



## Prequalify with PC Construction!

PC is committed to providing our clients with highly skilled, qualified project teams, which includes our talented and dedicated trade partners. Like many of our peers, PC has instituted a prequalification process to ensure we partner with subcontractors and suppliers who share our vision for high quality, safe, and successful construction projects. **We invite you to get started today!**

Outlined below is a list of documentation that will need to be uploaded with your application. These documents will also provide helpful information as you complete the application. Please note that all documents are required before we can begin processing your application. At least one of the following documents (in PDF format) must be attached at the time you submit your prequalification form. You may also attach the remainder of the documentation or it can be sent separately via email to [prequal@pcconstruction.com](mailto:prequal@pcconstruction.com). Please reference your company name and the words "supporting documentation" in the subject line.

- Signed W-9
- Insurance certificate (see attached sample)
- OSHA 300A logs (last 3 years)
- Documentation of EMR rating (last 3 years)
- Reference letter from your bonding company (see attached sample; if you cannot provide a bond, click 'no' in the surety section)
- Audited financial statements or accountant prepared (most recent fiscal year)

All information is kept strictly confidential and is used only for prequalification purposes.

Please contact our prequalification team if you have any concerns about the security of your application or any questions about the application process: 802.651.1314, [prequal@pcconstruction.com](mailto:prequal@pcconstruction.com).

Refer to **PC Prequalification Quick Guide** on the following pages for step-by-step instructions and sample documentation.



## Getting Started

Open the questionnaire and enter your Federal Tax ID number or social security number. **Be sure to include the dashes.** The format for a FEIN # is XX-XXXXXXX. If using a social security number, the format is XXX-XX-XXXX.

You will be prompted to create a password. If you forget your password in the future email [prequal@pcconstruction.com](mailto:prequal@pcconstruction.com) or call 802.651.1314 to reset it.

### Important Notes:

The prequalification form must be completed in the order it displays on screen. You must complete at least the first page, 'click next' and then click 'save draft' to be able to go back and finish the questionnaire later. When you return, log in with your Federal Tax ID # or SSN and password.

Click 'save draft' to save your work before you move between pages. If you move to the next page without clicking 'save draft' your information, will be lost.

The preferred browser is chrome.

## Navigating the Application – Page 1

### Company Headquarters

Enter the main mailing address for your company and the contact who should receive communications regarding prequalification. A fax number is required to proceed to the next page. If you do not have a fax number enter 000-000-0000. Be sure to include the dashes.

Company Headquarters Information	
Federal Tax ID: <input type="text"/>	Year Company Founded <input type="text"/>
Company Name: <input type="text"/>	
Also Known As <input type="text"/>	
Legal Name <input type="text"/>	
Parent Corp. <input type="text"/>	
Address: <input type="text"/>	Contact <input type="text"/>
Suite: <input type="text"/>	Phone <input type="text"/>
City: <input type="text"/>	Toll Free <input type="text"/>
State: <input type="text"/>	Fax <input type="text"/>
Zip <input type="text"/>	E-mail <input type="text"/>
Country <input type="text"/>	

### Branch Information (Optional)

Enter the branch office information and bid contact names.

### Regions

Check the boxes of all regions your company performs work in.

Indicate what region(s) your company would like to be considered for work in (check all that apply):		
<input type="checkbox"/> Select All Regions		
<input type="checkbox"/> Connecticut	<input type="checkbox"/> Maryland	<input type="checkbox"/> Pennsylvania
<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Maine	<input type="checkbox"/> South Carolina
<input type="checkbox"/> Delaware	<input type="checkbox"/> National	<input type="checkbox"/> Virginia
<input type="checkbox"/> Florida	<input type="checkbox"/> North Carolina	<input type="checkbox"/> Vermont
<input type="checkbox"/> Georgia	<input type="checkbox"/> New Hampshire	
<input type="checkbox"/> Massachusetts	<input type="checkbox"/> New York	

*Note: Complete at least the first page, click 'next' and then click 'save draft' to come back and finish the questionnaire later. When you return, log in with your Federal Tax ID # or SSN and password.*



## Navigating the Application – Page 2

### License Information (optional)

Enter your company's contractor license information. For the license number, do not use commas.

### Trade Information

Search for trades by clicking the up arrow. When the search window opens, type "%" before and after a description of your trade, Ex: enter %elec%, then click 'go'. Select your trade and click 'accept'. You may also search by your 5-digit CSI Master format Code (1995 Edition). Ex: enter %16000%, then click 'go'. Select your trade and click 'accept'. To add additional trades, click 'add row'.

### Minority Business Enterprise Status (Optional)

Check all options that apply and upload business class certificates for any certifying agencies.

Minority Business Enterprise Status (Optional):		
<input checked="" type="checkbox"/> Assign to all BPs that are any kind of DBE	<input type="checkbox"/> Disadvantaged Business Enterprise	<input type="checkbox"/> Service Disabled Veteran Owned Business Enterprise
<input type="checkbox"/> HUBZone Empowerment Contracting Program	<input type="checkbox"/> Minority Business Enterprise	<input type="checkbox"/> Small Business Enterprise
<input type="checkbox"/> Small Disadvantaged Business Enterprise	<input type="checkbox"/> Veteran Owned Business Enterprise	<input type="checkbox"/> Women Owned Business Enterprise
<input type="checkbox"/> Other		
<b>Certifying Agency Names: Please upload Business Class Certificates for any certifying agencies listed here.</b> CITY OF NEW <span style="float: right;">Remove Row Add Row</span>		

*Note: Click 'save draft' to save your work before moving to the next page.*

## Navigating the Application – Page 3

### Insurance Information:

Complete all insurance information. If you do not meet PC's requirements, please explain the differences between your policies and PC's requirements in the comments section.

<b>Insurance Information</b>	
Please review the Sample Certificate to verify whether your company meets the minimum insurance requirements.	
Insurance Broker Name, agency and phone #:	GL Expiration Date: 08/23/2019
We have reviewed the Subcontractor Insurance Requirements and we fully meet the established criteria.	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If you have checked "No" above, please explain the differences between your policies and PC's requirements in the space provided.	
<input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Automobile Liability <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Employer's Liability <input type="checkbox"/> Excess or Umbrella Liability	Please Explain: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Insurance Comments: <input type="text"/>

### Safety Information

Complete all safety information.

<b>Safety Information :</b>									
Does your company have a written field based safety program? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
Does your company have a substance abuse policy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
Do you hold site safety meetings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
Do you conduct project site safety inspections? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
Who follows up on these inspections? <input type="text"/>									
Year *	Citations*	EMR*	RIR*	LTIR*	FWH*	ANE*	Fatalities*		
2022	0	0	0	0	0	0	0		
2021	0	0	0	0	0	0	0		
2020	0	0	0	0	0	0	0		
<small>           Citations - Please enter number of OSHA Citations received during that year (citations, not violations)            EMR - Experience Modification Rate - Your Workers Comp carrier should have this information            RIR - Recordable Incident Rate - Add columns I &amp; J from the OSHA 300A form            LTIR - Lost Time Incident Rate - Column H from the OSHA 300A form            FWH - Total hours worked by all employees - located on right hand side of OSHA 300A form            ANE - Annual Number of Employees - located on right hand side of OSHA 300A            Fatalities - Column G from OSHA 300A form         </small>									

[Save Draft](#) | [Previous](#) | Page 3 of 7

*Note: Click 'save draft' to save your work before moving to the next page.*



## Navigating the Application – Page 4

### Surety Information

Complete the surety information. If your company cannot provide a bond, click 'no'. Enter whole numbers without commas.

