



AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

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AGENCY		NAMED INSURED Insured Name and Address	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1		
		EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

Services are provided professional liability applies. If Environmental or Remediation Services are provided Pollution Liability applies (if available naming certificate holder and owner as additional insured).

Insurance Requirements

Subcontractors/Suppliers shall provide no less than the following coverage:

A. General Liability:

Per Occurrence	\$1,000,000.00
Damage To Rented Premises (Per Occurrence)	\$100,000.00
General Aggregate	\$2,000,000.00
Products & Completed Operations Aggregate	\$2,000,000.00
Personal & Advertising Injury Limit	\$1,000,000.00
Electronic Data Liability	\$1,000,000.00

Additional Requirements:

- **Model Construction LLC and Owner** are to be additional insureds on subcontractor's policy as per form CG 2010 11/85 or CG2010 10/01 and CG 2037 10/01 or using substitute forms that provide equivalent coverage.
- General Aggregate to apply on a per-project basis
- Waiver of Subrogation in favor of **Model Construction LLC and Owner**
- Subcontractor's insurance to apply on a primary and non-contributory basis as to **Model Construction LLC and Owner**
- Products & Completed Operations Insurance to be maintained for a period of two years from Project's Certificate of Occupancy date

B. Automobile Liability:

Combined Single Limit	\$1,000,000
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Additional Requirements:

- **Model Construction LLC and Owner** are to be additional insureds
- Subcontractor's auto liability insurance to apply to any auto, all owned, hired and non-owned
- Waiver of Subrogation in favor of **Model Construction LLC and Owner**
- Subcontractor's insurance to apply on a primary and non-contributory basis as to **Model Construction LLC and Owner**

C. Umbrella:

Per Occurrence	\$1,000,000
Aggregate	\$1,000,000

Additional Requirements:

- Follow form for additional insured and primary & non-contributory (or endorsed)
- Waiver of Subrogation in favor of **Model Construction LLC and Owner**

D. Workers Compensation:

Workers' Comp and Employer's Liability is required for the state the project is located

State	Statutory Limits
Employers Liability (or Ohio Stop Gap if project is in Ohio)	
Bodily Injury by Accident	\$1,000,000 Each Accident
Bodily Injury by Disease	\$1,000,000 Policy Limit
Bodily Injury by Disease	\$1,000,000 Each Employee

E. Professional Liability: (If Design or Engineering Services are provided)

Each Claim	\$1,000,000
Total Limit	\$2,000,000
Maximum Deductible	\$100,000

Additional Requirements:

- The General Aggregate shall be Project Specific
- The Insurance shall contain prior acts coverage sufficient to cover all of the Subcontractor's Work rendered by Subcontractor or its Designer(s)
- The Insurance shall be continued in effect with an extended period of two (2) years following final payment to Subcontractor and the deductible shall be paid by Subcontractor or Designer(s)

F: Pollution Liability: (If Environmental or Remediation Services are provided)

Each Claim	\$1,000,000
Total Limit	\$2,000,000
Maximum Deductible	\$100,000

Additional Requirements:

- If reasonably available, name additional insureds as required under CGL

G. Certificates of Insurance:

Subcontractor shall provide a Certificate of Insurance that complies with the insurance requirements noted above. Such certificate of insurance shall state that insurer WILL provide no less than 30 days notice for any cancellation or reduction in coverage. Such certificate shall also designate **Model Construction LLC and Owner** as additional insureds and **Model Construction LLC** as the certificate holder.