



INSURANCE REQUIREMENT STATEMENT

Trade Contractor Name/Co.: _____

Trade Contractor Phone: _____

Trade Contractor Fax: _____

Project: _____

The insurance compliance checklist is utilized to confirm coverage requirements contained in the Independent Contractor Agreement between **SHELTER ASSOCIATES, Inc** and the Trade Contractor. This document supplements the Certificate of Insurance and must be completed by your Insurance Agent. Please have your insurance agent mail the original hard copy to SHELTER's office along with your Certificate(s) of Insurance.

****SECTION BELOW TO BE COMPLETED BY YOUR INSURANCE AGENT****

AGENT: Please submit this completed statement, along with the Trade Contractor's Certificate(s) of Insurance to Shelter Associates at the address below. Please see Certificate of Insurance sample attached for requirements.

Are any of the following restrictive endorsements or exclusions on your Commercial General Liability?

- 1. Residential exclusions Yes No
- 2. Condominium or multi-family exclusion Yes No
- 3. Subsidence or earth movement exclusion Yes No
- 4. Exterior Insulation and Finish Systems (EIFS exclusion) Yes No
- 5. Damage to your work performed by subcontractor exclusion (i.e. CG2294 or CG2295) Yes No

Please Confirm that the following items are included per trade contractor requirements:

- 6. Additional Insured Status to include completed operations exposures (Either through form CG2010 11/85 or combination of CG2010 10/01 & 2037-10/01 or equivalents) Yes No
- 7. Waiver of Subrogation for General Liability Yes No
- 8. Additional Insured coverage applies as primary insurance with respect to any other insurance afforded to Owner and Contractor Yes No

Completed by: *(Trade Contractor's Insurance Agent)*

Agent Name (printed)

Agent's Email Address

Agency Name

Agency's Phone Number

Agency's Mailing Address

Agent's Signature

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/7/2016

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 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 YOUR AGENT	CONTACT NAME:	
	PHONE (A/C. No. Ext):	FAX (A/C. No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: "A" Rated Company	
INSURED YOUR NAME HERE	INSURER B: "A" Rated Company	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: SAMPLE-Subs

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Policy Number	Effective	Expiration	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			Policy Number	Effective	Expiration	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

PROJECT NAME - "All Projects"

The certificate holder is hereby named as additional insured including products & completed operations; Coverage is Primary & Non-contributory with respect to all operations of the named insured. Waiver of Transfer of Rights applies. Per attached forms.

CERTIFICATE HOLDER

megan@shelterassociates.co

Shelter Associates
660 Capstone Ct, Ste B
Hayden, ID 83835

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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ACORD 25 (2014/01)

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