

INSURANCE REQUIREMENTS

Commercial General Liability: Occurrence Form Only

- General Liability Each Occurrence limit of no less than \$1 million, Personal & Advertising Injury limit of \$1 Million, General Aggregate & Products / Completed Operations Aggregate limit of \$2 million each and must include Primary Wording and Waiver of Subrogation. BYCOR General Contractors, Inc. must be listed as certificate holder as well as additional insured.
- The certificate must include a separate endorsement naming BYCOR as additional insured and must not exclude completed operations. We prefer a CG 2010 1185. Some examples of unacceptable endorsements include the CG 2010 1093 & CG 2010 0397. Please note an unacceptable endorsement will only cover on-going operations. BYCOR may, at its discretion, accept an endorsement that does not cover completed operations.
- If BYCOR's contract with the Owner has additional requirements, subcontractor must also comply with those requirements:

Automobile Liability:

- Bodily Injury Liability and Property Damage Liability in an amount not less than \$1,000,000, Combined Single Limit.
- The insurance required must include Owner (Long Term Leased), Employer's Non Owned and Hired Automobile Coverage.
- Certificate must include a Waiver of Subrogation.

Worker's Compensation Insurance:

- Limits no less than \$1,000,000 (or statutory limits)
- Certificate must include a Waiver of Subrogation.

Contractor shall, by separate endorsement to its policies of insurance, (except for Worker's Compensation Insurance) add the following as additional insured:

"BYCOR General Contractors, Inc. and all of their subsidiaries, agents and employees, are Additional Insureds jointly and /or severally"

General Insurance Provisions:

- All Insurance Companies providing insurance must have a minimum AM Best rating of "A ++ & A+" and be licensed to transact business in the state for which the work is being performed.

Products and Completed Operations coverage must be maintained for 10 years (or applicable Statute of Repose following completion of work, and subcontractor will continue to name Contractor and any other parties required by contract as Additional Insured(s) for this entire period

**** If you currently have no employees, please forward a copy of your Exemption from Worker's Compensation filed with the Contractor's State License Board [Form #13L-50 (6/04)].**

- **myCOI** will send these requirements to your contact on file or insurance agent as required per project. If you, or your agent, have any questions regarding these requirements, please call Tamela Cross at (858) 362-8932 or icompliance@bycor.com



Insurance Requirements

This form outlines the insurance requirements for vendors/subcontractors of **BYCOR GENERAL CONTRACTORS**. Please provide a certificate of insurance as proof of coverage to:

Bycor General Contractors
6490 Marindustry Place. Ste A
San Diego, CA 92121

Attn: TAMELA CROSS
Phone: 858-362-8932
Fax: 858-587-1901
E-mail: tcross@bycor.com

PROJECT # AND DESCRIPTION: See Email

GENERAL	
Insured box complete with subcontractor information (1)	<input type="checkbox"/>
Certificate Holder complete as outlined in Sample Certificate (2)	<input type="checkbox"/>
Project name and number correct (3)	<input type="checkbox"/>

GENERAL LIABILITY	
Policy number and period current (4)	<input type="checkbox"/>
Occurrence Form (5)	<input type="checkbox"/>
Each Occurrence Limit of \$1,000,000 (6)	<input type="checkbox"/>
Personal & Advertising Injury Limit of \$1,000,000 (7)	<input type="checkbox"/>
General Aggregate Limit of \$2,000,000 (8)	<input type="checkbox"/>
Products / Completed Operations Aggregate Limit of \$2,000,000 (9)	<input type="checkbox"/>
Additional Insured Endorsement naming certificate holder as an Additional Insured (CG 20 10 10 01 and CG 20 37 10 01 Forms or Equivalent) – See Sample Endorsement	<input type="checkbox"/>
Primary and Non-Contributory Endorsement in favor of certificate holder – See Sample Endorsement	<input type="checkbox"/>
Waiver of Subrogation Endorsement in favor of certificate holder – See Sample Endorsement	<input type="checkbox"/>
Per Project and Per Location General Aggregate boxes checked (10)	<input type="checkbox"/>

AUTOMOBILE LIABILITY	
Policy number and period current (11)	<input type="checkbox"/>
Automobile Liability: Any Auto (12)	<input type="checkbox"/>
Combined Single Limit of \$1,000,000 (13)	<input type="checkbox"/>
Additional Insured Endorsements naming certificate holder as an Additional Insured – See Sample Endorsement	<input type="checkbox"/>
Waiver of Subrogation Endorsement in favor of certificate holder – See Sample Endorsement	<input type="checkbox"/>

WORKERS COMPENSATION	
Policy number and period current (14)	<input type="checkbox"/>
WC Statutory Limits box checked (15)	<input type="checkbox"/>
Employers Liability Limits of \$1,000,000 Each Accident, \$1,000,000 Disease Each Employee, and \$1,000,000 Disease Policy Limit (16)	<input type="checkbox"/>
Waiver of subrogation endorsement in favor of certificate holder – See Sample Endorsement	<input type="checkbox"/>

EXCESS LIABILITY (IF REQUIRED BY CONTRACT)	
Policy number and period current (17)	<input type="checkbox"/>
Occurrence Form (18)	<input type="checkbox"/>
Each Occurrence Limit / Aggregate Limit of (19)	<input type="checkbox"/>