**Surety Information:**

Can your company provide a bond? ☒ Yes ☐ No

Surety Company

Broker Name

Phone

Single Project Bonding Capacity

Aggregate Project Bonding Capacity

Current amount under bond today

### Financial Information

Complete the financial information. Enter whole numbers without commas.

**Financial Information**

Legal Entity Type

Year Company Founded

Fiscal Year End Date

Subsidiary Names: 1.

2.

3.

4.

5.

Parent Organization

Do you have a D&B Number? ☐ Yes ☐ No Number

Previous Company Names: 1.

2.

3.

4.

5.

Has Your Firm Ever Filed Bankruptcy? ☐ Yes ☐ No

If Yes, explain

Highest Dollar Project Ever Awarded

Average Project Size

*Note: Click 'save draft' to save your work before moving to the next page.*

## Navigating the Application – Page 5

### Financial Contact Information

Enter the contact who can answer specific questions related to your financial information and a banking reference.

**Financial Information**

Enter information for a contact in your company who can answer specific questions about your Financials:

Contact Name

Title/Position

Phone

E-mail

Fax

Bank Reference:

Name of Bank

Contact Name

Title/Position

Phone

Fax

E-mail

### Litigation Information

Please answer all questions. If you answer "yes" to any questions, please explain in the space provided.

**Litigation Information**

Any current litigation with Owners or General Contractors? ☐ Yes ☐ No

Any judgements against in the last 3 years? ☐ Yes ☐ No

Any Principals of your company in litigation? ☐ Yes ☐ No

Any paid or assessed liquidated damages in the last five years? ☐ Yes ☐ No

Any labor law violations? ☐ Yes ☐ No

Have you ever defaulted on a contract? ☐ Yes ☐ No

Ever failed to complete a contract? ☐ Yes ☐ No

Have you ever been terminated from a contract? ☐ Yes ☐ No

Have you ever had your license revoked or suspended? ☐ Yes ☐ No

Have you filed or recorded a lien on a project in the last five years? ☐ Yes ☐ No

If yes, please enter a brief description



### Project References

Provide a minimum of 3 references who can speak about your work. Note: you will be asked to provide additional information about your references on the next screen.

Project References					
Company Name*				Contact Name*	
Address*				E-mail*	Remove Row
City*	State*	Zip*		Phone*	
Company Name*				Contact Name*	
Address*				E-mail*	Remove Row
City*	State*	Zip*		Phone*	
Company Name*				Contact Name*	
Address*				E-mail*	Remove Row
City*	State*	Zip*		Phone*	
Add Row					

*Note: Click 'save draft' to save your work before moving to the next page.*

## Navigating the Application – Page 6

### Additional Information

Provide your current backlog as of today. Complete all information for your references.

Additional Information:	
Backlog*	Current Backlog as of Today:
PROJECT REFERENCES CONTINUED:	
Please complete the additional fields below for the project references listed on the preceding page	
Project 1 Company Name*	Project 1 Reference
Project 1 Contract Value*	Project 1 Completion Date*
	Description of work performed*
Project 2 Company Name*	Project 2 Reference
Project 2 Contract Value*	Project 2 Completion Date*
	Description of work performed*
Project 3 Company Name*	Project 3 Reference
Project 3 Contract Value*	Project 3 Completion Date*
	Description of work performed*

### Upload Supporting Documentation

Upload all supporting documentation in PDF format. Click 'add row' if the 'description' field is not automatically visible. Use a description of the document in the 'description' field, Ex: "W9", "OSHA log", etc. To upload a document, click 'choose file' and locate the document you want to attach. Click 'open', then click 'save draft' to attach it. Click 'add row' and repeat the process to add attach additional documents. When uploading financials please check the box indicating a 'financial attachment'.

Click 'save draft', then click 'next' to review your application. You can also print a copy for your records.

## Navigating the Application – Reviewing and Submitting

Once you have completed the form you will be given the opportunity to review and print a copy for your files. Printing is only available from this page.

If you need to make any changes click 'previous' until you get to the page to be edited. Make your changes and click 'save draft'. Click 'previous' or 'next' to move to any other pages that require edits. Be sure to click 'save draft' after each change and before you go to the next page.

Once you are satisfied with your application, click 'next' to get to the last page, scroll to the bottom and click 'submit'. You will receive a confirmation of your submission.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

00/00/0000

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 Insurance Agency	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
INSURED Subcontractor	INSURER A : ABC Company	
	INSURER B : XYZ Company	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER 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	GENERAL LIABILITY				Y	Y	Policy No.	00/00/0000	00/00/0000	EACH OCCURRENCE	\$ 1,000,000	
	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY								DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
	<input type="checkbox"/>	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR								MED EXP (Any one person)	\$ 10,000	
	<input checked="" type="checkbox"/>	Contractual Liability								PERSONAL & ADV INJURY	\$ 1,000,000	
	<input type="checkbox"/>									GENERAL AGGREGATE	\$ 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:									PRODUCTS - COMP/OP AGG	\$ 2,000,000	
	<input type="checkbox"/>	POLICY	<input checked="" type="checkbox"/> PROJECT	<input type="checkbox"/> LOC							\$	
A	AUTOMOBILE LIABILITY				Y	Y	Policy No.	00/00/0000	00/00/0000	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	<input checked="" type="checkbox"/>	ANY AUTO								BODILY INJURY (Per person)	\$	
	<input type="checkbox"/>	ALL OWNED AUTOS	<input type="checkbox"/>	SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	<input checked="" type="checkbox"/>	HIRED AUTOS	<input checked="" type="checkbox"/>	NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
	<input type="checkbox"/>										\$	
B	UMBRELLA LIAB		<input checked="" type="checkbox"/>	OCCUR	Y	Y	Policy No.	00/00/0000	00/00/0000	EACH OCCURRENCE	\$ 1,000,000 *	
	EXCESS LIAB		<input type="checkbox"/>	CLAIMS-MADE						AGGREGATE	\$ 1,000,000 *	
	<input type="checkbox"/>	DED	<input type="checkbox"/>	RETENTION \$							\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below				Y / N N	N / A	Y	Policy No.	00/00/0000	00/00/0000	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER
	E.L. EACH ACCIDENT		\$ 1,000,000									
	E.L. DISEASE - EAEMPLOYEE		\$ 1,000,000									
	E.L. DISEASE - POLICY LIMIT		\$ 1,000,000									
C	Pollution Liability (when required by scope)				Y	Y	Policy No.	00/00/0000	00/00/0000	\$1,000,000 each pollution incident *		
C	Professional Liability (when required by scope)						Policy No.	00/00/0000	00/00/0000	\$3,000,000 each claim/occurrence *		

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

\*\*\*\*\*SAMPLE CERTIFICATE\*\*\*\*\*

PC Project #xxxxx Project Name

PC Construction Company, Owner, Architect and any others where required by written contract are to be included as additional insureds on the GL, Auto, Umbrella and Pollution Liability policies on a primary and non-contributory basis. GL additional insured status shall be provided per the CG2010 04 13 and CG2037 04 13 or equivalent as blanket additional insureds (without privity of contract wording). The GL policy shall include standard Contractual Liability per CG0001 04 13. The Umbrella liability policy shall provide additional limits over the underlying GL, Auto and Employer's liability policies. The Pollution Liability includes fungi/mold/microbial matter coverage. Blanket waivers of subrogation shall be provided on the GL, Auto, Umbrella, WC and Pollution policies (without privity of contract wording). 30-days notice of cancellation/non-renewal shall be provided for all policies. If the Professional liability is claims-made specify the retroactive date of coverage and any applicable extended reporting period.

\* Please refer to attached schedule for specific requirements by trade scope & project jurisdiction. NY contractors see page 2.

Note: The above requirements are minimums, additional requirements may apply based on unique project or Owner requirements.

