



NABHOLZ MASTER CONTRACT - SAMPLE COI

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 AGENT NAME, ADDRESS, AND PHONE	CONTACT NAME: PLEASE INCLUDE CONTACT INFORMATION	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: MUST BE LISTED	
INSURED MUST BE THE SAME AS LISTED IN THE EXECUTED MASTER CONTRACT	INSURER B: MUST BE LISTED	
	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
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Y	Y	POLICY NUMBER	DATE	DATE	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - 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"/>	Y	Y	POLICY NUMBER	DATE	DATE	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			POLICY NUMBER	DATE	DATE	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Y	POLICY NUMBER	DATE	DATE	<input checked="" type="checkbox"/> WC STATUTORY <input type="checkbox"/> OTHER LIMITS E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	OTHER SCOPE SPECIFIC COVERAGES MAY BE REQUIRED - PLEASE SEE ADDITIONAL REMARKS SCHEDULE (NEXT PAGE) OTHER COVERAGES MAY BE REQUIRED DEPENDING ON SCOPE OF WORK						

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

Nabholz Construction Corporation, its parent, subsidiary, related, and affiliated companies; Project Owner; each of their respective employees, agents, and principals, members, officers, managers, elected boards, parent companies, subsidiaries, affiliates, successors, and assigns; and others are required by Prime Contract are named as additional insured under the General Liability, Automobile Liability, and Pollution Liability. The General Liability, Automobile Liability, Workers Compensation, and Pollution Liability policies contain a Waiver of Subrogation. Insurance is primary and non-contributory.

ISO Forms CG2010(10/01) and CG2037(10/01) or equivalent form(s) apply. Copies of endorsement forms must be attached.

CERTIFICATE HOLDER

CANCELLATION

NABHOLZ CONSTRUCTION CORPORATION C/O CERTFOCUS P.O. BOX 140528 KANSAS CITY, MO 64114 NABHOLZ@VERTIKALRMS.COM	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 *signature required*



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY MUST BE LISTED		NAMED INSURED MUST BE THE SAME LISTED IN THE EXECUTED MASTER CONTRACT	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE PAGE 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability

HOLDER:

ADDRESS:

SCOPE SPECIFIC REQUIRED COVERAGES:

Pollution liability: \$2,000,000 per occurrence and aggregate - only required if Subcontractor's scope of work includes: mechanical, electrical, plumbing, drilling/subsurface activities, demolition, drywall/insulation, building envelope systems, moisture barrier protection application, environmental remediation, or handling hazardous materials

Professional liability: \$1,000,000 per occurrence / \$2,000,000 annual aggregate - only required if Subcontractor's scope of work includes: professional, design, or engineering services – including those with delegated design-assist or design review responsibility

Asbestos or lead abatement liability: \$5,000,000 per occurrence limits - only required if Subcontractor's scope of work includes: asbestos or lead abatement

Protection and Indemnity Insurance: \$5,000,000 or the value of the watercraft, whichever is greater - only required if Subcontractor's scope of work includes: use of watercraft

Contractor's equipment floater: replacement value of equipment - only required if Subcontractor's scope of work includes: use of owned/rented/leased equipment

Riggers liability: \$1,000,000 per occurrence and aggregate - only required if Subcontractor's scope of work includes: conveying the property of others by hoist, crane, or mobile equipment

Cyber liability: \$1,000,000 per claim / \$2,000,000 aggregate - only required if Subcontractor will have access to any person's or organization's confidential or personal information

Electronic data liability: \$1,000,000 per claim - only required if Subcontractor work is in or adjacent to a server room or data center

Drone liability: \$1,000,000 per occurrence / \$1,000,000 personal injury - only required if drones are used by Subcontractor or on Subcontractor's behalf

Boiler and machinery insurance: \$1,000,000 per occurrence - only required in Subcontractor's scope of work includes: installation, maintenance, or any work involving boilers, machinery, or refrigeration units

Motor trucker cargo and or warehouseman's legal liability: replacement value of property, artifact, equipment, and/or material - if Subcontractor's scope of work includes: moving, transportation, and/or storage of Owner property

Railroad protective liability: limits as set forth by the railway operator - if Subcontractor's work is within 50 feet of a railroad

Builders risk or property insurance - if supplementary insurance is needed to protect Subcontractor's interest in the work

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

Nabholz Construction Corporation, its parent, subsidiary, related, and affiliated companies; Project Owner; each of their respective employees, agents, and principals, members, officers, managers, elected boards, parent companies, subsidiaries, affiliates, successors, and assigns; and others are required by Prime Contract.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

A. Section II – Who Is An Insured is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of your ongoing operations performed for that insured.

B. With respect to the insurance afforded to these additional insureds, the following exclusion is added:

2. Exclusions

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- (1)** All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the site of the covered operations has been completed; or
- (2)** That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:
Nabholz Construction Corporation, its parent, subsidiary, related, and affiliated companies; Project Owner; each of their respective employees, agents, and principals, members, officers, managers, elected boards, parent companies, subsidiaries, affiliates, successors, and assigns; and others are required by Prime Contract.
Location And Description of Completed Operations:
Additional Premium:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

Section II – Who Is An Insured is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" at the location designated and described in the schedule of this endorsement performed for that insured and included in the "products-completed operations hazard".

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and

- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization:

Nabholz Construction Corporation, its parent, subsidiary, related, and affiliated companies; Project Owner; each of their respective employees, agents, and principals, members, officers, managers, elected boards, parent companies, subsidiaries, affiliates, successors, and assigns; and others are required by Prime Contract.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us** of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

Nabholz Construction Corporation, its parent, subsidiary, related, and affiliated companies; Project Owner; each of their respective employees, agents, and principals, members, officers, managers, elected boards, parent companies, subsidiaries, affiliates, successors, and assigns; and others are required by Prime Contract.

This endorsement does not apply to policies in Alaska, California, Kentucky, New Jersey, North Carolina, Texas, Utah or Wisconsin.

This endorsement does not apply to policies in Missouri where the employer is in the construction group of code classifications.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective

Policy No. INCLUDE POLICY NUMBER Endorsement No.

Insured

Premium

Insurance Company

Countersigned by _____