ATTACHMENT I
Subcontractor Insurance Requirements

A Certificate of Insurance, indicating your coverage as specified, must be in our office prior to your company beginning work on the jobsite.

- **Current Date** – Must have a current date.

- **Agency Name and Address** – The agency or broker name and address must be shown in the agency section.

- **Insured** – Subcontractor name and address shown on the certificate must be the legal entity and must be the same as shown on all other documents submitted to Contractor.

- **Insurer's Affording Coverage** – Insurance companies providing coverage must be indicated as to which coverage they are providing and licensed to do business in the state where the project is located.

- **Policy Numbers** – Must include policy number. If "Binder" is used, must also reference number.

- **Effective and Expiration Dates** – Policy effective and expiration dates must be current and remain in effect util final completion.

- **General Liability Insurance** – See attached sample for minimum limits. General aggregate limits must apply on a per project basis.

- **Automobile Insurance** – See attached sample for minimum limits and coverages.

- **Workers Compensation and Employers' Liability** – See attached sample for minimum limits.

- **Description of Operations** – The following is required:
    a. **Project Name**: Insurance Certificates must list the project name and city and state of project location.
    b. **Additional Insured**: Master Kraft, Inc., the owner, and any others required by written contract are included as additional insured for General Liability and Auto Liability. This coverage is to be primary and noncontributory to any other insurance of Master Kraft, Inc.

- **Certificate Holder Name and Address** – Master Kraft, Inc. must be shown in the certificate holder box as shown on the attached sample. A complete address is required for mailing of notices of cancellation.

- **Cancellation** – A 30-day written notice is required.

- **Signature** – Proof of representation (the signature of the authorized representative) is required.

Contractor Initials_____

Subcontractor Initials_____

ATTACHMENT I
Subcontractor Insurance Requirements

SAMPLE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): Current Date

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY 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	CONTACT NAME: Insurance Agent/Broker Contact Name
Insurance Agent/Broker Name Insurance Agent/Broker Street Address or PO Box Insurance Agent/Broker City, State & Zip Code Contact & Phone Number	PHONE (A/C, No, Ext): Insurance Agent/Broker Phone — FAX (A/C, No): E-MAIL ADDRESS: Insurance Agent/Broker Email

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	Name of Insurance Company	Enter NAIC#
INSURER B :	Name of Insurance Company (if applicable)	Enter NAIC#
INSURER C :	Name of Insurance Company (if applicable)	Enter NAIC#
INSURER D :	Name of Insurance Company (if applicable)	Enter NAIC#
INSURER E :	Name of Insurance Company (if applicable)	Enter NAIC#
INSURER F :	Name of Insurance Company (if applicable)	Enter NAIC#

INSURED
Subcontractor/Vendor Name
Subcontractor/Vendor Address or PO Box
Subcontractor/Vendor City, State & Zip Code

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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 EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	**GENERAL LIABILITY** ☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC	Y		Policy #	Effective Date	Expiration Date	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
B	**AUTOMOBILE LIABILITY** ☐ ANY AUTO ☐ ALL OWNED AUTOS ☒ SCHEDULED AUTOS ☒ HIRED AUTOS ☒ NON-OWNED AUTOS	Y		Policy #	Effective Date	Expiration Date	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
C	☒ **UMBRELLA LIAB** ☒ OCCUR **EXCESS LIAB** ☐ CLAIMS-MADE DED ☐ RETENTION $			Policy #	Effective Date	Expiration Date	EACH OCCURRENCE AGGREGATE	$ 1,000,000 $
D	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? **(Mandatory in NH)** Y / N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		Policy #	Effective Date	Expiration Date	☒ WC STATU-TORY LIMITS ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 500,000 $ 500,000 $ 500,000

This certificate is provided as a general sample only and the insurance coverages outlined herein in no way relieve the Subcontractor of it's obligation to obtain all insurance required by the Subcontract Agreement. For complete details regarding insurance requirements, please refer to the Subcontract Agreement.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Re: _____ Project Name, City, and State
Master Kraft, Inc. the owner, and any others required by written contract are included as additional insured for General Liability and Auto Liability. This coverage is to be primary and noncontributory to any other insurance of Master Kraft, Inc.

CERTIFICATE HOLDER

Master Kraft, Inc.
3350 Smith Farm Rd.
Matthews, NC 28104
angelica@masterkraftinc.com

CANCELLATION

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
Authorized Representative Signature

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Contractor Initials_____

Subcontractor Initials_____