# **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 \* CPL can be written on occurrence or claims made basis \$1,000,000 Each Occurrence (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)."

(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	Auto Club Enterprises, Interinsurance Exchange of the Automobile Club, Auto Club Family Insurance Company and their respective parent entities, subsidiaries and affiliates
	CA, HI, ME, NH, NM, PA, VA, VT	Auto Club Enterprises, Interinsurance Exchange of the Automobile Club, and their respective parent entities, subsidiaries and affiliates
	TX	Auto Club Enterprises, Interinsurance Exchange of the Automobile Club, Auto Club Indemnity Company and their respective parent entities, subsidiaries and affiliates
	All Remaining States	Auto Club Enterprises, its parent, subsidiaries and affiliates

#### 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

<sup>\*\*</sup>Please note that some insurer clients require that they be specifically named as additional insured.

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	Sample #1
(or any trade other than	• Excess Liability: \$1,000,000 Each Occurrence
water mitigation)	
Water Mitigation only*	Sample #2
	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
	statement can be provided as an attachment on an Acord 101 form of 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	Sample #3a
(General Contractor or any	Contractors Pollution Liability: \$1,000,000 Each Occurrence  The following statement will peed to be added to the incurrence contificate.
other trade in combination with water mitigation*)	<ul> <li>The following statement will need to be added to the insurance certificate or, if your state prohibits modifications to insurance certificates, the</li> </ul>
with water mitigation )	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
	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	Sample #4
Restoration, Furniture Restoration, and Fire &	Bailment Coverage: \$250,000
Smoke	
Commercial Level II and	Sample #5a
Level III	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 • 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.

<sup>\*</sup> 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.

# SAMPLE # 1 STANDARD WITHOUT CONTRACTORS POLLUTION LIABILITY

<b>ACORD®</b>

#### 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)

certificate holder in lieu of su	ch endorsement(s).					
PRODUCER		CONTACT NAME:				
Agent Name		PHONE (A/C, No. Ext)	ŀ	FA X (A/C, No):		
Address		E-MAIL ADDRESS:				
Phone Number			INSURER(S) A FFORDI	NG COVERAGE	NAIC#	
Fax Number		INSURER A :	Insurance Company	Insurance companies m	ust have an	
URED		INSURER B:	Insurance Company	A.M. Best Rating of B+ or		
Insured Name & Address	e' if different **	INSURER C:	Insurance Company	Financial Size Category (FSC) of Vi better for USAA programs.		
) ** Must Include 'dba nam		INSURER D :	Insurance Company			
		INSURER E :	Insurance Company	Detter jor contribution	<i>"</i>	
		INSURER F :				
COVERAGES	CERTIFICATE NUMBER:		RI	EVISION 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.

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TYPE OF INSURANCE

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NEW TO POLICY EACH OF THE POLICIES AND THE POLICY PROPERTY. IN MINER TYPE OF INSURANCE

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[	NSR LTR	TYPE OF INSURANCE	A DDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	-
		COMMERCIAL GENERAL LIABILITY  CLAMS-MADE X OCCUR  GEN'L AG GREGATE LMIT APPLIES PER:  POLICY JECT LOC	х		CGL-12345	12/1/12	12/1/13	DAMAGETO RENTED PREMISES (Ea occurrence) MED BKP (Anyone person) PERSONAL & ADV INJURY GENERAL AGG REGATE PRODUCTS - COMP/OP AGG	\$ 1,000,000 \$ \$ \$ \$ \$
	)	POLICY SECT LOC  AUTOMOBILE LIMBILITY  X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X AUTOS AUTOS AUTOS AUTOS X AUTOS AUTOS	Х		Must Reflect either  "Any Auto"  or a combination of  CAP-12345  "All Owned Autos or Scheduled  Hired Autos, and Non-Owned	,	12/1/13	COMBINED SINGLE LIMIT (Ea accident)  BO DILY INJURY (Per person)  BO DILY INJURY (Per accident)  PROPERTY DAMAGE (Per accident)	\$ 1,000,000 \$
	С	X*         UMBRELLA LIA B         X         OCCUR           X*         EXCESS LIA B         X         CLAIMS-MADE           DED         RETENTION\$	х		CUP-12345 *Must Reflect either "Umbrel ** See NOTE at bo	la Liab" or "		AG GREGATE	\$ 1,000,000 \$ \$
	88888	WORKERS COMPENSATION AND EMPLOYERS' LIA BILITY ANY PROPRIET OR PARTNER/EXECUTIVE OFFICERMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WC-000111	12/1/12	12/1/13	WC STATU- OTH- TORY LIMITS ER  E.L. EACH ACCIDENT  E.L. DISEASE - EA EMPLO YEE  E.L. DISEASE - POLICY LIMIT	•

