CONTRACTOR CONNECTION

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. A 30-day cancellation notice to Crawford Contractor Connection, Inc. shall be given. Payment for the above referenced policy is the sole responsibility of each Service Provider Participant. Crawford Contractor Connection must have a current Certificate of Insurance on file for each Service Provider Participant **prior** to receiving claims. 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 Broad Form Property Damage/Damage to Property Liability Independent Contractors Liability Personal Injury Liability
Automobile Liability:	\$1,000,000 Combined Single Limit (Described or All Owned Autos AND Non Owned, Hired Autos)
Proof of Worker's Compensation	
Contractors Pollution Liability or Excess Umbrella	\$1,000,000 Each Occurrence (As referenced in matrix on next page)
Bailment Coverage	\$250,000 (As referenced in matrix on next page)
The information below much also be included on your inclusion	a antifica a ta c

The information below must also be included on your insurance certificate:

Additional Insured:

"Crawford and Company and Crawford Contractor Connection, a division of Crawford & Company, are named as additional insured for the above listed coverages and policies, as they apply to work performed for Crawford Contractor Connection (excluding Workers' Compensation). The General Liability and Contractors Pollution Liability policies provide completed operations coverage for the insured or the additional insureds. The General Liability and Contractors Pollution insurance policies shall be primary and non-contributory."

General Liability:

General Liability coverage includes Premises and Operations Liability, Products and Completed Operation Liability, Broad Form Property Damage/Damage to Property Liability, Independent Contractors Liability and Personal Injury Liability.

Certificate Holder:

Crawford Contractor Connection 539 Riverbend Drive Kitchener, ON, N2K 3S3

Insurance Requirements (continued)

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 Excess Liability: \$1,000,000 Each Occurrence 				
Water Mitigation only*	 Sample #2 Contractors Pollution Liability: \$1,000,000 Each Occurrence The following statement will need to be added to Additional Insured wording:				
Full Service (General Contractor or any other trade in combination with water mitigation*)	 Sample #3a Contractors Pollution Liability: \$1,000,000 Each Occurrence The following statement will need to be added to Additional Insured wording: "Contractors Pollution Liability insures the full scope of services provided by the insured and provides coverage under the terms of the policy for losses that are a result of exposure to fungus, bacteria, asbestos, and lead. 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 Additional Insured wording: "Contractors Pollution Liability insures the full scope of services provided by the insured and provides coverage under the terms of the policy for losses that are a result of exposure to fungus, bacteria, asbestos, and lead." 				
Cleaners, Textile Restoration, and Fire & Smoke	Sample #4 • Bailment Coverage: \$250,000				

* Note: Contractor Connection Program Requirements DO NOT allow any Service Provider to subcontract water mitigation services under any circumstances.

