

ANSCO & ASSOCIATES, LLC

INSURANCE REQUIREMENTS FOR ALL SUBCONTRACTORS:

Ansco & Associates, LLC requires General Liability, Business Auto Liability, Workers' Compensation, Umbrella/Excess Liability and Pollution Liability coverage from all subcontractors prior to performing any work for, or on behalf of the above referenced company.

TAKE THIS FORM TO YOUR INSURANCE AGENT SO THAT THE CERTIFICATE OF INSURANCE AND ENDORSEMENTS WILL BE ISSUED PROPERLY. YOU WILL NOT BE ABLE TO COMMENCE WORK UNTIL THE CERTIFICATE AND ENDORSEMENTS ARE CORRECTLY ISSUED AND THE GL AND AUTO DECLARATIONS PAGE HAS BEEN PROVIDED.

PLEASE REFERENCE THE SAMPLE CERTIFICATE AND SAMPLE ENDORSEMENTS PROVIDED AS THE COI AND ENDORSEMENTS MUST BE ISSUED EXACTLY AS PER THE SAMPLES OR THEY WILL BE REJECTED!

The Certificate Holder must be listed exactly as follows:

Ansco & Associates, LLC
Attention: Sub App
736 Park North Blvd Suite 100
Clarkston, GA 30021
Phone: 404-508-5715
Fax: 770-456-5960
Email: subapp@anscollc.com

General Liability

With respect to General Liability coverage, we require the following Additional Insured language: Ansco & Associates, LLC, AT&T, their parent(s), subsidiary (ies), affiliated companies, respective officers, directors, stockholders, employees and agents are included and endorsed as additional insureds.

We must receive the Commercial General Liability Additional Insured-Designated person or Organization Endorsement(s) CG 2010 07 04 & CG 2037 07 04 **or equivalent** (samples are attached). If this coverage is automatically built into the policy then we will require a copy of the policy showing that it is. We will require that your agent provide a copy of the Declarations (DEC) page verifying the forms that are provided are in fact part of your policy. Products Completed Operations coverage is required to be included for the additional insured and shall not be excluded.

The additional insured endorsements **MUST** accompany the COI and must be filled out completely. The policy number must be reflected on the endorsements and Ansco & Associates, LLC, AT&T., their parent(s), subsidiary (ies), affiliated companies, respective officers, directors, stockholders, employees and agents shall be shown in the schedule. Covered locations shall read "all locations where work is being performed for the additional insureds". Endorsements must be signed if there is a place for a counter signature (refer to the attached samples).

Other policy conditions include:

- A waiver of subrogation in favor of Ansco & Associates, LLC, AT&T., their parent(s), subsidiary(ies), affiliated companies, respective officers, directors, stockholders, employees and agents
- A policy provision to include insurance as primary and non-contributory
- Contractual liability
- Severability of interest
- A thirty (30) day notice of cancellation, non-renewal or reduction in coverage or material change

Coverage must include the following:

- A) Bodily Injury
- B) Property Damage
- C) Fire Damage
- D) Medical Expense
- E) Personal Injury and Advertising Injury
- F) Contractual Liability

- G) Products Completed Operations and Ongoing Operations.
- H) Broad Form Policy – The policy shall include coverage for the Underground Property Damage, Explosion and Collapse Hazards.

With the following limits of liability:

- a. \$1,000,000 combined single limit or
- b. \$1,000,000 per occurrence for bodily injury and/or property damage
- c. \$50,000 fire damage
- d. \$10,000 medical expense
- e. \$1,000,000 personal & advertising injury
- f. \$2,000,000 general aggregate – **required to apply per project**
- g. \$2,000,000 products completed operation aggregate

Business Auto Liability

With respect to Auto Liability coverage, we will require coverage to be provided on “**ANY AUTO**” (**symbol 1: Inclusive of Owned, Non-Owned & Hired or Symbols 2, 8 & 9**) with a combined single limit of \$1,000,000. We **DO NOT** accept Symbol 7 (Scheduled auto coverage).