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach A CORD 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	{	CANCELLATION				
Contractor Connection 10550 Deerwood Park Blvd. Suite 100 Jacksonville, FL 32256			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
ı	-		AUTHODIZED DEBDECEN	-TATIVE			
	(904) 224-6408	** NOTE: Contractors may obtain \$2 million per General Liability policy vs. \$1 million General Lia					
ı			Dility allu 31				
		million Excess Liability policies.		B-2010 ACORD CORPORATION. All rights reserved.			
	ACODD 25 (2040/05)	The ACODD name and love as	o rogiotorod marlo	of A CODD			

## SAMPLE # 2 FOR WATER MITIGATION CONTRACTORS

# ACORD

#### 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 florider in fied of such endorsement(s).		
PRODUCER	CONTACT NAME:	
Agent Name	PHONE FAX (A/C, No, Ext): (A/C, No):	
Address	E-MAIL ADDRESS:	
Phone Number	INSURER(S) A FFORDING COVERAGE	NAIC#
Fax Number	INSURERA: Insurance Company  Insurance companies must	t have an
URED	Insurance Company  A.M. Best Rating of B+ or his	
Insured Name & Address	Insurance Company Financial Size Category (FSC)	_
** Must Include 'dba name' if different **	INSURER D: Insurance Company hetter for USAA programs.	c, o, v o.
	INSURER E: Insurance Company	
	INSURER F:	

**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, 🖟 XCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

' I		CLUSIONS AND CONDITIONS OF SUCH			LIMITS SHOWN MAY HAVE BEEN F				
	INSR LTR	TYPE OF INSURANCE	A DDL INSR	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3
	/A	COMMERCIAL GENERAL LIABILITY  CLAMS-MADE X OCCUR	х					DAMAGETO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$
Ø	/11	CLAMS-MADE A OCCUR			CGL-12345	12/1/12	12/1/13		\$ \$
٦									\$
		GEN'L AG GREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$
١		POLICY PRO-							\$
	200	AUTOMOBILE LIABILITY			Must Reflect either "Any Auto"			COMBINED SINGLE LIMIT (Ea accident)	<sub>\$</sub> 1,000,000
1	) 🗦	X ANY AUTO	X		or a combination of			BO DILY INJURY (Per person)	\$
H		X ALL OWNED X SCHEDULED AUTOS			CAP-12345	12/1/12	12/1/13	BO DILY INJURY (Per accident)	\$
		X HIRED AUTOS X NON-OWNED AUTOS			"All Owned Autos or Schedule	d Auto ,		PROPERTY DAMAGE (Peraccident)	\$
					Hired Autos, and Non-Owned	Autos			\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
8		EXCESS LIAB CLAIMS-MADE						AG GREGATE	\$
		DED RETENTION\$							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						WC STATU- OTH- TORY LIMITS ER	
	0000000	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		WC-000111	12/1/12	12/1/13	E.L. EACH ACCIDENT	\$
		(Mandatoryin NH)						E.L. DISEASE - EA BMPLO YEE	\$
		If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
		Contractors Pollution Liability	х		CPL-12345 * See NOTE at bottom of pag	12/1/12 ge	12/1/13	Each Occurrence \$1,000	0,000
	DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	Attach /	A CORD 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 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.