SAMPLE A

FOR FULL SERVICE CONTRACTORS HANDLING WATER MITIGATION

	C		CER	TIFICATE OF			ANCE	DATE (MM/DD/YYYY) Issue Date
A	gen ddre	JCER t Name ess e Num			ONLY AND HOLDER.	CONFERS N	O RIGHTS UPON TI ATE DOES NOT AME FORDED BY THE POL	HE CERTIFICATE
		lumber			INSURERS A	FFORDING COV	ERAGE	NAIC #
1	ISUR	ED	Insured Name and Address		INSURER A: Ins	urance Company		
			** Must include 'DBA' name	if different		urance Company		
						urance Company		
						urance Company		
Ļ	ov	ERAG	ES		INSURER E:			
)[NO BE	TWITH: ISSUE NDITIO	STANDING ANY REQUIREMENT, D OR MAY PERTAIN, THE INS	D BELOW HAVE BEEN ISSU TERM OR CONDITION OF ANY C URANCE AFFORDED BY THE P GATE LIMITS SHOWN MAY HAVE	CONTRACT OR OTHER POLICIES DESCRIBED E BEEN REDUCED BY	R DOCUMENT WITH HEREIN IS SUBJ	RESPECT TO WHICH TH	IS CERTIFICATE MAY
Ľ	TR IN	SRD	TYPE OF INSURANCE	POLICY NUMBER	DATE (MM/DD/YY)	DATE (MM/DD/YY)	LIMIT	
	4	X X	COMMERCIAL GENERAL LIABILITY	CGL-12345	4/1/10	4/1/11	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurence)	s 1,000,000 s
		-	CLAIMS MADE X OCCUR				MED EXP (Any one person)	\$
		-	-				PERSONAL & ADV INJURY GENERAL AGGREGATE	s s
		G	EN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	s
			POLICY PRO- JECT LOC					s
	3	AI X	ANY AUTO	CAP-12345	4/1/10	4/1/11	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		X			ist Reflect	., _,	BODILY INJURY (Per person)	s
		X X	Contraction and a contraction	"Hired Autos" and "Non	Autos" and	hich may	BODILY INJURY (Per accident)	s
		_			ne General Liability		PROPERTY DAMAGE (Per accident)	\$
		G	ARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		_	ANY AUTO				OTHER THAN EA ACC	\$
┝	-						AUTO ONLY: AGG	S
		-	OCCUR CLAIMS MADE				EACH OCCURRENCE AGGREGATE	s s
		-						\$
			DEDUCTIBLE				-	\$
L	_		RETENTION \$					\$
			RS COMPENSATION AND ERS' LIABILITY				WC STATU- TORY LIMITS ER	
1	C 3	ANY PRO	PRIETOR/PARTNER/EXECUTIVE	WC-000111	4/1/10	4/1/11	E.L. EACH ACCIDENT	\$
	- 3	f yes, de	scribe under . PROVISIONS below				E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	(442)
h		OTHER	PROVISIONS below				E.E. DIOLAGE IT OLIGIT LIMIT	
		* S	ctor Pollution Liability see NOTE at bottom of page	CPL-34567	4/1/10	4/1/11	Each Occurrence	\$1,000,000
() 1 1 () 1	Crawf o wo comp liabili Contr or los	ord and rk perfo eted op ty cover actors Li ses that TIFIC	Company and Crawford Contractor C rmed for Crawford Contractor Connec erations coverage for the insured and age includes Premises and Operations ability and Personal Injury Liability. Co are a result of exposure to fungus, ba	ELES / EXCLUSIONS ADDED BY ENDOR onnection, a division of Crawford and ction (excluding Workers' Compensati I the additional insureds . The General s Liability, Products and Completed Op ontractors Pollution Liability insures th acteria, asbestos, and lead. Subcontra	Company, are named as a on and Automobile Liabili Liability and Contractors seration Liability, Broad Fo e full scope of services pr cted Work is not excluded CANCELLAT	additional insureds for ty). The General Liabil Pollution insurance po orm Property Damage ovided by the insured I. ION	ity and Contractors Pollution L blicies shall be primary and no /Damage to Property Liability,	iability policies provide n-contributory. General Independent the terms of the policy
		C 502	rawford Contractor Connect				R WILL ENDEAVOR TO MAIL	그 글날 등 이번 등 이번에 가는 생겨 생겨 있었는 것을
		Jac	Contractor Conr		NOTICE TO THE	CERTIFICATE HOLDER	R NAMED TO THE LEFT, BUT F	AILURE TO DO SO SHALL
			10550 Deerwood Park Jacksonville, FL		IMPOSE NO OB		Y OF ANY KIND UPON THE I	NSURER, ITS AGENTS OR
		2	2226 (904) 224-6409					
		3	2256 (904) 224-6408		AUTHORIZED REF	RESENTATIVE		

General Aggregate must equal at least \$2,000,000.

