

**Attachment C**  
**Sample Minimum Insurance Requirements**  
**Job Name**  
**Job Number**

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<b>Subcontractor:</b>		
<b>Entities to be Named as Additional Insured</b>		
<b>General Contractor</b>	<b>Owner</b>	<b>Other</b>
Unger Construction Co. PO Box 160247 Sacramento, CA 95816		

This document contains a summary of the insurance requirements for this project. Subcontract Agreement Section 13 provides more detailed insurance information. All questions regarding the insurance requirements for this project should be directed to the contact listed below.

**Scan Certificates of Insurance to:**

Project Assistant  
Project Assistant Email  
Unger Construction Co.  
PO Box 160247  
Sacramento, CA 95818  
(916) 325-5500 direct (916) 325-5460 Fax

**General Requirements**

Certificates of Insurance / Evidences of Insurance complying with your subcontract agreement must be submitted to Unger Construction Co. prior to the commencement of work and be maintained current without a lapse in coverage.

All insurance companies must be rated "A-" or better by AM Best with a financial size category of "VIII" or greater unless a higher rating is specified.

All certificates and evidences of coverage must include the following information:

- Unger Construction Co., project owner, property owner and other entities required by the contract documents shall be named as additional insured(s) as shown above.
- List Specific Project Name/Number. All California operations statement is not allowed.
- All endorsement(s), CG 20 10 11 85 or equivalent, must be attached to the certificate.
- All endorsements must state on the endorsement that insurance provided is primary and non-contributory.

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Required (If Checked)	Type of Coverage	Minimum Limits	Additional Insured Endorsement Required	Waiver of Subrogation Required	Primary Non-Contributory Endorsement Required
X	<b>Commercial General Liability</b> Occurrence Form Only Claims Made or Modified Occurrence Form not acceptable	\$1,000,000 Per Occurrence \$1,000,000 Personal/Advertising Injury \$2,000,000 Products & Completed Operations Aggregate \$2,000,000 General Aggregate <b>Per Project Aggregate Endorsement Required</b>	Yes	Yes	Yes
X	<b>Automobile Liability</b> Combined Single Limit Any Auto	\$1,000,000 Each Accident	Yes	Yes	Yes
X	<b>Worker's Compensation / Employer's Liability</b>	Statutory Limits \$1,000,000 Each Accident \$1,000,000 Policy limit for bodily injury by disease \$1,000,000 each employee for bodily injury by disease	No	Yes	Yes
X	<b>Umbrella / Excess Liability</b>	\$2,000,000 Each Occurrence	Following Form	Following Form	Following Form
X	<b>Professional Liability</b> <b>Required for Design-Build and Design-Assist Subs Only</b>	\$2,000,000 Per Claim Coverage required for 4 years after completion and the project accepted by owner.	No	No	No
X	<b>Pollution Liability</b>	\$1,000,000 Per Occurrence	Yes	Yes	No
X	<b>Installation Coverage</b>	Coverage required in an amount determined by Subcontractor. Coverage should include all work covered by this agreement done at the site or in preparation for delivery of materials/equipment to the site.	No	No	No
	<b>Riggers Liability</b>	\$1,000,000 Per Occurrence	Yes	Yes	No
	<b>Hauling of Hazardous Materials</b>	MCS 90 Endorsement required by Motor Carrier Act	No	No	No
	<b>Contractual Railroad Liability</b>	General Liability Form CG2417	No	No	No

**Builder's Risk Insurance**

Builder's Risk Insurance is provided by the Contractor

Builder's Risk Insurance is provided by the Owner

Builder's Risk Insurance is not provided

<b>CONTRACTOR</b>	<b>SUBCONTRACTOR</b> I understand the Project Specific Insurance Requirements and will provide the required coverages.
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Contractor Signature	Date	Subcontractor Signature	Date
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