PC Construction Company 193 Tilley Drive South Burlington, VT 05403	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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### ADDITIONAL REMARKS SCHEDULE

AGENCY -----		NAMED INSURED -----
POLICY NUMBER -----		
CARRIER -----	NAIC CODE -----	
		EFFECTIVE DATE: -----

### ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

FORM NUMBER: \_\_\_\_\_ FORM TITLE: \_\_\_\_\_

NY Contractors:

Subcontractor will provide General Contractor with evidence of insurance including an Acord 25, Acord 855 and GL policy.

Subcontractor will be asked to schedule PC Construction Company dba PCEO in NY, Owner, and all other parties Owner requires as additional insureds, with waivers of subrogation, and notice of cancellation/non-renewal on the GL, Auto, Umbrella and Pollution Liability policies and waivers of subrogation and notice of cancellation/non-renewal on the workers compensation policy. GL additional insured status shall be scheduled per the CG2010 04 13 and CG2037 04 13 endorsements.

If 30-days notice of cancellation/non-renewal is not available through the carrier, the subcontractor shall provide General Contractor, Owner and Lender with direct notice of cancellation/non-renewal.

**Insurance Requirements by Scope and Jurisdiction**

CSI Division	Trade Description	Excess Liability (Minimum)			Professional <sup>1, 5</sup>	Pollution <sup>2</sup>	Riggers <sup>3</sup>
		Tier 1	Tier 2	Tier 3			
1	Surveying/Testing and Inspection Services	\$1M	\$1M	\$2M	\$1M	-	-
1	Mobile/Crawler Cranes	\$10M	\$10M	\$25M	-	-	-
2	Tower Cranes	\$10M	\$10M	\$25M	-	-	\$3M *
2	Sitework	\$3M	\$3M	\$5M		\$3M	
2	Demolition Structural (including Blasting)	\$10M	\$10M	\$15M	\$2M	\$5M	-
2	Demolition (selective non-structural)	\$1M	\$3M	\$5M	-	\$3M	-
2	Hazardous Materials Abatement	\$1M	\$3M	\$5M	\$1M	\$5M	-
3	CIP Concrete / Slab on Grade	\$1M	\$3M	\$5M	\$1M	\$1M	-
3	Pre-Cast Concrete	\$1M	\$3M	\$5M	\$1M	-	-
4	Unit Masonry/Stone	\$1M	\$3M	\$5M	-	-	-
5	Structural Steel	\$3M	\$5M	\$10M	\$1M	-	-
5	Misc./Ornamental Metals	\$1M	\$3M	\$5M	\$1M	-	-
5	Cold Formed Metal Framing	\$1M	\$3M	\$5M	\$1M	-	-
6	Rough Carpentry	\$1M	\$3M	\$5M	-	-	-
6	Finish Carpentry / Millwork	\$1M	\$3M	\$5M	-	-	-
7	Roofing (Any type)	\$3M	\$5M	\$10M	-	-	-
7	Damproofing	\$1M	\$3M	\$5M	-	-	-
7	Thermal Protection	\$1M	\$3M	\$5M	-	-	-
7	Metal Roofing /Wall Panels/Siding/Flashing	\$1M	\$3M	\$5M	-	-	-
7	Fire & Smoke Protection	\$1M	\$3M	\$5M	\$1M	-	-
7	Joint Protection	\$1M	\$3M	\$5M	-	-	-
8	Doors/Frames/Hardware	\$1M	\$3M	\$5M	-	-	-
8	Roof Windows/Skylights	\$1M	\$3M	\$5M	-	-	-
8	Storefronts/Curtain Walls/ Entrances	\$1M	\$3M	\$5M	\$2M	-	-
8	Windows/Glazing	\$1M	\$3M	\$5M	-	-	-
9	Terrazzo/Ceramic Tile	\$1M	\$3M	\$5M	-	-	-
9	Acoustical Tile Ceiling	\$1M	\$3M	\$5M	-	-	-
9	GWB Systems/Plaster	\$1M	\$3M	\$5M	-	-	-
9	Flooring -- Carpet/VCT/Wood/Fluid Applied	\$1M	\$3M	\$5M	-	-	-
9	Painting	\$1M	\$3M	\$5M	-	-	-
10	Specialties-- Signage, Partitions, accessories etc.	\$1M	\$1M	\$3M	-	-	-
11	Equipment (pumps, motors, clarifiers, etc)	\$1M	\$1M	\$3M	-	-	-
12	Furnishings	\$1M	\$1M	\$3M	-	-	-
13	Special Construction	\$1M	\$3M	\$5M	\$1M	-	-
14	Vertical Transportation	\$1M	\$3M	\$5M	\$1M	-	-
21	Fire Protection Systems	\$1M	\$3M	\$5M	\$1M	-	-
22	Plumbing	\$1M	\$3M	\$5M	\$1M	-	-
23	HVAC Equipment /Duct Work/Piping	\$1M	\$3M	\$5M	\$1M	-	-
25	Integrated Automation (I&C)	\$1M	\$3M	\$5M	\$1M	-	-
26	Electrical Interior /Exterior Lineman	\$1M	\$3M	\$5M	\$1M	-	-
26	Electrical Equipment Installation	\$1M	\$3M	\$5M	\$1M	-	-
27	Communications/Data	\$1M	\$3M	\$5M	\$1M	-	-
28	Electronic Safety and Security	\$1M	\$3M	\$5M	\$1M	-	-
31	Clearing/Mass Excavation/Earthwork	\$1M	\$3M	\$5M	-	\$1M	-
31	Foundations/Concrete Footings	\$1M	\$3M	\$5M	\$1M	-	-
32	Site Improvements (fencing furnishings etc.)	\$1M	\$3M	\$5M	-	-	-
32	Paving (Rigid or Flexible)	\$1M	\$3M	\$5M	-	\$1M	-
32	Unit Pavers/Site concrete/Retaining Walls	\$1M	\$3M	\$5M	\$1M	-	-
32	Landscaping	\$1M	\$3M	\$5M	-	-	-
33	Site Utilities	\$1M	\$3M	\$5M	-	\$1M	-
33	Electrical Utilities (Transmission and distribution)	\$1M	\$3M	\$5M	-	\$1M	-
35	Waterway and Marine Construction (Dredging/Dams etc.)	\$1M	\$3M	\$5M	\$1M	\$2M	-



## Insurance Requirements by Scope and Jurisdiction

Tier 1 Jurisdictions <sup>4</sup>	Georgia, Maryland, Maine, North Carolina, New Hampshire, Virginia, Vermont
Tier 2 Jurisdictions <sup>4</sup>	Connecticut, Washington DC, Delaware, Florida, New Jersey, Pennsylvania, South Carolina
Tier 3 Jurisdictions	NY including NY City
Note 1: Applies only to projects where trade is assuming some design, or design assist responsibilities	
Note 2: Applies where a hazardous materials or pollution exposure may exist, or sensitive environmental area concern	
Note 3: Applies to risk arising out of the moving of property and equipment with a crane. * Limit must be sufficient to cover value of items moved	
Note 4: Depending on location of the project (i.e.. Rural or remote location vs. urban/or other high traffic area) Tier 1 should be switched to Tier 2 or vice versa	
Note 5: Professional Liability levels should correspond to risk -- Heavy design build or IPD projects would warrant evaluation on a case by case basis	



# NEW YORK CONSTRUCTION CERTIFICATE OF LIABILITY INSURANCE ADDENDUM

DATE (MM/DD/YYYY)

THIS ADDENDUM SUMMARIZES SOME OF THE POLICY PROVISIONS IN THE REFERENCED INSURANCE POLICIES AND IS ISSUED AS A MATTER OF INFORMATION ONLY; IT CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. ALL TERMS, EXCLUSIONS AND CONDITIONS IN THE ACTUAL POLICY SHOULD BE CONSULTED FOR A MORE DETAILED ANALYSIS OF COVERAGE, AS THIS ADDENDUM DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES.