CERTIFICATE HOLDER		CANCELLATIO	ON			
10550 Deerwood	r Connection Park Blvd. Suite 100 Ile, FL 32256	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				
(904) 224-6408	* NOTE: Contractors Pollution Liability may be with Commercial General Liability, in which c					
	General Aggregate must equal at least \$2,000	,000.	1988-2010 ACORD CORPORATION. All rights reserved.			
ACORD 25 (2010/05)	The ACORD name and long a	re renistered ma	arks of ACORD			

## SAMPLE # 3a FOR FULL SERVICE CONTRACTORS HANDLING WATER MITIGATION

<b>ACORD</b> ®

#### 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 notder in fieu of s	such endorsement(s).					
PRODUCER		CONTACT NAME:				
Agent Name		PHONE (A/C, No. Ext)	)·	FAX (A/C, No):		
Address		E-MAIL ADDRESS:	,	11		
Phone Number			INSURER(S) A FFORDI	NG COVERAGE	NAIC#	
Fax Number		INSURER A:	Insurance Company	Insurance companies m	ust have an	
URED		INSURER B:	Insurance Company	A.M. Best Rating of B+ or		
Insured Name & Addres		INSURER C:	Insurance Company	Financial Size Category (FSC) of V		
) ** Must Include 'dba na	e' if different **	INSURER D :	Insurance Company	better for USAA programs.		
		INSURER E :	Insurance Company	Detter jor Contribrograms		
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER:		RI	EVISION 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, XCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

- 1	INSR LTR	TYPE OF INSURANCE	A DDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
		COMMERCIAL GENERAL LIABILITY  COMMERCIAL GENERAL LIABILITY  CLAMS-MADE X OCCUR  GEN'L AG GREGATE LIMIT APPLIES PER:  POLICY PRO-	X		CGL-12345	12/1/12	12/1/13	DAMAGETO RENTED PREMISES (Ea occurrence) MED EXP (Anyone person) PERS ONAL & ADV INJURY GENERAL AGG REGATE PRODUCTS - COMP/OP AGG	\$ 1,000,000 \$ \$ \$ \$ \$
		A UTOMOBILE LIMBILITY  X ANY AUTO AUTOS X AUTOS X HIRED AUTOS X NON-OWNED AUTOS	Х		Must Reflect either "Any Auto" or a combination of CAP-12345 "All Owned Autos or Scheduled Hired Autos, and Non-Owned		12/1/13	BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 1,000,000 \$ \$ \$ \$ \$
		UMBRELIA LIAB         OCCUR           EXCESS LIAB         CLAIMS-MADE           DED         RETENTION\$						AG GREGATE	\$ \$ \$
	D	WORKERS COMPENSATION AND EMPLOYERS' LIA BILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WC-000111	12/1/12	12/1/13	WC STATU- OTH- TORY LIMITS ER  E.L. EACH ACCIDENT  E.L. DISEASE - EA BMPLO YEE  E.L. DISEASE - POLICY LIMIT	
		Contractors Pollution Liability	х		CPL-12345 * See NOTE at bottom of pa	12/1/12 ge	12/1/13	Each Occurrence \$1,00	0,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach A CORD 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	l	CANCELLATION	
Contractor Connection 10550 Deerwood Park Blvd. Suite 100 Jacksonville, FL 32256		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
ı	r		AUTUO DIZE D DEBDECENT	ŢATNE
	(904) 224-6408	* NOTE: Contractors Pollution Liability may be co with Commercial General Liability, in which case		
L		General Aggregate must equal at least \$2,000,00	00.	2010 ACODD CODDODATION All rights recoved
	A C O D D 25 (2040/05)	The ACODD name and large as		,
	ACORD 25 (2010/05)	**	00.	3-2010 ACORD CORPORATION. All rights reserved of ACORD

## SAMPLE # 3b FOR FULL SERVICE CONTRACTORS HANDLING WATER MITIGATION

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		-	

### 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 s	such endorsement(s).				
PRODUCER		CONTACT NAME:			
Agent Name		PHONE (A/C, No. Ext	)·	FAX (A/C, No):	
Address		E-MAIL ADDRESS:	,	112121	
Phone Number			INSURER(S) A FFORDI	NG COVERAGE	NAIC#
Fax Number		INSURER A :	Insurance Company	Insurance companies m	ust have an
URED		INSURER B:	Insurance Company	A.M. Best Rating of B+ or	
Insured Name & Addres	ss ame' if different **	INSURER C:	Insurance Company	Financial Size Category (	-
** Must Include 'dba na		INSURER D :	Insurance Company	better for USAA programs.	
		INSURER E :	Insurance Company	zetter jor oor ut programs	,, 
		INSURER F:			
COVERAGES	CERTIFICATE NUMBER:		RI	EVISION 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, 🚺 XCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

