

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.

Pollution coverage is obtained through our Contract Agreement through the Pollution Liability Insurance Program.

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 ALL ENDORSEMENTS ARE CORRECTLY ISSUED AND THE DECLARATIONS PAGES HAVE 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!

ALL INSURANCE DOCUMENTS MUST BE SENT DIRECTLY FROM THE AGENT. WE WILL NOT ACCEPT INSURANCE FORWARDED BY THE INSURED.

The Certificate Holder must be listed exactly as follows:

AnSCO & Associates, LLC
Attention: Sub Insurance
5250 Triangle Parkway NW
Suite 175
Norcross, GA 30092
Phone: 404-508-5737
Fax: 404-508-5737
Email: subapp@anscollc.com

****We require a copy of all of the endorsements and or coverage forms listed below for each policy. The Declarations (DEC) page must include a copy of the schedule of forms on the policy****

General Liability

With respect to General Liability coverage, we require that AnSCO & Associates, LLC, AT&T, its direct and indirect parent(s), subsidiary(ies), affiliated companies, respective officers, directors, stockholders, employees and agents be endorsed as **additional insureds**. Even if noted on the COI, the "ADDTL INSR" box on the COI must be marked.

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 for ongoing and completed operations** (samples are attached). The **covered location** on the endorsements must read: All locations where work will be performed for the additional insured. If this coverage is automatically built into the policy via a coverage form(s) a copy of the form(s) is required.

Other required coverage conditions to include:

- As noted above **Additional Insured endorsement(s) for Ongoing and Completed Operations** (CG 2010 07 04 & CG 2037 07 04)
- A **waiver of subrogation** endorsement or coverage form in favor of AnSCO & Associates, LLC, AT&T, its direct and indirect parent(s), subsidiary(ies), affiliated companies, respective officers, directors, stockholders, employees and agents (CG2404 or equivalent) – Even if noted on the COI, the "SUBR WVD" box must be marked on the COI
- An endorsement or coverage form providing coverage as **primary and non-contributory (we cannot accept the "other insurance" provision in the standard CGL policy form to meet this coverage requirement)**
- An endorsement or coverage form providing **contractual liability** – this coverage is commonly found in the standard CGL forms such as CG0001, GA0001, etc., as the form numbers vary by carrier
- An endorsement or coverage form providing **severability of interest** this coverage is commonly found in the standard CGL forms such as CG0001, GA0001, etc., as the form numbers vary by carrier

- An endorsement providing thirty **(30) day notice of cancellation**
- The policy number is required to be shown on ALL endorsements and must be signed if there is a place for a counter signature
- **We require a copy of all of the endorsements and or coverage forms and the Declarations (DEC) page to include a copy of the schedule of forms on the policy**

Coverage must include the following:

- A) Bodily Injury
- B) Property Damage
- C) Fire Damage
- D) Medical Expense
- E) Personal Injury and Advertising Injury
- F) Products Completed Operations and Ongoing Operations.
- G) Broad Form Policy – **The policy shall include coverage for the Underground Property Damage, Explosion and Collapse Hazards – any exclusions on your policy for any part of these is not acceptable and will have to be removed!**

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 damage to rented premises/fire legal liability
- 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 Business Auto Liability coverage, we 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).

With respect to Business Auto coverage, we require that AnSCO & Associates, LLC, AT&T, its direct and indirect parent(s), subsidiary(ies), affiliated companies, respective officers, directors, stockholders, employees and agents be endorsed as **additional insureds**. Even if noted on the COI, the “ADDTL INSR” box on the COI must be marked.

Other required coverage conditions to include:

- As noted above **Additional Insured endorsement**
- A **waiver of subrogation** endorsement or coverage form in favor of AnSCO & Associates, LLC, AT&T, its direct and indirect parent(s), subsidiary(ies), affiliated companies, respective officers, directors, stockholders, employees and agents -- Even if noted on the COI, the “SUBR WVD” box must be marked on the COI
- An endorsement or coverage form providing coverage as **primary and non-contributory** (this requirement can be met under the “other insurance” provision found in the standard Business Auto policy form, such as CA0001, 79001, Etc.)
- An endorsement or coverage form providing **contractual liability** – this coverage is commonly found in the standard Business Auto form such as CA0001, 790001, etc., as the form numbers vary by carrier
- An endorsement or coverage form providing **severability of interest** – this coverage is commonly found in the standard Business Auto form such as CA0001, 790001, etc., as the form numbers vary by carrier
- An endorsement providing thirty **(30) day notice of cancellation**
- The policy number is required to be shown on ALL endorsements and must be signed if there is a place for a counter signature
- **We require a copy of all of the endorsements and or coverage forms and the Declarations (DEC) page to include a copy of the schedule of forms on the policy**

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 required coverage conditions to include:

