

Insurance Requirements

The following requirements apply once a client has selected you for a program.

It is not necessary to meet these requirements until you are notified of selection for a specific program.

Limits of liability shall be written on an occurrence basis. **Insurance companies must have an A.M. Best Rating of B+ or higher and a Financial Size Category (FSC) of VII or better for the USAA program.** Service Provider is responsible for providing a 30-day cancellation notice to Crawford Contractor Connection. Payment for all insurance policies is the sole responsibility of each Service Provider Participant. Service Provider must provide a current Certificate of Insurance to Crawford Contractor Connection that meets requirements **prior** to Service Provider receiving assignments. The below listed limits are a minimum.

- **General Liability:** \$1,000,000 Each Occurrence to include:
 - Premises and Operations Liability
 - Products and Completed Operation Liability
 - Property Damage/Damage to Property Liability
 - Contractors Liability
 - Personal Injury Liability

- **Automobile Liability:** \$1,000,000 Combined Single Limit
(All Owned or Scheduled Autos, Non Owned Autos, and Hired Autos – Or – Any Autos)

- **Proof of Worker's Compensation** (Required regardless of individual State laws)

- **Contractors' Pollution Liability* or Excess Umbrella** \$1,000,000 Each Occurrence
* CPL can be written on occurrence or claims made basis (As referenced in matrix on next page)

- **Bailment Coverage** \$250,000
(As referenced in matrix on next page)

In order to confirm the policies provide the required program coverage, specific language must be reflected on the insurance certificate. The insurance certificate must always accurately represent the underlying policy. If the current policy does not meet the below language, please secure the appropriate policy before submitting your certificate of insurance.

The information below, including specific wording, must be reflected on your insurance certificate. If your state prohibits modifications to insurance certificates or inclusion of an Acord 101 form or similar document to reflect this wording, a list of the endorsements supporting the required coverages may be included on the certificate of insurance and then submitted to Contractor Connection along with the policy and endorsements for review. Service Provider may incur cost to complete a policy and endorsement compliance review.

- **Additional Insured:**

“Crawford and Company and Crawford Contractor Connection, a division of Crawford and Company, and their clients, are named as additional insureds for the above listed coverages and policies, as they apply to work assigned by Crawford Contractor Connection (excluding Workers’ Compensation, Automobile Liability, and Bailment Coverage).”

***Please note that some insurer clients require that they be specifically named as additional insured.*

(American Family, Erie Insurance, Frankenmuth, Nationwide, Hartford Fire Insurance Company and its affiliates, USAA, Farmers Insurance Exchange, and AAA Ace (refer to table below for AAA Ace Requirements))

Clients Served	States Operating in	Additional Insured Wording
AAA Ace	AL, AR, IL, IN, KS, MS, MO	<i>Auto Club Enterprises, Interinsurance Exchange of the Automobile Club, Auto Club Family Insurance Company and their respective parent entities, subsidiaries and affiliates</i>
	CA, HI, ME, NH, NM, PA, VA, VT	<i>Auto Club Enterprises, Interinsurance Exchange of the Automobile Club, and their respective parent entities, subsidiaries and affiliates</i>
	TX	<i>Auto Club Enterprises, Interinsurance Exchange of the Automobile Club, Auto Club Indemnity Company and their respective parent entities, subsidiaries and affiliates</i>
	All Remaining States	<i>Auto Club Enterprises, its parent, subsidiaries and affiliates</i>

- **Policy Coverage for General Liability and Contractors Pollution Liability:**

“The General Liability and Contractors Pollution Liability policies provide ongoing and completed operations coverage for the insured and the additional insureds.” (Note: For the General Liability Policy, endorsements CG 20 37 and CG 20 10 will be accepted in lieu of including the ongoing and completed operations wording on the insurance certificate.)

“The General Liability and Contractors Pollution Liability policies shall be primary and non-contributory.”

“General Liability coverage includes Premises and Operations Liability, Products and Completed Operation Liability, Property Damage/Damage to Property Liability, Contractors Liability and Personal Injury Liability.”