L		CEOSIONS AND CONDITIONS OF SUCH I			EIIIII O ON O			•	
[	INSR LTR	TYPE OF INSURANCE	A DDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
		COMMERCIAL GENERAL LIABILITY  CLAMS-MADE X OCCUR  GEN'L AG GREGATE LMIT APPLIES PER:  POLICY PRO: LOC	x		CGL-12345	12/1/12	12/1/13	EACH OCCURRENCE DAMAGETO RENTED PREMISES (Ea occurrence) MED EXP (Anyone person) PERSONAL & ADV INJURY GENERAL AGG REGATE PRODUCTS - COMP/OP AGG	\$ 1,000,000 \$ \$ \$ \$ \$
	)	AUTOMOBILE LIA BILITY  X ANY AUTOS ALTOWNED AUTOS X HIRED AUTOS X NON-OWNED AUTOS	х		Must Reflect either  "Any Auto"  or a combination of CAP-12345  "All Owned Autos or Scheduled Hired Autos, and Non-Owned		12/1/13	COMBINED SINGLE LMIT (Ea accident) BO DILY INJURY (Per person) BO DILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 1,000,000 \$ \$ \$ \$
	С	X*         UMBRELLA LIAB         X         OCCUR           X*         EXCESS LIAB         CLAIMS-MADE           DED         RETENTIONS	Х		CUP-12345 *Must Reflect either "Umbrel ** See NOTE at bo			EACH OCCURRENCE AG GREGATE	\$ 1,000,000 \$
	******	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR PARTMER/EXECUTIVE	N/A		WC-000111	12/1/12	12/1/13	WC STATU- OTH- TORY LIMITS ER  E.L. EACH ACCIDENT  E.L. DISEASE - EA BMPLO YEE  E.L. DISEASE - POLICY LIMIT	
		Contractors Pollution Liability	х		CPL-12345 * See NOTE at bottom of pag		12/1/13	Each Occurrence \$1,00	0,000

CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach A CORD 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.

CERTIFICATE HOLDEI	₹	CANCELLATION		
Contractor Connection 10550 Deerwood Park Blvd. Suite 100 Jacksonville, FL 32256		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
l .		AUTHORIZED REPRESENT	ATME	
(904) 224-6408	** NOTE: Contractors may obtain \$2 million per General Liability policy vs. \$1 million General Lia			
	million Excess Liability policies.		-2010 ACORD CORPORATION. All rights reserved.	
ACORD 25 (2010/05)	The ACORD name and long a	e registered marks	of ACORD	

#### SAMPLE # 4a

# FOR CLEANERS, TEXTILE RESTORATION, FURNITURE RESTORATION

# AND FIRE & SMOKE CONTRACTORS 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 is lieu of each endorsement(s).

certificate holder in lieu of su	ch endorsement(s).				
PRODUCER		CONTACT NAME:			
Agent Name		PHONE (A/C, No. Ext	<u></u>	FAX (A/C, No):	
Address		E-MAIL ADDRESS:	,	1,=,=,.	
Phone Number Fax Number			INSURER(S) A FFORDI	NG COVERAGE	NAIC#
		INSURER A :	Insurance Company	Insurance companies m	ust have an
URED		INSURER B:	Insurance Company	A.M. Best Rating of B+ or	
Insured Name & Address		INSURER C:	Insurance Company	Financial Size Category (	
) ** Must Include 'dba nam		INSURER D :	Insurance Company	better for USAA programs	
		INSURER E :	Insurance Company	Detter for Control programs	, 
		INSURER F:			
COVERAGES	CERTIFICATE NUMBER:		RI	EVISION NUMBER:	