We require that you endorse us as an **ADDITIONAL INSURED** on the Auto policy utilizing the CA 20 48 02 99 **or equivalent**; see attached sample). If this coverage is automatically built into the policy then we will require a copy of the policy showing that it is. We will require that your agent provide a copy of your Declarations (DEC) page verifying that the forms provided are in fact part of your policy.

The additional insured language on COI shall read: AnSCO & Associates, LLC, AT&T, their parent(s), subsidiary (ies), affiliated companies, respective officers, directors, stockholders, employees and agents are included and endorsed as additional insureds. The additional insured endorsements **MUST** accompany the COI and must be filled out completely. The policy number must be reflected on the endorsements and AnSCO & Associates, LLC, AT&T, their parent(s), subsidiary (ies), affiliated companies, respective officers, directors, stockholders, employees and agents shall be shown in the schedule. Endorsements must be signed if there is a place for a counter signature (refer to the attached sample).

Other policy conditions include:

- A waiver of subrogation in favor of AnSCO & Associates, LLC, AT&T, their parent(s), subsidiary(ies), affiliated companies, respective officers, directors, stockholders, employees, and agents
- A policy provision to include insurance as primary and non-contributory
- Contractual liability
- Severability of interest
- A thirty (30) day notice of cancellation, non-renewal or reduction in coverage or material change

Workers’ Compensation & Employers’ Liability

Workers’ Compensation: Statutory Limits to apply (**this box MUST be checked on the COI regardless of E.L. Limits shown**)
Employers’ Liability with the following limits:

- a) \$1,000,000 Each Occurrence
- b) \$1,000,000 Policy Limit by Disease
- c) \$1,000,000 Each Employee by Disease

Other policy conditions include:

- A waiver of subrogation in favor of AnSCO & Associates, LLC, AT&T their parent(s), subsidiary(ies), affiliated companies, respective officers, directors, stockholders, employees and agents
- Your State must appear in Item 3A of the Worker’s Compensation coverage or item 3C must contain the following: All States except those listed in Item 3A and states of ND, OH, WA, WY
- A thirty (30) day notice of cancellation, non-renewal or reduction in coverage/material change

Note: Regardless of State requirements, Ansco & Associates, LLC requires that ALL subcontractors carry Workers' Compensation coverage no matter how many employees they may have. Furthermore, there are no exceptions to any coverages or requirements as stated in this notice.

Note: We do not accept coverage provided by leasing companies or Professional Employer Organizations (PEO). The WC policy will have to be in the business name of the company seeking a contract for work with our company. Leasing companies and PEO's are unable to provide coverage for statutory employees, which we require you to have. This is NOT optional.

Umbrella/Excess Liability Policy

- a) \$5,000,000 Each Occurrence
- b) \$5,000,000 Aggregate

Note: The policy must be a "follow form" policy. It must be clearly note on the COI that the umbrella/excess policy is a follow form policy. An Umbrella policy will also be allowed to meet minimum insurance requirements, however if you are using this policy to meet minimum limits, you will have to increase the amount of the Umbrella above the required minimum limit of \$5,000,000. For example: If you only have a GL aggregate limit of \$1,000,000 and \$2,000,000 is required, you would need to have an Umbrella limit of \$6,000,000 per occurrence. The Umbrella or Excess Liability Policies must be specifically endorsed to state that their coverage is primary and non-contributory to any insurance carried by the additional insured. This must be so stated on the certificate of insurance.

Pollution Liability

To covering environmental liability arising out of the Work and/or as might be required by federal, state, regional, municipal or local laws, including damages arising out of "bodily injury" or "property damage" "clean-up costs", civil fines, civil penalties, and civil assessments. With the following limits of liability:

- a) \$5,000,000 Each Occurrence
- b) \$10,000,000 Aggregate

With respect to Pollution Liability coverage, we require the following Additional Insured language: Ansco & Associates, LLC, AT&T, their parent(s), subsidiary (ies), affiliated companies, respective officers, directors, stockholders, employees and agents are included and endorsed as additional insureds.

We do not accept binder numbers, a policy number must be shown for all policies.