- A **waiver of subrogation** endorsement (W000313) in favor of AnSCO & Associates, LLC, AT&T, its direct and indirect parent(s), subsidiary(ies), affiliated companies, respective officers, directors, stockholders, employees and agents -- Even if noted on the COI, the "SUBR WVD" box must be marked on the COI
- All states that you will work in must appear in Item **3A** of the Worker's Compensation Declarations (Dec) page
- An endorsement providing thirty **(30) day notice of cancellation**
- The policy number is required to be shown on the endorsement and it must be signed
- **We require a copy of all of the endorsements and or coverage forms and the Declarations (DEC) page to include a copy of the schedule of forms on the policy**

Note: Regardless of State requirements, AnSCO & Associates, LLC requires that ALL subcontractors carry Workers' Compensation coverage no matter how many employees you may have; this is not negotiable.

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

Underlying Schedule must cover GL & Auto policies.

With respect to Umbrella/Excess Liability coverage, we require that AnSCO & Associates, LLC, AT&T, its direct and indirect parent(s), subsidiary(ies), affiliated companies, respective officers, directors, stockholders, employees and agents be endorsed as **additional insureds**. Even if noted on the COI, the "ADDTL INSR" box on the COI must be marked on the COI.

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

Other required coverage conditions to include:

- As noted above **Additional Insured endorsement**
- An endorsement providing coverage as **primary and non-contributory contributory** (this requirement can be met under the "other insurance" provision found in the standard Business Auto policy form, such as CU0001, US101, Etc.)
-
- An endorsement providing thirty **(30) day notice of cancellation**
- The policy number is required to be shown on the endorsement and it must be signed
- A copy of the underlying covered policy(ies) schedule
- **We require a copy of all of the endorsements and or coverage forms and the Declarations (DEC) page to include a copy of the schedule of forms on the policy**

Note: 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 \$1,000,000. 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 \$2,000,000 per occurrence.

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, Declaration page(s) and schedule of forms for each policy.

***** 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, its direct and indirect parent(s), subsidiaries, affiliated companies, their 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.

ISO Properties, Inc., 2004

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, its direct and indirect parent(s), subsidiaries, affiliated companies, their 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".

ISO Properties, Inc., 2004



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
00/00/0000

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 have ADDITIONAL INSURED provisions or 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: Agent Name | PHONE (A/C, No, Ext): Agent Phone # | FAX (A/C, No): |
| | E-MAIL ADDRESS: Agents email address | | |
| INSURED Full Legal Name of Company/Entity Address City, State Zip Code Ph: (Area) 000-0000 Fax: (Area) 000-0000 <i>DBA Alone is not acceptable</i> | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | 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 |
| | INSURER E: | | |
| | INSURER F: | | |

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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-------------------------------------|-------------------------------------|---|-------------------------|-------------------------|--|
| A | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | XXXXXXXXXXXX Binder Not Accepted | 00/00/0000 | 00/00/0000 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| C | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | XXXXXXXXXXXX Binder Not Accepted Symbol 1 or 2, 8 & 9 required; we do not accept Symbol 7 | 00/00/0000 | 00/00/0000 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| B | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | XXXXXXXXXXXX Binder Not Accepted Must cover underlying GL & Auto | 00/00/0000 | 00/00/0000 | EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 |
| D | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N This must be answered! If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | <input checked="" type="checkbox"/> | XXXXXXXXXXXX Binder Not Accepted | 00/00/0000 | 00/00/0000 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Anso & Associates, LLC, AT&T, its direct and indirect parent(s), subsidiaries, affiliated companies, their respective officers, directors, stockholders, employees and agents are endorsed as additional insureds on the GL policy (for ongoing and completed ops), Auto & UM policy. Other certificate conditions for the above named: A waiver of subrogation on all policies. Primary/Non Contributory included on the GL, Auto & UM policy. Contractual Liability on the GL & Auto policy. Severability of Interest is included on the GL & Auto Policy. A thirty (30) day notice of cancellation is endorsed on all policies. If the UM is follow form, note what policies and endorsements UM Follows.

Note for agents: (the following is not required to be shown on the COI & is information only). The per "Project" box for the GL aggregate limit MUST be marked as well as the WC Statutory Limits box regardless of E.L. limits. All endorsements and/or coverage forms for each LOB must be attached to the COI along with a copy of each Dec Page to include the schedule of forms for each policy. For the UM policy, we also require a copy of the underlying covered policy schedule. Please be sure you read in detail the "Insurance Requirements" on the previous pages showing in detail the requirements for each policy to avoid a delay in your insured being able to start work. They cannot start work until all requirements are met and all required docs are received.

CERTIFICATE HOLDER

CANCELLATION

| | |
|---|--|
| Anso & Associates, LLC Attention: Sub Insurance 5250 Triangle Parkway NW Suite 175 Norcross, GA 30092 Phone: 404-508-5737 Fax: 404-508-5737 Email: 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/font only will not be accepted. <i>**Signature Here</i> |

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