

Shiel Sexton Company, Inc.

Trade Partner Insurance Requirements

A Certificate of Insurance (either the ACORD 25 or the AIA G705) requires evidence of the lines of coverage and corresponding limits of liability shown below. Copies of specified endorsements are also to be provided.

insurance@shielsexton.com

Coverage	Limit of Liability	
Commercial General Liability (bodily injury & property damage)	Each occurrence	\$1,000,000
	General aggregate	\$2,000,000
	Products-Completed Operations aggregate	\$2,000,000
Automobile Liability for owned, hired & non-owned vehicles (bodily injury & property damage)	Each accident	\$1,000,000
Workers' Compensation	Statutory	
Employer's Liability	Each accident	\$1,000,000
	Disease each employee	\$1,000,000
	Policy limit	\$1,000,000
Umbrella/Excess Liability	Each occurrence	\$5,000,000
	Annual aggregate	\$5,000,000
	Maximum retention	\$10,000
Contractors Pollution	Each Claim	\$1,000,000
	Policy Aggregate	\$2,000,000
Contractors Professional	Each Claim	\$2,000,000
	Policy Aggregate	\$4,000,000

Additional Insured Endorsements:

Add Shiel Sexton Company, Inc., and Owner as Additional Insured.

General Liability (Insurance Services Office [ISO] forms or their equivalent):

CG 2010 for Ongoing Operations and CG 2037 for Completed Operations

Automobile Liability

Umbrella/Excess Liability

Contractors' Pollution Liability

Waivers of Subrogation:

Waivers of Subrogation in favor of Shiel Sexton Company, Inc., and Owner

General Liability

Automobile Liability

Employers Liability/Workers' Compensation

Umbrella/Excess Liability

Other Requirements:

General Aggregate applies separately to each project:
(Commercial General Liability) ISO form CG 2503 or its equivalent

Primary and Non-Contributory for work on Shiel Sexton projects:

(Commercial General Liability and Umbrella/Excess Liability)

Notice of Cancellation Endorsement: 30 days' written notice by the insurer of cancellation, except 10 days' written notice by the insurer in the event of termination of coverage for non-payment of premium.

These Subcontractor Insurance Requirements serve as basic guidelines regarding the minimum levels of insurance coverage that Shiel Sexton subcontractors are expected to maintain. Please refer to the Subcontract Agreement for specific insurance requirements



**SHIEL
SEXTON**

902 North Capitol Avenue, Indianapolis, IN 46204 | Phone: 317.423.6000

SHIELSEXTON.COM

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 have **ADDITIONAL INSURED** provisions or 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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER AGENCY NAME AGENCY ADDRESS		CONTACT NAME: CONTACT NAME		
		PHONE (A/C, No, Ext): PHONE	FAX (A/C, No): FAX	
		E-MAIL ADDRESS: EMAIL		
INSURED NAMED INSURED ADDRESS ADDRESS		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : Insured A		#####
		INSURER B : Insured B		#####
		INSURER C : Insured C		#####
		INSURER D : Insured D		#####
		INSURER E : Insured E		#####
		INSURER F : Insured F		#####

COVERAGES

CERTIFICATE NUMBER:

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 INSR	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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	POLICY #	EFF DATE	EXP DATE	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	X	X	POLICY #	EFF DATE	EXP DATE	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$10,000	X	X	POLICY #	EFF DATE	EXP DATE	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		X	POLICY #	EFF DATE	EXP DATE	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.I. EACH ACCIDENT \$1,000,000 E.I. DISEASE - EA EMPLOYEE \$1,000,000 E.I. DISEASE - POLICY LIMIT \$1,000,000
E	Contractors Pollution Liability	X		POLICY #	EFF DATE	EXP DATE	\$1m Each Claim/ \$2m Aggregate
F	Professional Liability			POLICY #	EFF DATE	EXP DATE	\$2m Each Claim/ \$4m Aggregate

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

RE: Job Name and Number

Shiel Sexton Company, Inc. is included as an additional insured on the General Liability, Automobile Liability, Umbrella/Excess and Contractors' Pollution Liability policies if required by written contract. Waiver of Subrogation applies in favor of Shiel Sexton Company, Inc. with respect to the General Liability, (See Attached Descriptions)

CERTIFICATE HOLDER

CANCELLATION

Shiel Sexton Company, Inc. 902 North Capitol Avenue Indianapolis, IN 46204	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 AUTHORIZED SIGNATURE

DESCRIPTIONS (Continued from Page 1)

Automobile Liability, Employers Liability and Umbrella/Excess Liability policies if required by written contract. Coverage on the General Liability policy is on a primary and Non-Contributory basis if required by written contract. 30 days written notice by the insurer of cancellation, except 10 days written notice by the insurer in the event of termination of coverage for non-payment of premium.