Work under contract with Ansco & Associates, LLC shall not and will not commence until you have provided a Certificate of Insurance including all of the above minimum limits of liability, endorsements and Declaration page(s).

******* Failure to comply with our insurance requirements at any time will result in work termination and withholding pay. *******

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – SCHEDULED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

VOID

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
Ansco & Associates LLC, AT&T their parent(s), subsidiary(ies), affiliated companies, respective officers, directors, stockholders, employees and agents	All locations at which you are performing work for the additional insured
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;
in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

POLICY NUMBER:

(MUST BE LISTED)

COMMERCIAL GENERAL
LIABILITY

CG 20 37 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

VOID

Name Of Additional Insured Person(s) Or Organization(s):	Location And Description Of Completed Operations
AnSCO & Associates LLC, AT&T their parent(s), subsidiary(ies), affiliated companies, respective officers, directors, stockholders, employees and agents	All locations at which you are performing work for the additional insured
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

CG 20 37 07 04

ISO Properties, Inc., 2004

ACORD_{TM} CERTIFICATE OF LIABILITY INSURANCE								DATE (MM/DD/YY)	
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. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.									
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).									
PRODUCER Agency Name Address City, State Zip Code Ph (Area) 000-0000 Fax: (Area) 000-0000					CONTACT NAME: PHONE: FAX: EMAIL ADDRESS:				
					INSURERS AFFORDING COVERAGE NAIC #				
INSURED Your Company Name Address City, State Zip Code					INSURER A: Name of Insuring Company/Carrier xxxx				
					INSURER B: Name of Insuring Company/Carrier xxxx				
					INSURER C: Name of Insuring Company/Carrier xxxx				
					INSURER D: Name of Insuring Company/Carrier xxxx				
COVERAGES 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.									
INSR LTR	TYPE OF INSURANCE		ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC		X	X	XXXXXXXXXX Binder not accepted	00/00/00	00/00/00	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED. EXPENSE (Any one pers) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000	
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		X	X	XXXXXXXXXX Binder not accepted Symbol 1 or 2, 8 & 9 required; we do not accept Symbol 7	00/00/00	00/00/00	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$	
C	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$		X	X	XXXXXXXXXX Binder not accepted (Must be follow form)	00/00/00	00/00/00	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		NA	X	XXXXXXXXXX Binder not accepted	00/00/00	00/00/00	<input checked="" type="checkbox"/> WC STATUTORY LIMITS E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000	
D	OTHER POLLUTION LIABILITY		X	X	XXXXXXXXXX Binder not accepted	00/00/00	00/00/00	PER INCIDENT \$5,000,000 AGGREGATE \$10,000,000	
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS Ansco & Associates, LLC, AT&T, their parents, subsidiaries, affiliated companies, respective officers, directors, stockholders, employees and agents are endorsed as additional insureds on the GL, Contractor's Pollution and Auto policy. Other certificate conditions for the above named: A waiver of subrogation on GL, Auto & WC policy, Primary/Non Contributory, Severability of Interest and Contractual Liability included in the GL & Auto policy and a thirty (30) day notice of cancellation endorsed for all policies. Note for agents: (the following is not required to be shown on the COI & is information only) GL & Auto additional insured endorsements must be attached and must include ongoing & completed operations (CG 2010 07 04 & CG 2037 07 04 or equivalent for the GL policy & CA 2048 02 99 or coverage form CA0001 or 79001 or equivalent for the Auto additional insured. The "Project" box for the GL aggregate limit MUST be marked as well as the WC Statutory Limits box regardless of E.L. limits. * Additional Insured Status included under Umbrella Liability on a Primary and Non-Contributory Basis									
CERTIFICATE HOLDER: X					CANCELLATION				
Ansco & Associates, LLC Attn: Sub App 736 Park North Blvd Suite 100 Clarkston, GA 30021 Please email to: subapp@anscollc.com					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
					AUTHORIZED REPRESENTATIVE CERTIFICATE MUST BE SIGNED (TYPED NAMES ONLY NOT ACCEPTED)				