



# T.W. Clark Construction, LLC

## INSURANCE COMPLIANCE STATEMENT

Subcontractor Name: \_\_\_\_\_

Subcontractor Phone: \_\_\_\_\_ Subcontractor Fax: \_\_\_\_\_

Project: \_\_\_\_\_

### **SECTION BELOW TO BE COMPLETED BY YOUR INSURANCE AGENT**

#### INTRODUCTION

The purpose of this document (Subcontractor Insurance Compliance Statement) is to confirm that the insurance requirements contained in our Subcontract Agreement with your company are provided for our mutual protection. Certificates of Insurance forms typically used by the insurance industry are inadequate, given the number of restrictive endorsements currently used by the insurance industry and not notated on the certificates. This document supplements the Certificate of Insurance and **must be completed and signed by your insurance agent** for our mutual benefit. Please have your agent email a copy of this Statement with your initial Certificate of Insurance to Robin@twclark.com or fax to 509-927-2600. We will require this Statement once per policy period, per project.

*Are any of the following restrictive endorsements or exclusions on your Commercial General Liability or Umbrella policy?*

- |  |  |
|--|--|
| 1. Residential, multi-family, or apartments exclusion?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Condominium Exclusion?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Subsidence or earth movement exclusion  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Exterior Insulation and Finish System (EIFS exclusion)<br>(Required if any EIFS related work is done)                         | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. Mold, Fungus, Asbestos or Pollution exclusion<br>(Required if any Pollution related work is done "NOT" Excluding Mold)        | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. Damage to your work performed by subcontractor exclusion (i.e. CG2294 or CG2295)<br>(Required if you hire any subcontractors) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 7. Professional Liability<br>(Required if professional services provided)  | Yes <input type="checkbox"/> No <input type="checkbox"/> |

*Please Confirm that the following items are included:*

- |   |  |
|---|--|
| 8. Additional Insured Status to include products and completed operations exposures   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 9. Additional Insured coverage applies as primary non-contributory insurance with respect to any other insurance afforded to Owner/Contractor | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 10. Waiver of Subrogation in favor of owner/contractor  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 11. Deductible on General Liability   | \$ _____   |
| 12. Self-insured retention amount on Umbrella/Excess  | \$ _____   |
| 13. A.M. Best Rating of A-7 or better   | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Signature of Agent: \_\_\_\_\_

\_\_\_\_\_  
Agent Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Agency's Phone Number

\_\_\_\_\_  
Agency's Mailing Address

\_\_\_\_\_  
Agency's Fax Number