AGENCY		NAMED INSURED(S)	
POLICY NUMBER	EFFECTIVE DATE	CARRIER	NAIC CODE

ADDENDUM INFORMATION

CERTIFICATE NUMBER:

REVISION NUMBER:

**A. Insurer**

- ☐ Admitted / authorized
- ☐ Excess line or free trade zone

**B. General Liability (GL) policy form**

- ☐ ISO / ISO modified
- ☐ Other

**C. Specific operations excluded or restricted (GL policy)**

- ☐ Location: \_\_\_\_\_
- ☐ Type of construction: \_\_\_\_\_
- ☐ Building height: \_\_\_\_\_
- ☐ Classifications [see attached declarations / endorsement]
- ☐ Designated work [see attached endorsement]

**D. Additional insured endorsement (GL policy)**

- ☐ CG 20 10  
 ☐ CG 20 26  
 ☐ CG 20 32  
 ☐ CG 20 33  
 ☐ CG 20 37  
 ☐ CG 20 38
- ☐ Other: #: \_\_\_\_\_ Title: \_\_\_\_\_

**E. According to the terms of this GL policy, the additional insured has primary and noncontributory coverage**

- ☐ Yes  
 ☐ No and  
 ☐ no other option is available with this insurer

**F. Additional insured will receive advance notice if insurer cancels (GL policy)**

- ☐ Yes  
 ☐ No and  
 ☐ no other option is available with this insurer

**G. Blanket contractual liability located in the "insured contract" definition (Section V, Number 9, Item f. in the ISO CGL policy) is removed or restricted**

- ☐ Yes and  
 ☐ no other option is available with this insurer  
 ☐ No changes made

**H. "Insured contract" exception to the employers liability exclusion is removed or modified (GL policy)**

- ☐ Yes and  
 ☐ no other option is available with this insurer  
 ☐ No changes made

**I. GL policy (including endorsements) does not cover the additional insured for claims involving injury to employees of the named insured or subcontractors (not workers' compensation)**

- ☐ Yes and  
 ☐ no other option is available with this insurer  
 ☐ No changes made

**J. Earth movement, excavation or explosion / collapse / underground property damage is excluded or restricted (GL policy)**

☐ Yes and ☐ no other option is available with this insurer ☐ No changes made

**K. Insured vs. insured suits (cross liability in the ISO CGL policy) are excluded or restricted (other than named insured vs. named insured)**

☐ Yes and ☐ no other option is available with this insurer ☐ No changes made

**L. Property damage to work performed by subcontractors (exception to the "damage to your work" exclusion in the ISO CGL policy) is excluded or restricted**

☐ Yes and ☐ no other option is available with this insurer ☐ No changes made

**M. Excess / umbrella policy is primary and non-contributory for additional insureds**

☐ Yes, by specific policy provision ☐ Yes, by endorsement ☐ No and ☐ no other option is available with this insurer

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
DATE (MM/DD/YYYY)

## ACORD 855 NY (2014/05) - New York Construction Certificate of Liability Insurance Addendum

ACORD 855 NY, New York Construction Certificate of Liability Insurance Addendum, may be used to supplement ACORD 25, Certificate of Liability Insurance, in the state of New York, to provide more information about the policy's coverage when required by the certificate holder. It is not intended to answer specific coverage questions, but merely to indicate areas of coverage where the solicitation of more details may be expedient (e.g., examination of the actual policy forms).

### Form Page 1

Section Name	Field Name	Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
IDENTIFICATION SECTION	Date	Enter date: The date on which the form is completed. (MM/DD/YYYY)
IDENTIFICATION SECTION	Agency	Enter text: The full name of the producer / agency.
IDENTIFICATION SECTION	Policy Number	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
IDENTIFICATION SECTION	Effective Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. (MM/DD/YYYY)
IDENTIFICATION SECTION	Named Insured(s)	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
IDENTIFICATION SECTION	Carrier	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
IDENTIFICATION SECTION	NAIC Code	Enter code: The identification code assigned to the insurer by the NAIC.
ADDENDUM INFORMATION	Certificate Number	Enter identifier: The producer assigned number for the certificate.
ADDENDUM INFORMATION	Revision Number	Enter number: The producer assigned revision number for the certificate.
ADDENDUM INFORMATION	A. Insurer - Admitted / Authorized (check box)	Check the box (if applicable): Indicates that this is a group of insurers that is admitted or authorized in the state of New York.

<b>ADDENDUM INFORMATION</b>	<b>Excess Line or Free Trade Zone (check box)</b>	<p>Check the box (if applicable): Indicates that this a group of insurers (known as surplus lines in other states) that are not authorized in the state of New York, but are included on the stamping list of approved unauthorized insurers maintained by the Excess Line Association of New York. The coverage implications are that these insurers are exempt from filing their rate and forms with the Department of Financial Services. Significant variance in the language of forms and endorsements should be expected with these policies. In addition, policies written by unauthorized insurers are not afforded by the insolvency protection of the Property / Casualty Insurance Security Fund.</p> <p>Free Trade Zone refers to regulatory exemptions for "special risks" that may be written by authorized insurers having a special FTZ license. FTZ provisions allow these insurers an exemption from rate and form filing requirements so they may effectively compete with excess line insurers in the "special risks" market. They are authorized insurers, so the Property / Casualty Insurance Security Fund is applicable to policies written by them.</p>
<b>ADDENDUM INFORMATION</b>	<b>B. General Liability (GL) Policy Form - ISO / ISO Modified (check box)</b>	<p>Check the box (if applicable): Indicates that the Insurance Service Office, Inc develops standard insurance forms for use by its member insurers. The ISO CG 00 01 Commercial General Liability Coverage Form is often used to insure construction risks. With access to the list of forms on the declarations, the extent of coverage can be determined from these standard forms, which are generally available from policyholders and industry representatives. Another benefit in using standard forms is that the language has undergone years of judicial interpretation, which gives the determination of coverage more certainty. However, it is not uncommon for insurers to modify the basic ISO CGL form with language preferred by the insurer.</p>
<b>ADDENDUM INFORMATION</b>	<b>Other (check box)</b>	<p>Check the box (if applicable): Indicates that insurers have filed proprietary forms of their own, which makes comparisons with standard forms more difficult and language interpretation less certain.</p>