- **Certificate Holder:**

Contractor Connection
 10550 Deerwood Park Blvd. Suite 100
 Jacksonville, FL 32256

In addition to the above listed requirements, please see below:

Type of Contractor	Additional Insurance Requirements based on trade(s) selection (Insurance requirements may change if contractor is selected for additional trades.)
General Contractor only (or any trade other than water mitigation)	Sample #1 <ul style="list-style-type: none"> • Excess Liability: \$1,000,000 Each Occurrence
Water Mitigation only*	Sample #2 <ul style="list-style-type: none"> • Contractors Pollution Liability: \$1,000,000 Each Occurrence • The following statement will need to be added to the insurance certificate or, if your state prohibits modifications to insurance certificates, the statement can be provided as an attachment on an Acord 101 form or similar document: "Contractors Pollution Liability insures the full scope of services provided by the insured. Fungus, bacteria, asbestos, lead and silica are included within the definition of Pollutants".
Full Service (General Contractor or any other trade in combination with water mitigation*)	Sample #3a <ul style="list-style-type: none"> • Contractors Pollution Liability: \$1,000,000 Each Occurrence • The following statement will need to be added to the insurance certificate or, if your state prohibits modifications to insurance certificates, the statement can be provided as an attachment on an Acord 101 form or similar document: "Contractors Pollution Liability insures the full scope of services provided by the insured. Fungus, bacteria, asbestos, lead and silica are included within the definition of Pollutants. Subcontracted work is not excluded." Sample #3b <ul style="list-style-type: none"> • Contractors Pollution Liability: \$1,000,000 Each Occurrence • Excess Liability: \$1,000,000 Each Occurrence • The following statement will need to be added to the insurance certificate or, if your state prohibits modifications to insurance certificates, the statement can be provided as an attachment on an Acord 101 form or similar document: "Contractors Pollution Liability insures the full scope of services provided by the insured. Fungus, bacteria, asbestos, lead and silica are included within the definition of Pollutants."
Cleaners, Textile Restoration, Furniture Restoration, and Fire & Smoke	Sample #4 <ul style="list-style-type: none"> • Bailment Coverage: \$250,000
Commercial Level II and Level III	Sample #5a <ul style="list-style-type: none"> • Level II: \$3,000,000 per occurrence in a combination of General Liability and Excess Liability and \$2,000,000 per occurrence in Contractors Pollution Liability. Sample #5b <ul style="list-style-type: none"> • Level III: \$5,000,000 per occurrence in a combination of General Liability and Excess Liability and \$3,000,000 per occurrence in Contractors Pollution Liability.

*** Note: Contractor Connection Program Requirements DO NOT allow any Service Provider to subcontract water mitigation services under any circumstances, with the exception of providing such services as part of a Commercial Level II or Level III assignment.**

STANDARD WITHOUT CONTRACTORS POLLUTION LIABILITY



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Issue 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 Agent Name Address Phone Number Fax Number	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A: Insurance Company	
INSURED Insured Name & Address ** Must include 'dba name' if different **	INSURER B: Insurance Company	Insurance companies must have an A.M. Best Rating of B+ or higher and a Financial Size Category (FSC) of VII or better for USAA programs.
	INSURER C: Insurance Company	
	INSURER D: Insurance Company	
	INSURER E: Insurance Company	
	INSURER F: Insurance Company	
	INSURER F: Insurance Company	

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	ADDITIONAL SUBR INSR / WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	CGL-12345	12/1/12	12/1/13	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Anyone person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					\$
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X	Must Reflect either "Any Auto" or a combination of CAP-12345 "All Owned Autos or Scheduled Auto, Hired Autos, and Non-Owned Autos"	12/1/12	12/1/13	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	X	CUP-12345 *Must Reflect either "Umbrella Liab" or "Excess Liab" ** See NOTE at bottom of page	12/1/12	12/1/13	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	WC-000111	12/1/12	12/1/13	WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Crawford and Company and Crawford Contractor Connection, a division of Crawford and Company, and their clients, USAA, Frankenmuth, Hartford Fire Insurance Company and its affiliates, Nationwide, Erie Insurance, American Family, Farmers Insurance Exchange and Auto Club Enterprises, its parent, subsidiaries and affiliates are named as additional insureds for the above listed coverages and policies, as they apply to work performed for Crawford Contractor Connection (excluding Workers' Compensation, Automobile Liability, and Bailment Coverage). The General Liability policy provides ongoing and completed operations coverage for the insured and the additional insureds. The General Liability policy shall be primary and non-contributory. General Liability coverage includes Premises and Operations Liability, Products and Completed Operation Liability, Property Damage/Damage to Property Liability, Contractors Liability and Personal Injury Liability.

CERTIFICATE HOLDER Contractor Connection 10550 Deerwood Park Blvd. Suite 100 Jacksonville, FL 32256 (904) 224-6408	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
** NOTE: Contractors may obtain \$2 million per occurrence General Liability policy vs. \$1 million General Liability and \$1 million Excess Liability policies.	

