

**DESIGN-BUILD SUBCONTRACTOR INSURANCE REQUIREMENTS
SAMPLE CERTIFICATE**

ISSUED DATE (MM/DD/YY)
(00/00/00)

PRODUCER

(AGENTS NAME)
(STREET ADDRESS)
(CITY, STATE, ZIP CODE)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

(SUBCONTRACTOR NAME)
(STREET ADDRESS)
(CITY, STATE, ZIP CODE)

COMPANIES AFFORDING COVERAGE	
INSURER (LETTER)	(INSURANCE COMPANY NAME)
A	
B	
C	
D	
E	

COVERAGE'S

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.

INS	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
(A)	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.	(0000000000)	(00/00/00)	(00/00/00)	GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMP/OP AGG. \$ 1,000,000 PERSONAL & ADV. INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED. EXP. (Any one person) \$ 5,000
(A)	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY	(0000000000)	(00/00/00)	(00/00/00)	COMBINED SINGLE LIMIT \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
(B)	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	(0000000000)	(00/00/00)	(00/00/00)	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
(A)	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY Experience Mod Rating is _____	(0000000000)	(00/00/00)	(00/00/00)	<input checked="" type="checkbox"/> STATUTORY LIMITS EACH ACCIDENT \$ 100,000 DISEASE-POLICY LIMIT \$ 500,000 DISEASE-EACH EMPLOYEE \$ 100,000
	PROFESSIONAL LIABILITY (If a Design-Build Firm)	(0000000000)	(00/00/00)	(00/00/00)	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / SPECIAL ITEMS

Project Name: _____ **Project Number:** _____

Cutler Associates, Inc., Owner, _____ and all other parties as required by the written contract between Cutler Associates and the Owner, are included as Additional Insureds on a primary and noncontributory basis as required by written contract, with respect to the Automobile, General Liability and Umbrella/Excess Liability policies. A Waiver of Subrogation applies in favor of the Additional Insureds where required by written contract, with respect to Automobile, Professional Liability, General Liability, Workers Compensation and Umbrella/Excess Liability policies. The insurance policies referenced herein will provide thirty days notice of cancellation or non-renewal to the Additional Insureds, except ten days notice for cancellation for non-payment of premium.

CERTIFICATE HOLDER

Cutler Associates, Inc.
8918 Brittany Way
Tampa, FL 33619

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL THIRTY DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

(SIGNATURE)