregate Limit \$2,000,000.00
 - b) Product/Completed Operation Aggregate Limit \$2,000,000.00
 - c) Bodily Injury by Disease Aggregate Limit \$2,000,000.00
 - d) Each Occurrence Limit \$2,000,000.00

I hereby certify that the Seller/Contractor has met insurance requirements as stated above with the following insurance company:

Insurance Company	Policy Number
Company Contact	Phone
Seller/Contractor	Authorized Signature
Printed Name/Title	Date