OTHER COVERAGE - (IF REQUIRED BY CONTRACT)	
Policy number and period current (20)	<input type="checkbox"/>
Each Occurrence Limit / Aggregate Limit of (21)	<input type="checkbox"/>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 Barney & Barney LLC CA Insurance Lic: 0C03950 9171 Towne Centre Drive, Suite 500 San Diego, CA 92122 858-457-3414	CONTACT NAME:	FAX (A/C, No):	
	PHONE (A/C, No, Ext):	E-MAIL ADDRESS:	
INSURED 1 SUBCONTRACTOR/VENDOR NAME ADDRESS CITY, STATE ZIP	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: ABC INSURANCE COMPANY		
	INSURER B: XYZ INSURANCE COMPANY		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

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

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY						
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			123456789	xx/xx/xxxx	xx/xx/xxxx	EACH OCCURRENCE \$ 6 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC	X	X		4		MED EXP (Any one person) \$ 5,000
A	AUTOMOBILE LIABILITY 10						
	<input checked="" type="checkbox"/> ANY AUTO			123456789	xx/xx/xxxx	xx/xx/xxxx	COMBINED SINGLE LIMIT (Ea accident) \$ 13 1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per accident) \$
A	UMBRELLA LIAB 18						
	<input checked="" type="checkbox"/> EXCESS LIAB			123456789	xx/xx/xxxx	xx/xx/xxxx	EACH OCCURRENCE \$ S
	<input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ S
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$				17		
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A	123456789	xx/xx/xxxx	xx/xx/xxxx	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below				14		E.L. EACH ACCIDENT \$ 16 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)RE: PROJECT NAME & NUMBER **3**

CERTIFICATE HOLDER IS ADDITIONAL INSURED ON GENERAL LIABILITY AND AUTOMOBILE LIABILITY PER THE ATTACHED ENDORSEMENTS. GENERAL LIABILITY COVERAGE IS PRIMARY AND NON-CONTRIBUTORY PER THE ATTACHED ENDORSEMENT. WAIVER OF SUBROGATION APPLIES TO GENERAL LIABILITY, AUTOMOBILE LIABILITY, AND WORKERS COMPENSATION PER THE ATTACHED ENDORSEMENTS.

CERTIFICATE HOLDER**CANCELLATION**

2	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

Subject

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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 Person or Organization:

AS REQUIRED BY WRITTEN CONTRACT OR AGREEMENT

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

A. Section II – Who Is An Insured is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of your ongoing operations performed for that insured.

B. With respect to the insurance afforded to these additional insureds, the following exclusion is added:

2. Exclusions

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 site 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.

PRIMARY AND NON-CONTRIBUTORY

This insurance is primary with respect to the additional insured. Any other insurance available to that person or organization is excess and non-contributory.

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

Name of Person or Organization: AS REQUIRED BY WRITTEN CONTRACT OR AGREEMENT
Location And Description of Completed Operations: AS REQUIRED BY WRITTEN CONTRACT OR AGREEMENT
Additional Premium:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

Section II – Who Is An Insured is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" at the location designated and described in the schedule of this endorsement performed for that insured and included in the "products-completed operations hazard".

PRIMARY AND NON-CONTRIBUTORY

This insurance is primary with respect to the additional insured. Any other insurance available to that person or organization is excess and non-contributory.

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 24 04 10 93

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:
COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

The TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US Condition (Section IV – COMMERCIAL GENERAL LIABILITY CONDITIONS) is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

SAMPLE

INSURED:
COMPANY:

POLICY #:
POLICY PERIOD: TO
EFFECTIVE DATE:

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED

CA 71 35 12 93

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

Endorsement effective	
Named Insured	Countersigned by (Authorized Representative)
Schedule	
Name of Person or Organization:	
Address:	
Premium: \$	

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

- A. Under LIABILITY COVERAGE WHO IS AN INSURED is changed to include as an "insured" the person(s) or organizations(s) shown in the Schedule, but only with respect to "bodily injury" or "property damage" resulting from the acts or omissions of:
1. You;
 2. Any of your employees or agents;
 3. Any person, except the additional insured or any employee or agent of the additional insured, operating a covered "auto" with the permission of any of the above.
- B. The insurance afforded by the endorsement does not apply:
1. To "bodily injury" or "property damage" arising out of the sole negligence of the person(s) or organization(s) shown in the Schedule.

Waiver Of Transfer of Rights Of Recovery Against Others To Us

Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Agency No.	Addl. Prem.	Return Prem.
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This endorsement is issued by the company named in the Declarations. It changes the policy on the effective date listed above at the hour stated in the Declarations.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Named Insured:

Address (including ZIP code):

This endorsement modifies insurance provided under the:

**Business Auto Coverage Form
Truckers Coverage Form
Garage Coverage Form
Motor Carrier Coverage Form**

Name of Person(s) or Organization(s):

We waive any right of recovery we may have against the designated person or organization shown in the schedule because of payments we make for injury or damage caused by an "accident" or "loss" resulting from the ownership, maintenance, or use of a covered "auto" for which a Waiver of Subrogation is required in conjunction with work performed by you for the designated person or organization. The waiver applies only to the designated person or organization shown in the schedule.

Countersigned By _____
Authorized Representative

Date: _____

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement with us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

SAMPLE

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.
(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement
Effective:

Policy No.

Endorsement No.

Insured:

Premium: \$

Insurance Company:

Countersigned By: _____