SAMPLE # 3a

FOR FULL SERVICE CONTRACTORS HANDLING WATER MITIGATION



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Issue 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 Agent Name Address Phone Number Fax Number	CONTACT NAME: PHONE (A/C, No. Ext): E-MAIL ADDRESS: FAX (A/C, No.): INSURER(S) AFFORDING COVERAGE NAIC #
INSURED Insured Name & Address ** Must include 'dba name' if different **	INSURER A: Insurance Company INSURER B: Insurance Company INSURER C: Insurance Company INSURER D: Insurance Company INSURER E: Insurance Company INSURER F:

Insurance companies must have an A.M. Best Rating of B+ or higher and a Financial Size Category (FSC) of VII or better for USAA programs.

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	ADDITIONAL/ SUBROGATION WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	CGL-12345	12/1/12	12/1/13	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Anyone person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					\$
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X	Must Reflect either "Any Auto" or a combination of CAP-12345 "All Owned Autos or Scheduled Auto, Hired Autos, and Non-Owned Autos"	12/1/12	12/1/13	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	WC-000111	12/1/12	12/1/13	W/C STATUTORY LIMITS OTHER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	Contractors Pollution Liability	X	CPL-12345 * See NOTE at bottom of page	12/1/12	12/1/13	Each Occurrence \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Crawford and Company and Crawford Contractor Connection, a division of Crawford and Company, and their clients, USAA, Frankenmuth, Hartford Fire Insurance Company and its affiliates, Nationwide, Erie Insurance, American Family, Farmers Insurance Exchange, and Auto Club Enterprises, its parent, subsidiaries and affiliates are named as additional insureds for the above listed coverages and policies, as they apply to work performed for Crawford Contractor Connection (excluding Workers' Compensation, Automobile Liability, and Bailment Coverage). The General Liability and Contractors Pollution Liability policies provide ongoing and completed operations coverage for the insured and the additional insureds. The General Liability and Contractors Pollution Liability policies shall be primary and non-contributory. General Liability coverage includes Premises and Operations Liability, Products and Completed Operation Liability, Property Damage/Damage to Property Liability, Contractors Liability and Personal Injury Liability. Contractors Pollution Liability insures the full scope of services provided by the insured. Fungus, bacteria, asbestos, lead and silica are included within the definition of Pollutants. Subcontracted work is not excluded.

CERTIFICATE HOLDER CANCELLATION

Contractor Connection 10550 Deerwood Park Blvd. Suite 100 Jacksonville, FL 32256 (904) 224-6408	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
<p>* NOTE: Contractors Pollution Liability may be combined with Commercial General Liability, in which case the General Aggregate must equal at least \$2,000,000.</p>	

SAMPLE # 4b
FOR CLEANERS, TEXTILE RESTORATION, FURNITURE RESTORATION
AND FIRE & SMOKE CONTRACTORS



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
Issue Date

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE OF PROPERTY INSURANCE DOES NOT AMMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

AGENCY Agent Name Address Phone Number Fax Number FAX (A/C, No): E-MAIL ADDRESS: CODE: SUB CODE: AGENCY CUSTOMER ID #: INSURED Insured Name & Address ** Must Include 'dba name' if different **	COMPANY Insurance Company <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <i>Insurance companies must have an A.M. Best Rating of B+ or higher and a Financial Size Category (FSC) of VII or better for USAA programs.</i> </div> LOAN NUMBER POLICY NUMBER BIC-12345 EFFECTIVE DATE 12/1/12 EXPIRATION DATE 12/1/13 <input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED THIS REPLACES PRIOR EVIDENCE DATED:
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S
A
M
P
L
E

PROPERTY INFORMATION

LOCATION/DESCRIPTION

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION

Bailment or Bailees Insurance	COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> Utilize Samples 1 through 3b to determine appropriate coverage(s) in addition to Bailees Coverage as shown below. </div>		\$250,000	

REMARKS (Including Special Conditions)

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

ADDITIO

NAME AND Contractor Connection 10550 Deerwood Park Blvd. Suite 100 Jacksonville, FL 32265 (904) 224-6408	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">MORTGAGEE</td> <td style="width: 50%;">ADDITIONAL INSURED</td> </tr> <tr> <td>LOSS PAYEE</td> <td></td> </tr> <tr> <td colspan="2">LOAN #</td> </tr> <tr> <td colspan="2">AUTHORIZED REPRESENTATIVE</td> </tr> </table>	MORTGAGEE	ADDITIONAL INSURED	LOSS PAYEE		LOAN #		AUTHORIZED REPRESENTATIVE	
MORTGAGEE	ADDITIONAL INSURED								
LOSS PAYEE									
LOAN #									
AUTHORIZED REPRESENTATIVE									

