SUBCONTRACTOR CERTIFICATE VERIFICATION – TYPE:

Instructions: Input your company's requirements in the REQUIRED column, then have your staff member in charge of certificate review compare REQUIRED to COVERAGE ON COI that you receive from your subcontractor. **Call our office with any questions at 800.685.0027**

Subcontractor: _____ Project: _____

Start Date: _____ Est. Completion Date: _____ Compliance End Date: _____

CONTRACT INSURANCE PROVISION	REQUIRED	COVERAGE ON COI
Commercial General Liability	A.M. Best: _____	A.M. Best: _____
Expiration Date		_____
Coverage Trigger	Occurrence: ☐	Occurrence: ☐
Policy Form Edition Date	_____	_____
General Aggregate Limit	$ _____	$ _____
Products/Comp Ops Limit	$ _____	$ _____
Personal & Advertising Limit	$ _____	$ _____
Each Occurrence Limit	$ _____	$ _____
Fire Damage Limit	$ _____	$ _____
Medical Expenses	$ _____	$ _____
Per Project Aggregate	Yes: ☐ / No: ☐	Yes: ☐ / No: ☐
Name as Additional Insured	Yes: ☐ / No: ☐	Yes: ☐ / No: ☐
Additional Insured Form No.	_____	_____
Waiver of Subrogation	Yes: ☐ / No: ☐	Yes: ☐ / No: ☐
Primary & Non-Contributory basis	Yes: ☐ / No: ☐	Yes: ☐ / No: ☐
Self Insured Retention Limit	$ _____	$ _____
Restricted Exclusions		
Residential (condo, multi-family)	Yes: ☐ / No: ☐	Yes: ☐ / No: ☐
Cross Suits	Yes: ☐ / No: ☐	Yes: ☐ / No: ☐
Same Requirements to Subcontractors	Yes: ☐ / No: ☐	N/A
Automobile Liability	A.M. Best: _____	A.M. Best: _____
Expiration Date		_____
Combined Single Limit	$ _____	$ _____
Owned, Hired & Non-Owned	Yes: ☐ / No: ☐	Yes: ☐ / No: ☐
Workers' Compensation	A.M. Best: _____	A.M. Best: _____
Expiration Date		_____
Employers Liability Limits	$_____/$_____/$_____	$_____/$_____/$_____
Waiver of Subrogation	Yes: ☐ / No: ☐	Yes: ☐ / No: ☐
Umbrella (Excess Liability) *(if required)*	A.M. Best: _____	A.M. Best: _____
Expiration Date		_____
Combined Single Limit	$ _____	$ _____
Limit Applies	Location: ☐ / Project: ☐	Location: ☐ / Project: ☐
Name as Additional Insured	Yes: ☐ / No: ☐	Yes: ☐ / No: ☐
Coverage Excess of:		
Employers Liability	Yes: ☐ / No: ☐	Yes: ☐ / No: ☐
General Liability	Yes: ☐ / No: ☐	Yes: ☐ / No: ☐
Automobile Liability	Yes: ☐ / No: ☐	Yes: ☐ / No: ☐
Certificate of Insurance Modifications		
Notice of Cancellation	_____ Days	_____ Days
Notice of Cancellation – Non-payment	_____ Days	_____ Days