

IMPORTANT!! INSURANCE REQUIREMENTS IMPORTANT!!

Your subcontractor’s insurance requirements **MUST BE fulfilled within ten (10) calendar days** after you sign the Subcontract. **Proof of compliance** must be submitted to us **before you start work**. Delay in compliance, or non-compliance can result in termination of the subcontract, delay to the job’s progress for which you can be held responsible, and/or delay in payment of monies to you.

Compliance with the Insurance Requirements shall be accomplished by the submission of **Certificate(s) of Insurance, with appropriate Endorsements attached** to: gtomas@lusardi.com or, if necessary fax to (760)-471-3826 Please make sure your communications indicate the project job number.

Commercial General Liability Insurance

TYPE OF INSURANCE

- 1) Policy must be “Occurrence” based, not “claims made”
- 2) Policy must provide for no more than a \$25,000 self-insured retention or deductible
- 3) Blanket Contractual Liability must be shown for the liability assumed in subcontract

LIMITS

Your policy form must provide at least (a) bodily injury (b) property damage (c) contractor’s protective and:

Each Occurrence minimum limit of:	\$1,000,000
General Aggregate minimum limit of:	\$2,000,000
Personal & Advertising Injury minimum limit of:	\$1,000,000
Products Completed Operations Aggregate:	\$1,000,000

WAIVER OF SUBROGATION

Provide a Waiver of Subrogation in favor of Lusardi Construction Co. and any other specified Owner interest. Please note that “sole negligence” or “vicarious liability” is not acceptable on any endorsements.

Automobile Liability Insurance

TYPE OF INSURANCE

- 1) “Any Auto” or
- 2) “Scheduled Autos”, “Hired Autos”, and “Non-Owned Autos”

LIMITS

Your policy form must provide at least:

Combined Single Limit minimum of:	\$1,000,000
Any Auto minimum limit of:	\$1,000,000

Workers’ Compensation and Employer’s Liability Insurance

LIMITS

Your policy form must provide at least:

Workers’ Compensation	State statutory coverage limits
Employer’s Liability:	
Each Accident:	\$1,000,000
Disease-policy limit	\$1,000,000
Disease-each employee	\$1,000,000

WAIVER OF SUBROGATION

Provide a Waiver of Subrogation in favor of Lusardi Construction Co. and any other specified Owner interest.

Additional Insured

Status shown by endorsement, with all form numbers listed on Certificate of Insurance, must meet the following criteria for Lusardi Construction Company and any other parties required by the Subcontract. Please note that “sole negligence” or “vicarious liability” is not acceptable on any endorsements.

- 1) ISO Form CG 2010 (07/04) or its equivalent, naming Lusardi Construction Co. and any other specified party as an additional insured for “Ongoing Operations.”
- 2) ISO Form CG 2037 (07/04), or its equivalent, naming Lusardi Construction Co. and any other specified party as an additional insured for “Completed Operations”
- 3) Any attached policy form must have the respective policy number identified.
- 4) “Primary” and “non-contributory” insurance for additional insured(s) must be evidenced
- 5) “Project Specific” or “all operations” basis must be evidenced

General

- 1) Insurance company must have AM Best rating of “A-VIII” or higher
- 2) Policies must be non-cancelable except upon 30 days prior written notice

SUBCONTRACTOR ACKNOWLEDGES THAT IT CAN AND WILL COMPLY _____ (initials)