<b>ADDENDUM INFORMATION</b>	<b>C. Specific Operations Excluded or Restricted (GL Policy) - Location (check box)</b>	<p>Check the box (if applicable): Indicates that specific operations are excluded or restricted on the GL policy. While the unendorsed ISO CG 00 01 Commercial General Liability Coverage Form does not limit its coverage to any specific location, three standard ISO endorsements exist that can be used to restrict coverage by location:</p> <p>CG 21 00 Exclusion - All Hazards In Connection With Designated Premises This endorsement allows the insurer to describe a location of premises where coverage is excluded. For example it may exclude all work conducted in New York City.</p> <p>CG 21 34 Exclusion - Designated Work This endorsement excludes the completed operations liability exposure for work shown in the schedule, which could be a project or designated work at a specific location. More likely, it would exclude work of a specific type and/or during a specific time period. Ongoing operations remain covered.</p> <p>CG 21 53 Exclusion - Designated Ongoing Operations This endorsement excludes the ongoing operations liability exposure of a specific type. The excluded operation also can be specific to a location. Completed operations remain covered.</p> <p>Nonstandard endorsements may restrict coverage to a specific location eliminating all others.</p>
<b>ADDENDUM INFORMATION</b>	<b>Location</b>	Enter text: The specific description of the location being excluded if applicable or indicate if the location is for a project or designated work at a specific location.
<b>ADDENDUM INFORMATION</b>	<b>Type of Construction (check box)</b>	Check the box (if applicable): Indicates that the specific operations are excluded or restricted by type of construction on a GL policy. However, there is no standard endorsement for this purpose. While the unendorsed ISO CG 00 01 Commercial General Liability Coverage Form does not limit its coverage to any specific type of construction, nonstandard endorsements may designate residential, single-family, apartment, condominium, townhome, track home, habitational or commercial construction as restricted or excluded.
<b>ADDENDUM INFORMATION</b>	<b>Type of Construction</b>	Enter text: The description of the building's occupancy. As used here, indicates the type of construction and indicates the location is occupied as either a residential, single family, apartment, condominium, townhouse, track home, habitational or commercial structure.
<b>ADDENDUM INFORMATION</b>	<b>Building Height (check box)</b>	Check the box (if applicable): Indicates that the specific operations are excluded or restricted by type of building height on a GL policy. However, there is no standard endorsement for this purpose. While the unendorsed ISO CG 00 01 Commercial General Liability Coverage Form does not limit its coverage to any specific building height, nonstandard endorsements may designate the number of floors / stories that are either covered or excluded.
<b>ADDENDUM INFORMATION</b>	<b>Building Height</b>	Enter number: The number of stories or floors for this building not including any basement.
<b>ADDENDUM INFORMATION</b>	<b>Classifications (check box)</b>	Check the box (if applicable): Indicates that the specific operations are excluded or restricted by type of classifications on a GL policy. However, there is no standard endorsement for this purpose. While the unendorsed ISO CG 00 01 Commercial General Liability Coverage Form does not limit its coverage to any specific risk classification, nonstandard endorsements may designate specific classifications as either covered or excluded.

<b>ADDENDUM INFORMATION</b>	<b>Designated Work (check box)</b>	<p>Check the box (if applicable): Indicates that the specific operations are excluded or restricted by designated work on a GL policy. While the unendorsed ISO CG 00 01 Commercial General Liability Coverage Form does not limit its coverage to any specific work designation, three standard ISO endorsements exist that can be used to restrict coverage by designated work:</p> <p>CG 21 34 Exclusion - Designated Work This endorsement excludes the completed operation liability exposure for designated work shown in the schedule. Ongoing operations remain covered.</p> <p>CG 21 53 Exclusion - Designated Ongoing Operations This endorsement excludes the ongoing operations liability exposure of a specific type. The excluded operation also can be specific to a location. Completed operations remain covered.</p> <p>CG 21 86 Exclusion - Exterior Insulation and Finish Systems This endorsement excludes the ongoing operations and products / completed operations liability exposures that arise from the presence of EIFS-clad exterior work or products.</p> <p>Nonstandard endorsements may designate specific work or operations as either covered or excluded.</p>
<b>ADDENDUM INFORMATION</b>	<b>D. Additional Insured Endorsement (GL Policy) - CG 20 10 (check box)</b>	<p>Check the box (if applicable): Indicates the CG 20 10 Additional Insured - Owners, Lessees Or Contractors - Scheduled Person Or Organization endorsement is requested. The current edition of the endorsement insures as an additional insured in the described person or organization or "ongoing operations" of the named insured performed for the additional insured. For example, a subcontractor's policy could name the general contractor as an additional insured.</p>
<b>ADDENDUM INFORMATION</b>	<b>CG 20 26 (check box)</b>	<p>Check the box (if applicable): Indicates the CG 20 26 Additional Insured - Designated Person Or Organization endorsement is requested. The current edition of this endorsement insures as an additional insured the described person or organization for the named insured's 1) performance of "ongoing operations" and 2) premises exposures. The covered "ongoing operations" do not necessarily have to be performed for the additional insured.</p>
<b>ADDENDUM INFORMATION</b>	<b>CG 20 32 (check box)</b>	<p>Check the box (if applicable): Indicates the CG 20 32 Additional Insured - Engineers, Architects Or Surveyors Not Engaged By The Named Insured endorsement is requested. The current edition of this endorsement insures as an additional insured the described engineer, architect or surveyor for the named insured's performance of "ongoing operations." This coverage applies when the named insured is obligated by contract to add the engineer, architect or surveyor on the policy, but has not actually engaged their work. The CG 20 07 would be used when the engineer, architect or surveyor is engaged by the named insured to do the work.</p>
<b>ADDENDUM INFORMATION</b>	<b>CG 20 33 (check box)</b>	<p>Check the box (if applicable): Indicates the CG 20 33 Additional Insured - Owners, Lessees Or Contractors - Automatic Status When Required In Construction Agreement With You endorsement is requested. The current edition of this endorsement insures as an additional insured for any person or organization for "ongoing operations" of the named insured performed for the additional insured. However, this automatic coverage requires a written agreement obligating the named insured to add the additional insured on the policy.</p>

<b>ADDENDUM INFORMATION</b>	<b>CG 20 37 (check box)</b>	Check the box (if applicable): Indicates the CG 20 38 Additional Insured - Owners, Lessees Or Contractors - Completed Operations endorsement is requested. The current edition of this endorsement insures as an additional insured the described person or organization for "completed operations," resulting from work (described by location) the named insured performed for the additional insured. This endorsement can restore the "completed operations" coverage that previously was included in the 1985 edition of the CG 20 10 endorsement.
<b>ADDENDUM INFORMATION</b>	<b>CG 20 38 (check box)</b>	Check the box (if applicable): Indicates the CG 20 38 Additional Insured - Owners, Lessees Or Contractors - Automatic Status For Other Parties When Required In Written Construction Agreement endorsement is requested. The current edition of the endorsement insures as an additional insured any person or organization for "ongoing operations" of the named insured performed for the additional insured. Unlike the CG 20 33 endorsement, this endorsement also provides additional insured status to all parties the named insured agrees in writing to insure.
<b>ADDENDUM INFORMATION</b>	<b>Other (check box)</b>	Check the box (if applicable): Indicates an endorsement other than those listed has been selected.
<b>ADDENDUM INFORMATION</b>	<b>Endorsement Number</b>	Enter identifier: The number of the other Additional Insured endorsement.
<b>ADDENDUM INFORMATION</b>	<b>Endorsement Title</b>	Enter text: The full title name of the other Additional Insured endorsement.
<b>ADDENDUM INFORMATION</b>	<b>E. According to the terms of this GL policy, the additional insured has primary and noncontributory coverage - Yes (check box)</b>	<p>Check the box (if applicable): Indicates the additional insured on the policy has primary and noncontributory coverage. The typical general liability policy (for example, the ISO CG 00 01 Commercial General Liability Coverage Form) provides primary coverage to insureds, except when the coverage is specifically stated as excess in the Other Insurance provision of the policy. However, this primary coverage will contribute (i.e., share) with any other coverage available to the insured on the same primary basis. For example, since the general contractor typically has primary general liability coverage as a named insured, that policy would share the loss with the policy providing the general contractor coverage as an additional insured.</p> <p>ISO provided a solution in 1996 to prevent contribution between the two policies by adding language to the Other Insurance provision that would make the general contractor's policy excess over the policy that insures the general contractor as an additional insured. Nevertheless since the subcontractor's producer is not privy to the policy terms on the general contractor's policy, it would be reckless of the producer to warrant that coverage would NOT be shared (i.e., noncontributory).</p> <p>Consequently, ISO provided an alternate solution with its optional Primary and Noncontributory - Other Insurance Condition endorsement (CG 20 01). Insurers may adopt this endorsement filing in New York effective April 1, 2013. The endorsement states that the (subcontractor's) insurer will not seek contribution from the policy of the additional insured (general contractor). However the endorsement requires that there be an underlying written contract or agreement stating that the (subcontractor's) coverage for the additional insured (general contractor) must be primary and noncontributory. When the endorsement is added to the policy, the certificate unequivocally can state that coverage is "primary and noncontributory."</p> <p>There have been non standard endorsements in use prior to ISO's introduction of the CG 20 01 endorsement so watch for these forms, observing the variance in language.</p>