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD

	MINDICATED. 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,								
1	1000	CLUSIONS AND CONDITIONS OF SUCH			IMITS SHOWN MAY HAVE BEEN I				
	INSR LTR	TYPE OF INSURANCE	INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
		GENERAL LIABILITY						EACH OCCURRENCE	\$
	_	COMMERCIAL GENERAL LIABILITY						DAMAGETO RENTED PREMISES (Ea occurrence)	\$
M	ΛI	CLAMS-MADE OCCUR						MED EXP (Any one person)	\$
1	7 11							PERSONAL & ADV INJURY	\$
l	8							GENERAL AGGREGATE	\$
		GEN'L AG GREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$
		POLICY PRO- JECT LOC							\$
0,000		AUTOMOBILE LIABILITY						COMBINED SINGLE LMIT (Ea accident)	\$
	<b>)</b> ))	ANY AUTO				4		BO DILY INJURY (Per person)	\$
		ALL OWNED SCHEDULED AUTOS			Utilize Samples 1 through 3b			BO DILY INJURY (Per accident)	\$
		HIRED AUTOS AUTOS			to determine	appropr	riate	PROPERTY DAMAGE (Peraccident)	\$
					coverage(s) ir	n additio	on to		\$
		UMBRELLA LIAB OCCUR			Bailees Covera	ige as s	hown	EACH OCCURRENCE	\$
8		EXCESS LIAB CLAIMS-MADE			belo	•		AG GREGATE	\$
		DED RETENTION\$							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS ER	
88000		ANY PROPRIET OR PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
		(Mandatorvin NH)						E.L. DISEASE - EA BMPLO YEE	\$
		Îf ves, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
	A	Bailment Coverage			BIC-12345	12/1/12	12/1/13	\$250,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach A CORD 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, The Hartford Financial Services Group, Inc., 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.

CERTIFICATE HOLDER	CANCELLATION		
Contractor Connection 10550 Deerwood Park Blvd. Suite 100 Jacksonville, FL 32256	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
(904) 224-6408	AUTHORIZED REPRESENTATIVE		

ACORD

## SAMPLE # 4b

### FOR CLEANERS, TEXTILE RESTORATION, FURNITURE RESTORATION **AND FIRE & SMOKE CONTRACTORS**

ACORD EVIDE	NCE OF PRO	PERTY INSUR	RANC	E '	Issue Date
THIS EVIDENCE OF PROPERTY INSURANCE ADDITIONAL INEREST NAMED BELOW. THIS I AFFORDED BY THE POLICIES BELOW.	E IS ISSUED AS A MAT EVIDENCE OF PROPERTY	TER OF INFORMATION OF INSURANCE DOES NOT	ONLY AND AMMEND,	CONFERS NO RIG EXTEND OR ALTER	THE COVERAGE
AGENCY Agent Name (AC, No, Ext):		COMPANY			
Agent Name		Insurance Company			
Address			1	nce companies mus	
Phone Number			A.M. B	est Rating of B+ or h	igher and a
Fax Number			Financ	ial Size Category (FS	SC) of VII or
(AC, No): E-MAIL ADDRESS:		+	better	for USAA programs.	
		1			
CODE: SUB CODE:		-			
COSTOMER ID #:		LOAN NUMBER	DOLICY NI	MDED	
SURED		LOAN NUMBER	POLICY N	2345	
Insured Name & Address			EVEN ATIO		
** Must Include 'dba name' if different **	k	12/1/12	EXPIRATIO.	/13 CONTIN	NUED UNTIL
				TERMIN	NATED IF CHECKED
_		THIS REPLACES PRIOR EVIDENCE	CE DATED:		
OPERTY INFORMATION	-				
LO ATION/DESCRIPTION					
//1					
TH POLICIES OF INSURANCE LISTED BELOV	W HAVE BEEN ISSUED T	O THE INSURED NAMED	ABOVE F	OR THE POLICY PER	RIOD INDICATED.
NO WITHSTANDING ANY REQUIREMENT, TER	RM OR CONDITION OF A	NY CONTRACT OR OTHER	R DOCUM	ENT WITH RESPECT	TO WHICH THIS
EVIDENCE OF PROPERTY INSURANCE MAY BE	ISSUED OR MAY PERTA	IN, THE INSURANCE AFFO	RDED BY	THE POLICIES DESC	KIBED HEKEIN IS
SUBJECT TO ALL THE TERMS, EXCLUSIONS AN	AD CONDITIONS OF SUCE	POLICIES, LIMITS SHOWN	MATHA	VE BEEN REDUCED B	T PAID CLAINS.
COVERAGE INFORMATION					
Bailment or Bailees Insurance cov	VERAGE/PERILS/FORMS			AMOUNT OF INSURANCE \$250,000	DEDUCTIBLE
	Utilize Sample	es 1 through 3b			
		e appropriate			
	coverage(s)	in addition to			
	Bailees Cove	rage as shown			
		low.			· .
	De	iow.			
			_		
				,	
MARKS (Including Special Conditions)					7 7
MARKS (Including Special Conditions)					
200					
O ANOSI I ATION					
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, IT:			_ 300H NO		Carlonion
	PRODUITO ON REPREDENTA				
ADDITIO Contractor Connecti	on	T	Language	. wow.	
10550 Deerwood Park Blvd.		MORTGAGEE	ADDITIONA	L INSURED	
Jacksonville, FL 322		LOSS PAYEE			
Jacksonville, FL 3221	JJ	LOAN# .			
(004) 224 6400					
(904) 224-6408		AUTHORIZED REPRESENTATIVE			
		I .			