SAMPLE # 5a
FOR COMMERCIAL LEVEL II



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Issue 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 Agent Name Address Phone Number Fax Number	CONTACT NAME: PHONE (A/C, No. Ext): E-MAIL ADDRESS: FAX (A/C, No.): INSURER(S) AFFORDING COVERAGE: NAIC # INSURER A: Insurance Company INSURER B: Insurance Company INSURER C: Insurance Company INSURER D: Insurance Company INSURER E: Insurance Company INSURER F:
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Insurance companies must have an A.M. Best Rating of B+ or higher and a Financial Size Category (FSC) of VII or better for USAA programs.

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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.

SAMPLE

INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		CGL-12345	12/1/12	12/1/13	EACH OCCURRENCE \$ 1,000,000** DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Anyone person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			** See NOTE at bottom of page			\$
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X		Must Reflect either "Any Auto" or a combination of CAP-12345 "All Owned Autos or Scheduled Auto, Hired Autos, and Non-Owned Autos"	12/1/12	12/1/13	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	X		CUP-12345	12/1/12	12/1/13	EACH OCCURRENCE \$ 2,000,000** AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A	WC-000111	12/1/12	12/1/13	<input type="checkbox"/> W/C STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	Contractors Pollution Liability	X		CPL-12345	12/1/12	12/1/13	Each Occurrence \$2,000,000**

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

Contractor Connection
 10550 Deerwood Park Blvd. Suite 100
 Jacksonville, FL 32256

(904) 224-6408

**** NOTE:**
 Commercial Level II must carry \$3,000,000 per occ in combination of General Liability and Excess Liability and \$2,000,000 per occ in Contractors Pollution Liability.

If the Excess Liability policy is over General Liability and Contractors Pollution Liability Policy, the total per occ limit for General, Excess, and Contractors Pollution Liability must equal a minimum of \$5,000,000 and include the following wording;
 "Excess Liability coverage applies to the General Liability and Contractors Pollution Liability coverages."

Required Wording for Insurance Certificates

SAMPLE # 1

STANDARD WITHOUT CONTRACTORS POLLUTION LIABILITY

Crawford and Company and Crawford Contractor Connection, a division of Crawford and Company, and their clients, USAA, Frankenmuth, Hartford Fire Insurance Company and its affiliates, Nationwide, Erie Insurance, American Family, Farmers Insurance Exchange, and Auto Club Enterprises, its parent, subsidiaries and affiliates, are named as additional insureds for the above listed coverages and policies, as they apply to work performed for Crawford Contractor Connection (excluding Workers' Compensation, Automobile Liability, and Bailment Coverage). The General Liability policy provides ongoing and completed operations coverage for the insured and the additional insureds. The General Liability policy shall be primary and non-contributory. General Liability coverage includes Premises and Operations Liability, Products and Completed Operation Liability, Property Damage/Damage to Property Liability, Contractors Liability and Personal Injury Liability.

SAMPLE # 2

FOR WATER MITIGATION CONTRACTORS

Crawford and Company and Crawford Contractor Connection, a division of Crawford and Company, and their clients, USAA, Frankenmuth, Hartford Fire Insurance Company and its affiliates, Nationwide, Erie Insurance, American Family, Farmers Insurance Exchange, and Auto Club Enterprises, its parent, subsidiaries and affiliates, are named as additional insureds for the above listed coverages and policies, as they apply to work performed for Crawford Contractor Connection (excluding Workers' Compensation, Automobile Liability, and Bailment Coverage). The General Liability and Contractors Pollution Liability policies provide ongoing and completed operations coverage for the insured and the additional insureds. The General Liability and Contractors Pollution Liability policies shall be primary and non-contributory. General Liability coverage includes Premises and Operations Liability, Products and Completed Operation Liability, Property Damage/Damage to Property Liability, Contractors Liability and Personal Injury Liability. Contractors Pollution Liability insures the full scope of services provided by the insured. Fungus, bacteria, asbestos, lead and silica are included within the definition of Pollutants.