<b>ADDENDUM INFORMATION</b>	<b>No and (check box)</b>	Check the box (if applicable): According to the terms of the GL policy, indicates the additional insured on the policy does not have primary and noncontributory coverage.
<b>ADDENDUM INFORMATION</b>	<b>No other option available with this insurer (check box)</b>	Check the box (if applicable): According to the terms of the GL policy, indicates the additional insured on the policy does not have primary and noncontributory coverage and that no other option is available with this insurer.
<b>ADDENDUM INFORMATION</b>	<b>F. Additional insured will receive advance notice if insurer cancels (GL policy) - Yes (check box)</b>	Check the box (if applicable): Indicates the additional insured will receive advance notice if the insurer cancels the GL policy. There is no standard endorsement for this purpose. Some insurers will provide notice using nonstandard endorsements, but this is rare. Even if such endorsement is available, it may not provide notice resulting from nonpayment of premium or cancellation by the policyholder.
<b>ADDENDUM INFORMATION</b>	<b>No and (check box)</b>	Check the box (if applicable): Indicates the additional insured will not receive advance notice if the insurer cancels the GL policy.
<b>ADDENDUM INFORMATION</b>	<b>No other option available with this insurer (check box)</b>	Check the box (if applicable): Indicates that the additional insured will not receive advanced notice if the insured cancels the GL policy and no other option is available from this insurer.
<b>ADDENDUM INFORMATION</b>	<b>G. Blanket contractual liability located in the "insured contract" definition (Section V, Number 9, Item f. in the ISO CGL policy) is removed or restricted - Yes (check box)</b>	<p>Check the box (if applicable): Indicates the blanket contractual liability located in the "insured contract" definition (Section V, Number 9, Item f. in the ISO CGL policy) is removed or restricted.</p> <p>Item f. of the "insured contract" definition in the ISO CG 00 01 Commercial General Liability Coverage Form is a good example of what is meant by blanket contractual liability. It reads as follows:</p> <p>That part of any other contract or agreement pertaining to your business (including an indemnification of a municipality in connection with work performed for a municipality) under which you assume the tort liability of another party to pay for "bodily injury" or "property damage" to a third person or organization. Tort liability means a liability that would be imposed by law in the absence of any contract or agreement.</p> <p>This is an important policy provision that will, for example, insure a subcontractor's indemnification of a general contractor. ISO has a standard CG 21 39 Contractual Liability Limitation endorsement that can be used for the removal of Item f. in the "insured contract" definition. If removed, there will be no coverage to back up the indemnification agreement.</p> <p>While the ISO CG 24 26 Amendment Of Insured Contract Definition endorsement may routinely be attached to a policy in order to exclude coverage for the sole negligence of an indemnitee, it has no relevance in New York where General Obligations Law Section 5-322.1 makes such indemnification unenforceable.</p>
<b>ADDENDUM INFORMATION</b>	<b>No other optional available with this insurer (check box)</b>	Check the box (if applicable): Indicates that the blanket contractual liability located in the "insured contract" definition (Section V, Number 9, Item f. in the ISO CGL policy) is removed or restricted and no other option is available with this insurer.

<b>ADDENDUM INFORMATION</b>	<b>No changes made (check box)</b>	Check the box (if applicable): Indicates that no changes are made to the policy regarding blanket contractual liability located in the "insured contract" definition (Section V, Number 9, Item f.) in the ISO CG 00 01.
<b>ADDENDUM INFORMATION</b>	<b>H. "Insured contract" exception to the employers liability exclusion is removed or modified (GL policy) - Yes and (check box)</b>	<p>Check the box (if applicable): Indicates the "insured contract" exception to the employer's liability exclusion is removed or modified (GL policy).</p> <p>While suits by injured employees against the named insured [employer] are excluded (WC is the exclusive remedy), the exception in the ISO CG 00 01 Commercial General Liability Coverage Form affords "insured contract" coverage when the injured employee, for example, sues the general contractor and the named insured [employer] has indemnified the general contractor for such suits.</p> <p>While there is no standard endorsement that removes or modifies this exception to the employer's liability exclusion, some insurers have made use of policy wording or nonstandard endorsements to eliminate this coverage.</p>
<b>ADDENDUM INFORMATION</b>	<b>No other option is available with this insurer (check box)</b>	Check the box (if applicable): Indicates the "insured contract" exception to the employer's liability exclusion is removed or modified on the GL policy and no other option is available with this insurer.
<b>ADDENDUM INFORMATION</b>	<b>No changes made (check box)</b>	Check the box (if applicable): Indicates that no changes were made to the "insured contract" exception to the employer's liability exclusion on the ISO CG 00 01.
<b>ADDENDUM INFORMATION</b>	<b>I. GL policy (including endorsements) does not cover the additional insured for claims involving injury to employees of the named insured or subcontractors (not workers' compensation) - Yes and (check box)</b>	<p>Check the box (if applicable): Indicates the GL policy (including endorsements) does not cover the additional insured for claims involving injury to employees of the named insured or subcontractors (not workers' compensation).</p> <p>The ISO CG 00 01 Commercial General Liability Coverage Form and ISO Additional Insured endorsements do not exclude suits by an injured employee against an insured who is not the employer. While there is no standard endorsement that eliminates coverage for an additional insured when suits are made by employees of the named insured, insurers have used policy wording or nonstandard endorsements for this purpose.</p> <p>For example, simply changing the wording of the employer's liability exclusion from "employees of the insured" to "employees of any insured" will preclude coverage for all insureds, whether the injured person is employed by that insured or not. When a general contractor is an additional insured, the modified exclusion prevents the subcontractor's policy from insuring the general contractor for injuries to employees of the subcontractor.</p>
<b>ADDENDUM INFORMATION</b>	<b>No other option is available with this insurer (check box)</b>	Check the box (if applicable): Indicates that the GL policy (including endorsements) does not cover the additional insured for claims involving injury to employees of the named insured or subcontractors (not workers' compensation) and no other option is available with this insurer.
<b>ADDENDUM INFORMATION</b>	<b>No changes made (check box)</b>	Check the box (if applicable): Indicates that no changes were made to the GL policy (including endorsements) regarding additional insured coverage for claims involving injury to employees of the named insured or subcontractors.

**Form Page 2**

Section Name	Field Name	Description
<b>IDENTIFICATION SECTION</b>	<b>Agency Customer ID</b>	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
<b>ADDENDUM INFORMATION (continued)</b>	<b>J. Earth movement, excavation or explosion / collapse / underground property damage is excluded or restricted (GL policy) - Yes and (check box)</b>	<p>Check the box (if applicable): Indicates that earth movement, excavation or explosion / collapse / underground property damage is excluded or restricted on the GL policy.</p> <p>While the unendorsed ISO CG 00 01 Commercial General Liability Coverage Form has no restriction applicable to earth movement, excavation, explosion (blasting), collapse or underground property hazards, two standard ISO endorsements exist that can be used to modify this coverage:</p> <p>CG 21 42 Exclusion – Explosion, Collapse And Underground Property Damage Hazard (Specified Operations) This endorsement allows the insurer to exclude ongoing operations for specific hazards (i.e., “collapse hazard”; “explosion hazard”; and/or “underground property damage hazard”) by location and/or operations designated on the endorsement.</p> <p>CG 21 43 Exclusion – Explosion, Collapse And Underground Property Damage Hazard (Specified Operations Excepted) This endorsement allows the insurer to exclude ongoing operations for all three specific hazards (i.e., “collapse hazard”; “explosion hazard”; and “underground property damage hazard”), except the specific hazard(s) included in operations and/or locations designated on the endorsement.</p> <p>Nonstandard endorsements may reference excluded hazards, such as, earth movement, subsidence or excavation.</p>
<b>ADDENDUM INFORMATION (continued)</b>	<b>No other option is available with this insurer (check box)</b>	Check the box (if applicable): Indicates that earth movement, excavation or explosion / collapse / underground property damage is excluded or restricted on a GL policy and no other option is available with this insurer.
<b>ADDENDUM INFORMATION (continued)</b>	<b>No changes made (check box)</b>	Check the box (if applicable): Indicates that no changes have been made to the GL policy regarding earth movement, excavation or explosion / collapse or underground property damage.