ACORD 27 (2006/07)

## SAMPLE # 5a FOR COMMERCIAL LEVEL II

# ACORD

### 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		CONTACT NAME:			
Agent Name		PHONE (A/C, No. Ext):		FA X (A/C, No):	
Address		E-MAIL ADDRESS:		1100 = 100	
Phone Number			INSURER(S) A FFO RDII	NG COVERAGE	NAIC#
Fax Number		INSURER A:	Insurance Company	Insurance companies m	ust have an
URED		INSURER B:	Insurance Company	A.M. Best Rating of B+ or	
Insured Name & Address		INSURER C:	Insurance Company	Financial Size Category (	-
** Must Include 'dba nan	ame' if different **	INSURER D:	Insurance Company	better for USAA programs.	
		INSURER E :	Insurance Company	better jor oor at programs	·
		INSURER F:			
COVERAGES	CERTIFICATE NUMBER:		RI	EVISION 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, XCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS ADDLISUBR INSR WVD POLICY EFF | POLICY EXP (MM/DD/YYYY) | (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER LIMITS GENERAL LIABILITY EACH OCCURRENCE \$ 1,000,000\*\* DAMAGETO RENTED PREMISES (Ea occurrence) COMMERCIAL GENERAL LIABILITY Х CLAMS-MADE X OCCUR 12/1/13 MED EXP (Any one person) CGL-12345 12/1/12 PERSIONAL & ADV INJURY \$ GENERAL AGGREGATE \$ See NOTE at bottom of page PRODUCTS - COMP/OP AGG GEN'L AGGREGATE LIMIT APPLIES PER: \$ POLICY Must Reflect either COMBINED SINGLE LIMIT (Ea accident) 1,000,000 AUTOMOBILE LIABILITY "Any Auto" Χ ANY AUTO BODILY INJURY (Per person) or a combination of ALL OWNED AUTOS SCHEDULED Χ BO DILY INJURY (Per accident) \$ Χ CAP-12345 12/1/12 12/1/13 AUTOS NON-OWNED PROPERTY DAMAGE Х Х \$ "All Owned Autos or Scheduled Auto . HIRED AUTOS AUTOS (Peraccident) Hired Autos, and Non-Owned Autos \$ 2,000,000 \*\* Х\* UMBRELLA LIAB CUP-12345 12/1/13 Х OCCUR EACH OCCURRENCE \$ Х EXCESS LIAB \*Must Reflect either "Umbrella Liab" or "Excess Liab" CLAIMS-MADE AG GREGATE \* See NOTE at bottom of page DED RETENTION \$ \$ WORKERS COMPENSATION AIND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE WC-000111 12/1/12 12/1/13 E.L. EACH ACCIDENT \$ OFFICER/MEMBER EXCLUDED? E.L. DISEASE - EA EMPLO YEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT CPL-12345 12/1/12 12/1/13 X Each Occurrence \$2.000.000\*\* Contractors Pollution Liability

SCRIPTION OF OP ERATIONS / LOCATIONS / VEHICLES (Attach A CORD 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.

