

CONTRACTUAL INSURANCE REQUIREMENTS

The information contained herein is to describe the contractual requirements that City of Richmond has indicated to myCOI. These contractual requirements should NOT be used to provide inaccurate information regarding current insurance policies. Questions regarding interpretation of this document can be directed to our support team at 317-759-9426.

INSURED ABC Company 1500 E. Times Highway New Lenox, IL 60451	CARRIER REQUIREMENTS
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	POLICY LINE					POLICY LIMITS			
GENERAL LIABILITY		CLAIMS MADE				EACH OCCURRENCE		\$	1,000,000
	X	OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)		\$	
						MED EXP (Any one person)		\$	
						PERSONAL & ADV INJURY		\$	
						GENERAL AGGREGATE		\$	1,000,000
						PRODUCTS - COMP/OP AGG		\$	1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER						\$	
		POLICY	X	PROJECT	LOCATION			\$	
AUTO LIABILITY	X	ANY AUTO				COMBINED SINGLE LIMIT (Ea accident)		\$	1,000,000
		ALL OWNED AUTOS				BODILY INJURY (Per person)		\$	
		SCHEDULED AUTOS				BODILY INJURY (Per accident)		\$	
		HIRED AUTOS				PROPERTY DAMAGE (Per accident)		\$	
		NON-OWNED AUTOS						\$	
UMBRELLA /EXCESS LIABILITY	X	OCCUR				EACH OCCURRENCE		\$	1,000,000
		Claims Made				AGGREGATE		\$	2,000,000
WORKERS COMP /EMPLOYEE LIABILITY						X	WC STATUTORY LIMITS		OTHER
						E.L. EACH ACCIDENT		\$	500,000
						E.L. DISEASE - EA EMPLOYEE		\$	500,000
						E.L. DISEASE - POLICY LIMIT		\$	500,000
Property		Property Causes of Loss		Deductibles			Building	\$	
		Basic		Building			Personal Property	\$	
		Broad		Contents			Business Income	\$	
		Special					Extra Expense	\$	
		Earthquake					Rental Value	\$	
		Wind					Blanket Building	\$	
		Flood					Blanket Pers Prop	\$	
							Blanket BLDG & PP	\$	
								\$	
								\$	
Boiler and Machine		Boiler & Machinery /Equipment Break Down						\$	
								\$	

Certificate Holder

City of Richmond C/O: myCOI P.O. Box# 501970, 8710 Bash Street Indianapolis, IN 46256

ADDITIONAL REQUIREMENTS

Division Name: Public Department
- Contract ID: 26000000000

- 30 Days Notice of Cancellation Required.

General Liability

- Project name and contract number must be listed on certificate.
- Waiver of Subrogation applies in favor of: The City of Richmond, its officers, employees, agents and volunteers
- Please confirm on the certificate or by uploading endorsement(s) that Additional Insured applies to this policy.
- Additional Insured Names: The City of Richmond, its officers, employees, agents and volunteers,
- Please confirm on the certificate that Additional Insured applies to this policy.
- Please confirm on the certificate that Waiver of Subrogation applies to this policy.
- Please confirm on the certificate that Primary and Non-Contributory applies to this policy.

Automobile Liability

- Project name and contract number must be listed on certificate.

Umbrella Excess Liability

- Project name and contract number must be listed on certificate.

Workers Compensation

- Please confirm that no proprietor/partner/executive/officer/member is excluded. If there are exclusions, please list on certificate and please indicate whether any of these excluded parties visit the job sites.
- Workers Compensation policies provided by Professional Employer Organizations (PEO) or alternative employer policies providing coverage to leased/temporary employees are not acceptable forms of proof of Workers Compensation and Employers Liability Coverage.
- Project name and contract number must be listed on certificate.
- Waiver of Subrogation applies in favor of: The City of Richmond, its officers, employees, agents and volunteers
- Please confirm on the certificate that Waiver of Subrogation applies to this policy.