

SUBCONTRACTOR • VENDOR INSURANCE GUIDELINES
"MINIMUM REQUIREMENTS" For Contracting With Wescon Corporation

Job Name:

Owner:

- Subcontractor name in the "INSURED" box on ANY certificate must IDENTICALLY match the name on the corresponding Wescon Corporation Subcontract.
Wescon Corporation must be listed as the "CERTIFICATE HOLDER" on ALL certificates.
CERTIFICATE HOLDER ADDRESS IS TO BE: 3465 Dr. Martin Luther King, Jr. Drive Pensacola, FL 32503
Every Certificate MUST be "PROJECT SPECIFIC", listing the contracted Project Name on the Certificate.

GENERAL LIABILITY – Minimum Requirements:

Table with 2 columns: Insurance Category and Amount. Includes General Aggregate (\$2,000,000), Products Aggregate (\$2,000,000), Any One Occurrence (\$1,000,000), Personal Injury (\$1,000,000), Fire Damage (\$50,000), and Medical (\$5,000).

ENVIRONMENTAL - X

GEN'L AGGREGATE LIMIT APPLIES PER PROJECT - X

- Wescon Corporation & Owner must be listed as "ADDITIONALLY INSURED" under the General Liability policy.
* ADDITIONALLY INSURED is ONLY required with the General Liability. Make certain Wescon Corporation & Owner are listed correctly.

WORKER'S COMPENSATION – Minimum Requirements:

Table with 2 columns: Insurance Category and Amount. Includes Each Accident (\$100,000), Each Employee (\$100,000), and Policy Limit (\$500,000).

* EXEMPTION CERTIFICATES ARE NOT ACCEPTABLE PER WESCON CORPORATION

- SUBCONTRACTORS that utilize LEASING COMPANIES for their Worker's Compensation must include Subcontractor's "Full Legal" company name on all certificates as identified on Page 1 of this Memorandum for the issuance of Contract Documents.

AUTOMOBILE LIABILITY – MINIMUM REQUIREMENTS:

Table with 2 columns: Insurance Category and Amount. Includes Combined Single Limit (\$1,000,000) and Any Auto.

- Personal Automobile Policies are not acceptable.

Subcontractor Initials _____

Contractor Initials _____

CERTIFICATE OF LIABILITY INSURANCE

Date **3/9/15**

PRODUCER

SAMPLE CERTIFICATE

THIS CERTIFICATE ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED

Have Subcontractor confirm to you their legal name which will appear on Contract Documents.

INSURER A:
INSURER B:
INSURER C:
INSURER D:
INSURER E:

COVERAGES

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, AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSTR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR45 <input checked="" type="checkbox"/> <u>Environmental/ Pollution Liability When Applicable</u> <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	REQUIRED			EACH OCCURRENCE	\$1,000,000
					FIRE DAMAGE (Any 1 fire)	\$50,000
					MED EXP (Any 1 person)	\$5,000
					PERSONAL & ADV INJURY	\$1,000,000
					GENERAL AGGREGATE	\$2,000,000
					PROD - COMP/OP AGG	\$2,000,000
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____	REQUIRED			COMBINED SINGLE LIMIT (Each accident)	\$1,000,000
					BODILY INJURY (Per person)	
					BODILY INJURY (Per accident)	
					PROPERTY DAMAGE (Per Accident)	
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTOS <input type="checkbox"/> _____				AUTO ONLY - EA ACCIDENT	
					OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	
					AGGREGATE	
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH Occurrence	
					AGGREGATE	
	WORKER'S COMPENSATION & EMPLOYER'S LIABILITY THE PROPRIETOR - PARTNERS - EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCLUDED <input type="checkbox"/> NOT INCLUDED	REQUIRED			X WC STATUTORY LIMITS	OTHER
					EL EACH ACCIDENT	\$100,000
					EL DISEASE - POLICY LIMIT	\$500,000
					EL DISEASE - EACH EMPLOYEE	\$100,000
	OTHER					

Please be sure the certificate reads as indicated:



DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO DEDUCTIBLES OR RETENTIONS).
 The Certificate Holder & Owner are named as Additional Insured with respect to work performed by the Named Insured for Project entitled {PROJECT NAME}, No. {PROJECT NUMBER}. Additional Insured applies to General Liability. Waiver of Subrogation in favor of Wescon Corporation & Owner on General Liability and Worker's Compensation.

CERTIFICATE HOLDER

Wescon Corporation
3465 Dr. Martin Luther King, Jr. Drive
Pensacola, FL 32503

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.

AUTHORIZED REPRESENTATIVE