#### CERTIFICATE HOLDER

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

(904) 224-6408

#### \*\* NOTE:

\*\* See NOTE at bottom of page

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

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."

## SAMPLE # 5b FOR COMMERCIAL LEVEL III

# ACORD

### 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	_	CONTACT NAME:
Agent Name		PHONE FA X (A/C, No, Ext): (A/C, No):
Address		E-MAIL ADDRESS:
Phone Number		INSURER(S) A FFORDING COVERA GE NAIC #
Fax Number		INSURERA: Insurance Company Insurance companies must have
URED		INSURER B: Insurance Company  A.M. Best Rating of B+ or higher ar
Insured Name & Address		Insurance Company  Financial Size Category (FSC) of VI
) ** Must Include 'dba nar	me' if different **	INSURER D: Insurance Company better for USAA programs.
		Insurance Company Setter for OSAA programs.
		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, XCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS ADDLISUBR INSR WVD POLICY EFF | POLICY EXP (MM/DD/YYYY) | (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER LIMITS GENERAL LIABILITY EACH OCCURRENCE \$ 2,000,000\*\* DAMAGETO RENTED PREMISES (Ea occurrence) COMMERCIAL GENERAL LIABILITY Х CLAMS-MADE X OCCUR 12/1/13 MED EXP (Any one person) CGL-12345 12/1/12 PERSIONAL & ADV INJURY GENERAL AGGREGATE \$ See NOTE at bottom of page PRODUCTS - COMP/OP AGG GEN'L AGGREGATE LIMIT APPLIES PER: \$ POLICY Must Reflect either COMBINED SINGLE LIMIT (Ea accident) 1,000,000 AUTOMOBILE LIABILITY "Any Auto" Χ ANY AUTO BODILY INJURY (Per person) or a combination of ALL OWNED AUTOS SCHEDULED Χ BO DILY INJURY (Per accident) \$ Χ CAP-12345 12/1/12 12/1/13 AUTOS NON-OWNED PROPERTY DAMAGE Х Х \$ "All Owned Autos or Scheduled Auto . HIRED AUTOS AUTOS (Peraccident) Hired Autos, and Non-Owned Autos \$ 3,000,000 \*\* Х\* UMBRELLA LIAB CUP-12345 12/1/13 Х OCCUR EACH OCCURRENCE \$ Х EXCESS LIAB \*Must Reflect either "Umbrella Liab" or "Excess Liab" CLAIMS-MADE AG GREGATE \* See NOTE at bottom of page DED RETENTION \$ \$ WORKERS COMPENSATION AIND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE WC-000111 12/1/12 12/1/13 E.L. EACH ACCIDENT \$ OFFICER/MEMBER EXCLUDED? E.L. DISEASE - EA EMPLO YEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT CPL-12345 12/1/12 12/1/13 X Each Occurrence \$3.000.000\*\* Contractors Pollution Liability \*\* See NOTE at bottom of page

SCRIPTION OF OP ERATIONS / LOCATIONS / VEHICLES (Attach A CORD 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.

#### CERTIFICATE HOLDER

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

(904) 224-6408

#### \*\* NOTE:

Commercial Level III must carry \$5,000,000 per occ in combination of General Liability and Excess Liability and \$3,000,000 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 \$8,000,000 and include the following wording;

"Excess Liability coverage applies to the General Liability and Contractors

The ACORD name and logo are registered marks of ACORD

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, 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, 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

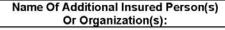
This endorsement modifies insurance provided under the following:

#### COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### SCHEDULE







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).

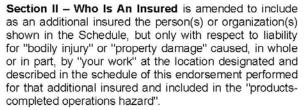
#### **Location And Description Of Completed Operations**

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.









#### 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 B. With respect to the insurance afforded to these 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.

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 performedby or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- 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 subcontractor engaged in performing operations for a principal as a part of the same project.