

## **CERTIFICATE REQUEST**

Please sign the attached **Subcontract Agreement** and supply us with a current **Workers Comp Certificate**, **W-9** and a **Certificate of Insurance**, which should include ALL of the following requirements:

- General Liability with limits not less than: \$1,000,000 General Aggregate/
  \$1,000,000 Each Occurrence/ \$1,000,000 Products/ Completed Operations
- Auto Liability with a Combined Single Limit of \$1,000,000
- Subcontractor Name on Insurance Policy must be the same as in our Construction Agreement
- Correct Certificate holder Name and/or Address
- Contractor must provide Workers Compensation Insurance for its employees working on our premises. Coverage should include Statutory Benefits & Employer's Liability of \$1,000,000
- Certificate Holder must be named as an Additional Insured on a Primary basis per Form CG201 0 07/04 plus CG2037 07/04 or a substitute form providing equivalent coverage
- Waiver of Subrogation must be referenced in the Certificate of Insurance
- The Certificate of Insurance must ask for written notice of cancellation no less than 30 days
- Insurance Carrier must be rated "A" or better using A.M. Best Guide
- Insurance Carrier must use a standard ISO form or equivalent General Liability form with no modifications limiting coverage for Contractual Liability, Damage to Work performed by subcontractors, residential construction, earth movement, or explosion, collapse, and underground
- See attached sample Certificate of Insurance

Please forward all three items as soon as possible to: ABC Home Services, 707 S. Front St. The documents can be emailed to <a href="mailto:staff@abchomeservices.com">staff@abchomeservices.com</a> or faxed to (614) 444-8636. If you have any questions, please feel free to contact me at (614) 443-0300.

Regards, Mark Purcell ABC Gas Repair, Inc.