SAMPLE B

FOR FULL SERVICE CONTRACTORS HANDLING WATER MITIGATION

Age Add	ent N	ame		TIFICATE OF L	THIS CERT ONLY ANI HOLDER.	TFICATION IS IS D CONFERS N THIS CERTIFICA	SUED AS A MATTER O O RIGHTS UPON TH ATE DOES NOT AME FORDED BY THE POL	HE CERTIFICATE	
	Nun	umb nber	er		INSURERS A	INSURERS AFFORDING COVERAGE			
INSU	ISURED			INSURER A: Ins	INSURERA: Insurance Company				
			Insured Name and Address ** Must include 'DBA' name i	f different	INSURER B: INS	urance Company			
						urance Company			
						urance Company			
CO	VFR	AGE	S		INSURER E:				
T N B C	HE I OTW E ISS	POLIC ITHS SUED TION	CIES OF INSURANCE LISTED TANDING ANY REQUIREMENT, OR MAY PERTAIN, THE INSU	D BELOW HAVE BEEN ISSUED TERM OR CONDITION OF ANY CO JRANCE AFFORDED BY THE PO GATE LIMITS SHOWN MAY HAVE B	ONTRACT OR OTHER LICIES DESCRIBED BEEN REDUCED BY	R DOCUMENT WITH HEREIN IS SUBJ	RESPECT TO WHICH THI ECT TO ALL THE TERMS	IS CERTIFICATE MAY 3, EXCLUSIONS AND	
LTR	INSRI		TYPE OF INSURANCE	POLICY NUMBER	DATE (MM/DD/YY)	DATE (MM/DD/YY)	LIMII		
A	х	X	COMMERCIAL GENERAL LIABILITY	CGL-12345	4/1/10	4/1/11	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurence) MED EXP (Any one person)	\$ 1,000,000 \$ \$	
		-					PERSONAL & ADV INJURY	s	
							GENERAL AGGREGATE	s	
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_			POLICY PRO- JECT LOC					\$	
в	x		OMOBILE LIABILITY ANY AUTO	CAP-12345	4/1/10	4/1/11	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
			ALL OWNED AUTOS DESCRIBED AUTOS	Mus All Owned Autos'	t Reflect ' or "Described		BODILY INJURY (Per person)	\$	
		X X	HIRED AUTOS NON-OWNED AUTOS	"Hired Autos" and "Non-	Autos" and Owned Autos", w	hich may	BODILY INJURY (Per accident)	\$	
				be included in the	e General Liability	policy.	PROPERTY DAMAGE (Per accident)	\$	
		GAR	RAGE LIABILITY				AUTO ONLY - EA ACCIDENT	s	
			ANY AUTO				OTHER THAN EA ACC	\$	
_							AUTO ONLY: AGG	S	
с	x	EXC X	OCCUR CLAIMS MADE				EACH OCCURRENCE AGGREGATE	\$ 1,000,000 \$	
C	^	^	OCCOR CLAIMS MADE	CUP-12345	4/1/10	4/1/11	AGGREGATE	s	
			DEDUCTIBLE				-	s	
		_	RETENTION \$					\$	
			COMPENSATION AND				WC STATU- TORY LIMITS ER		
	ANY	PROP	RS' LIABILITY RIETOR/PARTNER/EXECUTIVE	WC-000111	4/1/10	4/1/11	E.L. EACH ACCIDENT	\$	
	If ye	s, desc	/EMBER EXCLUDED? cribe under				E.L. DISEASE - EA EMPLOYEE	(442)	
÷	SPE		PROVISIONS below				E.L. DISEASE - POLICY LIMIT	\$	
D	Co	ntra * Se	ctor Pollution Liability e NOTE at bottom of page	CPL-34567	4/1/10	4/1/11	Each Occurrence	\$1,000,000	
Cra to v con Liat Cor for	wford vork p plete bility c tracto losses	and C erforr d oper overag rs Lial that a ICA	ompany and Crawford Contractor Co ned for Crawford Contractor Connec rations coverage for the insured and ge includes Premises and Operations oility and Personal Injury Liability. Co re a result of exposure to fungus, ba TE HOLDER	ion	ompany, are named as i a and Automobile Liabili iability and Contractors ration Liability, Broad Fr full scope of services pr CANCELLAT SHOULD ANY OI	additional insureds for ty). The General Liabil Pollution insurance pc form Property Damage rovided by the insured ION F THE ABOVE DESCRIE	lity and Contractors Pollution L blicies shall be primary and nor /Damage to Property Liability,	lability policies provide n-contributory. General Independent the terms of the policy BEFORE THE EXPIRATIO	
		Jacks	Contractor Connect 10550 Deerwood Park Jacksonville, FL		IMPOSE NO OB	LIGATION OR LIABILIT VES.	R NAMED TO THE LEFT, BUT F I'Y OF ANY KIND UPON THE II		
1		32	256 (904) 224-6408		AUTHORIZED REP	PRESENTATIVE			
L									

General Aggregate must equal at least \$2,000,000.