<b>ADDENDUM INFORMATION (continued)</b>	<b>K. Insured vs. insured suits (cross liability in the ISO CGL policy) are excluded or restricted (other than named insured vs. named insured) - Yes and (check box)</b>	<p>Check the box (if applicable): Indicates that insured vs. insured suits (cross liability in the ISO CGL policy) are excluded or restricted (other than named insured vs. named insured).</p> <p>General liability policies typically cover more than one person or entity, consisting of named insureds, automatically defined insureds and additional insureds. Cross liability refers to one insured's suit against another insured.</p> <p>Coverage for cross liability suits among insureds can be impacted by several provisions located in different parts of the policy. The ISO CG 00 01 Commercial General Liability Coverage Form includes the following condition that opens the coverage door to cross liability suits between insureds:</p> <p>7. Separation Of Insureds Except with respect to the Limits of Insurance, and any rights or duties specifically assigned in this Coverage Part to the First Named Insured, this insurance applies:</p> <ul style="list-style-type: none"> <li>a. As if each Named Insured were the only Named Insured; and</li> <li>b. Separately to each insured against whom claim is made or "suit" is brought.</li> </ul> <p>Subject to other policy provisions, it is here we find the policy is applied so every insured enjoys the same coverage it would have had if a separate policy had been issued for that insured (except with respect to the limits). If there is no other restrictive wording, an additional insured would be covered for a suit by an employee of the named insured (who is a defined insured in the policy).</p> <p>While there is no standard endorsement to remove coverage for an additional insured sued by an employee of the named insured, some insurers have made use of nonstandard endorsements to restrict cross liability suits.</p>
<b>ADDENDUM INFORMATION (continued)</b>	<b>No other option is available with this insurer (check box)</b>	<p>Check the box (if applicable): Indicates that insured vs. insured suits (cross liability in the ISO CGL Policy) are excluded or restricted (other than named insured vs. named insured) and no other option is available with this insurer.</p>
<b>ADDENDUM INFORMATION (continued)</b>	<b>No changes made (check box)</b>	<p>Check the box (if applicable): Indicates that no changes have been made to the ISO CGL policy regarding insured vs. insured suits.</p>

<b>ADDENDUM INFORMATION (continued)</b>	<b>L. Property damage to work performed by subcontractors (exception to the "damage to your work" exclusion in the ISO CGL policy) is excluded or restricted - Yes and (check box)</b>	<p>Check the box (if applicable): Indicates that property damage to work performed by subcontractors (exception to the "damage to your work " exclusion in the ISO CGL policy) is excluded or restricted.</p> <p>The following exception to the Damage To Your Work exclusion appears in the ISO CG 00 01 Commercial General Liability Coverage Form:</p> <p>This exclusion does not apply if the damaged work or the work out of which the damage arises was performed on your behalf by a subcontractor.</p> <p>Because of this exception, the exclusion for property damage arising from completed operations applies only to work performed by the named insured, and when such work results in the property damage. Two standard ISO endorsements exist that can be used to modify this coverage:</p> <p>CG 22 94 Exclusion – Damage To Work Performed By Subcontractors On Your Behalf This endorsement removes the exception to the Damage To Your Work exclusion, eliminating coverage for the entire work, whether performed by the named insured or not.</p> <p>CG 22 95 Exclusion – Damage To Work Performed By Subcontractors On Your Behalf – Designated Sites Or Operations As the title of this endorsement suggests, it allows underwriting flexibility by targeting the removal of the exception to designated sites or operations.</p> <p>Also, note that coverage is excluded in the Damage To Property exclusion for property damaged while being worked on. Some of this exposure can be insured with a Builders Risk policy.</p>
<b>ADDENDUM INFORMATION (continued)</b>	<b>No other option is available with this insurer (check box)</b>	<p>Check the box (if applicable): Indicates that property damage to work performed by subcontractors (exception to the "damage to your work" exclusion on the ISO CGL policy) is excluded or restricted and no other option is available with this insurer.</p>
<b>ADDENDUM INFORMATION (continued)</b>	<b>No changes made (check box)</b>	<p>Check the box (if applicable): Indicates that no changes have been made to the ISO CGL policy regarding property damage to work performed by subcontractors.</p>

<b>ADDENDUM INFORMATION (continued)</b>	<b>M. Excess / umbrella policy is primary and non-contributory for additional insureds - Yes by specific policy provision (check box)</b>	<p>Check the box (if applicable): Indicates the excess / umbrella policy is primary and noncontributory for additional insureds by specific policy provision.</p> <p>True follow form excess / umbrella policies are extremely rare, so care should be taken to examine the provisions of these policies.</p> <p>The issue of primary and noncontributory coverage takes on a more complex dimension with regard to excess / umbrella policies because of the additional insured's access to multiple policies at different levels of priority.</p> <p>"Vertical Exhaustion" establishes coverage priority for the additional insured in such a way as to require the exhaustion of primary and excess policies purchased by the [downstream] subcontractor before any policies purchased by the [upstream] general contractor respond with payment.</p> <p>"Horizontal Exhaustion" establishes coverage priority for the additional insured in such a way as to require the exhaustion of all primary policies available to the [upstream] general contractor before the excess policy purchased by the [downstream] subcontractor responds with payment.</p> <p>New York courts do not use the actual terms "vertical" or "horizontal" exhaustion, but refer to these issues as "priority of coverage" and rely on the "Other Insurance" clauses contained in policies to resolve priority issues. Therefore, close examination of these clauses is essential.</p>
<b>ADDENDUM INFORMATION (continued)</b>	<b>Yes by endorsement (check box)</b>	<p>Check the box (if applicable): Indicates that the excess / umbrella policy is primary and noncontributory for additional insureds by endorsement.</p>
<b>ADDENDUM INFORMATION (continued)</b>	<b>No and (check box)</b>	<p>Check the box (if applicable): Indicates that the excess / umbrella policy is not primary and noncontributory for additional insureds.</p>
<b>ADDENDUM INFORMATION (continued)</b>	<b>No other option is available with this insurer (check box)</b>	<p>Check the box (if applicable): Indicates that the excess / umbrella policy is not primary and noncontributory for additional insureds and no other option is available with this insurer.</p>
<b>SIGNATURE</b>	<b>Authorized Representative Signature</b>	<p>Sign here: Accommodates the signature of the authorized representative (e.g., producer, agent, broker, etc.) of the company(ies) listed on the document. This is required in most states.</p>
<b>SIGNATURE</b>	<b>Date</b>	<p>Enter date: The date the producer signed the form.</p>

Summary of Work-Related Injuries and Illnesses

**Note: You can type input into this form and save it.**  
Because the forms in this recordkeeping package are “fillable/writable” PDF documents, you can type into the input form fields and then save your inputs using the [free Adobe PDF Reader](#).



Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write “0.”

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA’s recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of . . . (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Establishment information

Your establishment name

Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Industry description (e.g., *Manufacture of motor truck trailers*)

North American Industrial Classification (NAICS), if known (e.g., 336212)

**Employment information** (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees \_\_\_\_\_

Total hours worked by all employees last year \_\_\_\_\_

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive	Title
Phone _____	Date _____

Reset

***Post this Summary page from February 1 to April 30 of the year following the year covered by the form.***

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.



Optional

Worksheet to Help You Fill Out the Summary

**Note: You can type input into this form and save it.** Because the forms in this recordkeeping package are “fillable/writable” PDF documents, you can type into the input form fields and then save your inputs using the [free Adobe PDF Reader](#). In addition, the forms are programmed to auto-calculate as appropriate.

At the end of the year, OSHA requires you to enter the average number of employees and the total hours your employees worked on the Summary. If you don’t have these figures, you can use the information on this page to estimate the numbers you will need to enter on the Summary page.

If you pay about the same number of employees every pay period throughout the year (e.g., about 100), then you can use that number as your annual average employment. If the number of employees fluctuates from pay period to pay period (e.g., your business is seasonal or your establishment grew or shrunk during the year), then you should use the formula below to calculate employment average.

How to figure the average number of employees who worked for your establishment during the year:

- 1

Add up and then enter the number of employees your establishment paid **IN EACH PAY PERIOD** during the year. Be sure to include all employees: full-time, part-time, temporary, seasonal, salaried, and hourly.

The total number of employees paid in all pay periods throughout the year = 1
- 2

Count and then enter the number of pay periods your establishment had during the year. Be sure to include any pay periods when you had no employees. For example, enter 26 if you have biweekly pay periods or 52 if you have weekly pay periods.

The number of pay periods during the year = 2
- 3

Divide the number of employees by the number of pay periods. (See auto-calc.)

0

=

0.00

2

0
- 4

Round the answer to the next highest whole number (See auto-calc.). Write the rounded number in the blank on the Summary page marked *Annual average number of employees*.

The number rounded = 0

For example, Acme Construction figured its average employment this way:

In this pay period . . . Acme paid this many employees . . .

1	10		
2	0	Number of employees paid = 830	1
3	15		
4	30	Number of pay periods = 26	2
5	40	$\frac{830}{26} = 31.92$	3
24	20		
25	15	31.92 rounds to 32	4
26	+10		
	830	32 is the annual average number of employees	

**Note:** Review your annual average number of employees to ensure it makes sense. Is it about the same as the number of employees working at your establishment on any given day? Is it bigger than your smallest number of employees in a pay period? Is it smaller than your biggest number of employees in a pay period? If the answer to any of these questions is “no,” then the calculation may be incorrect.

Note: You **CANNOT** divide the total number of W2s by the number of pay periods to calculate average employment. You must add up the number of employees paid **IN EACH PAY PERIOD** and then divide by the number of pay periods.

How to figure the total hours all employees worked:

Include hours worked by salaried, hourly, part-time, and seasonal workers, as well as hours worked by other workers subject to day-to-day supervision by your establishment (e.g., temporary help service workers).

Do not include vacation, sick leave, holidays, or any other non-worktime, even if employees were paid for it. If your establishment keeps records of only the hours paid, or if you have employees who are not paid by the hour, please estimate the hours that the employees actually worked.

If this number isn’t available, you can use this optional worksheet to estimate it.

Optional Worksheet

- Find the number of full-time employees in your establishment for the year.
- X

Multiply by the number of work hours for a full-time employee in a year.
- This is the number of full-time hours worked.
- +

Add the number of any overtime hours as well as the hours worked by other employees (part-time, temporary, seasonal).
- 0.00

Round the answer to the next highest whole number. Write the rounded number in the blank on the Summary page marked *Total hours worked by all employees last year*.

Reset



# WORKERS COMPENSATION EXPERIENCE RATING

Risk Name:

Risk ID:

Rating Effective Date:

Production Date:

State: INTERSTATE

State	Wt	Exp Excess Losses	Expected Losses	Exp Prim Losses	Act Exc Losses	Ballast	Act Inc Losses	Act Prim Losses
AR	.62	1	1	0	0	281,200	0	0
DC	.53	165,566	218,028	52,462	418,319	297,000	567,265	148,946
FL	.57	36,533	53,855	17,322	6,092	287,000	52,516	46,424
GA	.53	119,234	156,692	37,458	36,145	294,400	53,145	17,000
ME	.65	56,153	97,668	41,515	0	277,200	3,304	3,304
MD	.56	202,090	283,353	81,263	255,024	288,150	321,576	66,552
MA	.44	11,831	13,949	2,118	0	285,000	0	0
NH	.58	20,230	29,114	8,884	0	284,675	995	995
NY	.44	493,951	584,567	90,616	17,150	316,825	35,029	17,879
NC	.55	80,914	105,742	24,828	10,723	292,500	35,498	24,775
SC	.51	77,055	100,154	23,099	42,950	299,300	79,532	36,582
VT	.55	432,484	572,365	139,881	35,119	290,700	67,915	32,796
VA	.55	310,271	404,871	94,600	395,822	289,425	582,684	186,862
(A) Wt	(B)	(C) Exp Excess Losses (D - E)	(D) Expected Losses	(E) Exp Prim Losses	(F) Act Exc Losses (H - I)	(G) Ballast	(H) Act Inc Losses	(I) Act Prim Losses
.53		2,007,161	2,621,833	614,672	1,196,015	296,515	1,605,282	409,267

	Primary Losses		Stabilizing Value		Ratable Excess	Totals
Actual	(I)		C * (1 - A) + G		(A) * (F)	(J)
	409,267		1,239,881		633,888	2,283,036
Expected	(E)		C * (1 - A) + G		(A) * (C)	(K)
	614,672		1,239,881		1,063,795	2,918,348
	ARAP	FLARAP	SARAP		MAARAP	Exp Mod
Factors	1.00	1.00			1.00	(J) / (K) .78

## REVISED RATING

NOTICE - THIS EXPERIENCE MODIFICATION IS CALCULATED TO REFLECT THE WEIGHTED FORMULA IN COMPLIANCE WITH MAINE LAW H.P. 1397. RATING REFLECTS A DECREASE OF 70% MEDICAL ONLY PRIMARY AND EXCESS LOSS DOLLARS WHERE ERA IS APPLIED. THE ARAP FACTOR SHOWN IS FOR THOSE STATES CONTAINED ON THIS RATING THAT HAVE APPROVED THE ARAP PROGRAM AND IS CALCULATED BASED ON THE STATE WITH THE HIGHEST APPROVED MAXIMUM ARAP SURCHARGE. THE MAXIMUM ARAP SURCHARGE MAY VARY BY STATE. PLEASE REFER TO EACH STATE'S APPROVED RULES FOR THE APPLICABLE MAXIMUM ARAP SURCHARGE. RATING REVISED TO REFLECT APPROVED RATING VALUES

**SAMPLE SURETY PREQUALIFICATION LETTER**

Date

PC Construction Company  
193 Tilley Drive  
South Burlington, VT 05403

RE:            Bonding Capacity for Prequalification

To whom it may concern:

We are pleased to confirm that Travelers Casualty and Surety Company of America (AM Best A++, XV), and its corporate antecedents, have acted as surety for XYZ Company for over 25 years. Individual project performance and payment bonding capacity exceeds \$250 million; aggregate capacity exceeds \$900 million. Current available bonding capacity exceeds \$150 million.

Please let us know if you would like additional information concerning any aspect of XYZ's surety bonding program.

Very truly yours,