

## INSTRUCTIONS FOR CERTIFICATE OF INSURANCE

The following descriptions are numerically referenced on the sample certificate of insurance and are provided to assist with auditing. The limits shown on the certificate identify the minimum requirements as per our purchase order agreement and/or contract agreement.

<b><u>NO</u></b>	<b><u>SECTION</u></b>	<b><u>DESCRIPTION</u></b>
1.	<b>Producer</b>	Name of the vendor's insurance agency or insurance carrier
2.	<b>Insured</b>	Vendor's exact legal name and the address of the location with which we are doing business or the vendor's home office. (Must match contract exactly)
3.	<b>Companies Affording Coverage</b>	Vendor's insurance carrier (s) providing the specific coverage. The identification letters are also used, on the certificate, to Cross-reference the companies and policy coverage.
4.	<b>General Liability</b>	Refers to commercial general liability required from the vendor (see glossary). The boxes checked on the certificate are the minimum requirement, which is commercial general liability, comprehensive and contractual insurance. Certificates do vary; therefore, the boxes checked should always be reference to the terms of the agreement to ensure that the desired coverage is provided. A policy number must be identified with the effective and expiration dates. Current minimum requirement is \$1,000,000 combined single limit. The sample certificate correctly identifies the coverage as Combined Bodily Injury (BI) and Property Damage (PD) in each occurrence and aggregate columns. This ensures that coverage is available in any combination up to the limit provided.
5.	<b>Automobile Liability</b>	The boxes checked on the certificate are the preferred requirements. However, at a minimum the owned, hired and non-owned boxes should be marked. This will provide coverage for leased or rented automobiles. A policy number must be identified with the effective and expiration dates. Current minimum requirement is \$1,000,000 combined single limit. Refer to sample certificate.
6.	<b>Excess Liability</b>	Umbrella or excess liability coverage is a supplemental coverage. This coverage is in addition to (excess of) primary liability coverage. This coverage may be added to the primary liability coverage's and used to satisfy our liability limits. If an umbrella liability policy is needed to meet our minimum liability requirement, a policy number must be identified with the effective and expiration dates.
7.	<b>Worker's Compensation and Employer Liability</b>	The coverage for both items is typically packaged on the same policy. Worker's compensation laws vary by state and the terms of our agreement require the contractor to obtain coverage accordingly. The term Statutory is used to identify that the state limit is satisfied. Our agreement also requires a minimum of \$500,000 for employer liability. A policy number must be identified with the effective and expiration dates. Additional employer liability coverage may be included in an excess liability (umbrella) policy to satisfy limits. The umbrella policy would need to be checked for inclusion.
8.	<b>Other</b>	This section may describe the coverage of other forms of insurance not included on the standard certificate of insurance, such as, leased/rental equipment/installation liability, and professional liability.
9.	<b>Description of Operations/Locations/Vehicles/Special Items</b>	The general conditions of the agreement require the contractor to name ESI Constructors as an additional insured on their insurance policy.
10.	<b>Certificate Holder</b>	Company Name and address must be shown.
11.	<b>Cancellation</b>	The cancellation clause must be included on all certificates and needs to be edited to include (30) days written notice. This will ensure that we are timely notified should a contractor's policy lapse or be modified.
12.	<b>Authorized Representative</b>	Signature of an authorized representative of the vendor's insurance carrier/agency.

<b>ACORD</b> PRODUCER	<b>CERTIFICATE OF INSURANCE</b>	ISSUE DATE (MM/DD/YY)	
AGENT NAME ADDRESS CITY, STATE ZIP	<b>1</b>	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER, THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
<b>COMPANIES AFFORDING COVERAGE</b>			
INSURED		PRIMARY INSURANCE CARRIER	
	COMPANY A LETTER		
	COMPANY B LETTER		
	<b>2</b>	COMPANY C LETTER	<b>3</b>
	COMPANY D LETTER		
	COMPANY E LETTER		
<b>COVERAGES</b>			
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.			
TYPE OF INSURANCE EXPIRATION	POLICY NUMBER LIMITS	POLICY EFFECTIVE DATE (MM/DD/YY) DATE (MM/DD/YY)	
GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY A CLAIMS MADE X OCCUR OWNER'S & CONTRACTORS PROT.	<b>4</b>	GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMP/CP AGG. \$ 1,000,000 PERSONAL & AD. INJURY \$ 1,000,000 EACH OCCURRENCE \$ 2,000,000 FIRE DAMAGE (Any one fire) \$ 50,000	
AUTOMOBILE LIABILITY ANY AUTO ALLOWNED AUTOS A SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS GARAGE LIABILITY	<b>5</b>	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per Person) \$ BODILY INJURY (Per Accident) \$	
EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM	<b>6</b>	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000	
<b>STATUTORY LIMITS</b>			
A WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY	<b>7</b>	EACH ACCIDENT \$ 500,000 DISEASE-POLICY LIMIT \$ 500,000 DISEASE-EACH EMPLOYEE \$ 500,000	
OTHER B	<b>8</b>		
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS Project Number Project Name Project Address Project Description	<b>9</b>	INCLUDE AS ADDITIONAL INSUREDS OWNER/CORPORATE NAME & LOCATION OWNER/JOBSITE NAME AND LOCATION ESI Constructors, 950 Walnut Ridge Drive, Hartland, WI 53029	
CERTIFICATE HOLDER  ESI Constructors, Inc. 950 Walnut Ridge Drive Hartland, WI 53029	<b>10</b>	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE NAMED TO CERTIFICATE HOLDER CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLGATION OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.	
ACORD 25-S (7/90)	<b>AUTHORIZED REPRESENT,</b>	<sup>c</sup> ACORD CORPORATION 1990	
	<b>12</b>	<b>11</b>	