SAMPLE C TEXTILE RESTORATION / DRY CLEANERS

Ą		DR	CEF	RTIFICATE OF				DATE (MM/DD/YYYY Issue Date	
Age Add	nt Na ress ne N	ame	er		ONLY AN HOLDER.	D CONFERS THIS CERTIFI	ISSUED AS A MATTER (NO RIGHTS UPON T CATE DOES NOT AME AFFORDED BY THE POL	HE CERTIFICAT	
Fax	ax Number				INSURERS A	INSURERS AFFORDING COVERAGE			
INSU	INSURED Insured Name and Address				INSURER A: Ins	surance Compar	у		
			** Must include 'DBA' name		INSURER B: Ins				
						surance Compar			
					INSURER D: Insurance Company				
CO	VER	AGE	S		INSURER E:				
N B		THS	TANDING ANY REQUIREMENT O OR MAY PERTAIN, THE IN	ED BELOW HAVE BEEN ISSU , TERM OR CONDITION OF ANY (SURANCE AFFORDED BY THE F EGATE LIMITS SHOWN MAY HAVE	CONTRACT OR OTHE POLICIES DESCRIBED	R DOCUMENT W	ITH RESPECT TO WHICH TH	S CERTIFICATE N	
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			CLAIMS MADE X OCCU	۲			MED EXP (Any one person)	s	
				-			PERSONAL & ADV INJURY	\$	
		05		-			GENERAL AGGREGATE	\$	
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в	x	AU	TOMOBILE LIABILITY		A /A /A Q	a /a /a a	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
			ALL OWNED AUTOS DESCRIBED AUTOS	CAP-12345 Mus "All Owned Autos"	4/1/10 Ist Reflect	4/1/11	BODILY INJURY (Per person)	s	
		X X	HIRED AUTOS NON-OWNED AUTOS	"Hired Autos" and "Non	Autos" and	hich may	BODILY INJURY (Per accident)	\$	
_					ne General Liability		PROPERTY DAMAGE (Per accident)	\$	
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			., _, _0	-, 1, 11		\$			
			DEDUCTIBLE	* See NOTE at bottom of p	oage			\$	
-			RETENTION \$				WC STATU- TORY LIMITS ER	\$	
D	EMP	LOYE	S COMPENSATION AND RS' LIABILITY	WC-000111	4/1/10	4/1/11	E.L. EACH ACCIDENT	s	
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			cribe under PROVISIONS below				E.L. DISEASE - POLICY LIMIT		
А	отн Ваі		nt Coverage	BIC- 12345	4/1/10	4/1/11		\$250,000	
Cra poli Cor insu	wford cies, itracto irance	and as t ors F ors Pol	Company and Crawford Contr hey apply to work performed Pollution Liability policies provid icies shall be primary and non-	CLES / EXCLUSIONS ADDED BY ENDOR actor Connection, a division of Cra for Crawford Contractor Connectio e completed operations coverage f contributory. General Liability cover- perty Liability, Independent Contract	wford and Company, n (excluding Workers or the insured and the age includes Premises	are named as ad 'Compensation a e additional insure and Operations I	and Automobile Liability). The eds. The General Liability and Liability, Products and Comple	General Liability	
CF	RTIF		TE HOLDER		CANCELLA				
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							RER WILL ENDEAVOR TO MAIL		
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10550 Deerwood Park Blvd. Suite100						IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS REPRESENTATIVES. AUTHORIZED REPRESENTATIVE			
	Jacksonville, FL 32256 (904) 224-6408				REPRESENTATI				
		32	2256 (904) 224-6408		AUTHORIZED RE	PRESENTATIVE			