SAMPLE # 3a

FOR FULL SERVICE CONTRACTORS HANDLING WATER MITIGATION

Crawford and Company and Crawford Contractor Connection, a division of Crawford and Company, and their clients, USAA, Frankenmuth, Hartford Fire Insurance Company and its affiliates, Nationwide, Erie Insurance, American Family, Farmers Insurance Exchange, and Auto Club Enterprises, its parent, subsidiaries and affiliates, are named as additional insureds for the above listed coverages and policies, as they apply to work performed for Crawford Contractor Connection (excluding Workers' Compensation, Automobile Liability, and Bailment Coverage). The General Liability and Contractors Pollution Liability policies provide ongoing and completed operations coverage for the insured and the additional insureds. The General Liability and Contractors Pollution Liability policies shall be primary and non-contributory. General Liability coverage includes Premises and Operations Liability, Products and Completed Operation Liability, Property Damage/Damage to Property Liability, Contractors Liability and Personal Injury Liability. Contractors Pollution Liability insures the full scope of services provided by the insured. Fungus, bacteria, asbestos, lead and silica are included within the definition of Pollutants. Subcontracted work is not excluded.

SAMPLE # 3b

FOR FULL SERVICE CONTRACTORS HANDLING WATER MITIGATION

Crawford and Company and Crawford Contractor Connection, a division of Crawford and Company, and their clients, USAA, Frankenmuth, Hartford Fire Insurance Company and its affiliates, Nationwide, Erie Insurance, American Family, Farmers Insurance Exchange, and Auto Club Enterprises, its parent, subsidiaries and affiliates, are named as additional insureds for the above listed coverages and policies, as they apply to work performed for Crawford Contractor Connection (excluding Workers' Compensation, Automobile Liability, and Bailment Coverage). The General Liability and Contractors Pollution Liability policies provide ongoing and completed operations coverage for the insured and the additional insureds. The General Liability and Contractors Pollution Liability policies shall be primary and non-contributory. General Liability coverage includes Premises and Operations Liability, Products and Completed Operation Liability, Property Damage/Damage to Property Liability, Contractors Liability and Personal Injury Liability. Contractors Pollution Liability insures the full scope of services provided by the insured. Fungus, bacteria, asbestos, lead and silica are included within the definition of Pollutants.

Required Wording for Insurance Certificates

SAMPLE # 5a & 5b FULL SERVICE HANDLING COM II OR COM III

Crawford and Company and Crawford Contractor Connection, a division of Crawford and Company, and their clients, USAA, Frankenmuth, Hartford Fire Insurance Company and its affiliates, Nationwide, Erie Insurance, American Family, Farmers Insurance Exchange, and Auto Club Enterprises, its parent, subsidiaries and affiliates, are named as additional insureds for the above listed coverages and policies, as they apply to work performed for Crawford Contractor Connection (excluding Workers' Compensation, Automobile Liability, and Bailment Coverage). The General Liability and Contractors Pollution Liability policies provide ongoing and completed operations coverage for the insured and the additional insureds. The General Liability and Contractors Pollution Liability policies shall be primary and non-contributory. General Liability coverage includes Premises and Operations Liability, Products and Completed Operation Liability, Property Damage/Damage to Property Liability, Contractors Liability and Personal Injury Liability. Contractors Pollution Liability insures the full scope of services provided by the insured. Fungus, bacteria, asbestos, lead and silica are included within the definition of Pollutants.

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

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Name Of Additional Insured Person(s) Or Organization(s):	Location And Description Of Completed Operations
Crawford and Company and Crawford Contractor Connection, a division of Crawford and Company, and their clients, USAA, Frankenmuth, Hartford Fire Insurance Company and its affiliates, Nationwide, Erie Insurance, American Family, Farmers Insurance Exchange, and Auto Club Enterprises, its parent, subsidiaries and affiliates, are named as additional insureds for the above listed coverages and policies, as they apply to work performed for Crawford Contractor Connection (excluding Workers' Compensation, Automobile Liability, and Bailment Coverage).	All Crawford Contractor Connection assignments made to insured in accordance with the Crawford Agreement to Provide Services.
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".

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

Name Of Additional Insured Person(s) Or Organization(s)	Location (s) Of Covered Operations
Crawford and Company and Crawford Contractor Connection, a division of Crawford and Company, and their clients, USAA, Frankenmuth, Hartford Fire Insurance Company and its affiliates, Nationwide, Erie Insurance, American Family, Farmers Insurance Exchange, and Auto Club Enterprises, its parent, subsidiaries and affiliates, are named as additional insureds for the above listed coverages and policies, as they apply to work performed for Crawford Contractor Connection (excluding Workers' Compensation, Automobile Liability, and Bailment Coverage).	All Crawford Contractor Connection assignments made to insured in accordance with the Crawford Agreement to Provide Services.
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.

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