



Supplemental Certificate of Insurance

This Supplemental Certificate of Insurance is provided for informational purposes only for PulteGroup, Inc. and its subsidiaries and affiliates (the "Company"). The Supplemental Certificate does not confer any rights or obligations other than rights and obligations conveyed by the policies referenced on this Supplemental Certificate of Insurance. The terms of the referenced policies control over the terms of this Supplemental Certificate of Insurance.

Prior to beginning work, the Contractor shall obtain the minimum insurance and endorsements specified by Company. Agents should complete an Acord 25 (2010/05) or ISO Certificate of Commercial Liability Insurance (Form IL C 001 11 11) and this Supplemental Certificate of Insurance by providing all requested information and then faxing it to (951) 766-2299, or emailing it to Pulte@ebix.com. Please note that your Contractor client will not be allowed to begin work until all requested information is received and approved.

Contractor: _____ Contractor Vendor No.: _____

Street/Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number: _____

COMMERCIAL GENERAL LIABILITY Name of Insurer: _____ NAIC No.: _____

- YES NO 1. Does the policy provide that the Company is an additional insured? (If yes, please attach language)
- YES NO 2. Does the policy specifically provide a duty to defend additional insureds?
- YES NO 3. Does the policy have a specific provision that addresses whether or not defense is inside or outside the limits of insurance? (If yes, please attach language)
- YES NO 4. Does the policy have a self-insured retention? (If yes, please attach language)
- YES NO 5. Does the policy provide a waiver of subrogation specifically in favor of the Company?
- YES NO 6. Does the policy have a blanket waiver of subrogation?
- YES NO 7. Does the policy provide that it "is primary to and will not seek contribution" from Company's insurance?
- YES NO 8. Does the contractual liability provision contain a reference to "residential construction"? If YES, attach a copy clearly highlighting or referencing the applicable language.
- YES NO 9. Does the policy definition of "insured contract" contain the words or phrase "caused in whole or in part by" or "sole negligence"? (If yes, please attach language)
- YES NO 10. Is residential construction specifically excluded? (If yes, please attach language)
- YES NO 11. Is tract home construction specifically excluded? (If yes, please attach language)
- YES NO 12. Is condominium construction specifically excluded? (If yes, please attach language)
- YES NO 13. Is multi-family construction specifically excluded? (If yes, please attach language)
- YES NO 14. Is multi-unit construction specifically excluded? (If yes, please attach language)
- YES NO 15. Is prior work specifically excluded? (If yes, please attach language)
- YES NO 16. Is pre-existing damage specifically excluded? (If yes, please attach language)
- YES NO 17. Is continuous and progressive damage specifically excluded? (If yes, please attach language)
- YES NO 18. Is Chinese Drywall specifically excluded? (If yes, please attach language)
- YES NO 19. Is subsidence specifically excluded? (If yes, please attach language)
- YES NO 20. Is stucco construction specifically excluded? (If yes, please attach language)
- YES NO 21. Does the insurer have an A.M. Best rating of at least A- VII (ambest.com)? (Please attach a schedule of forms and endorsements)
- YES NO 22. Does the policy provide for at least 30 days written notice to the Company prior to cancellation at Company address (P.O. Box 12010-PI, Hemet, CA 92546-8010)?

WORKERS COMPENSATION AND EMPLOYERS LIABILITY Name of Insurer: _____ NAIC No.: _____

- YES NO 1. Does the policy provide a waiver of subrogation specifically in favor of the Company? (If yes, please attach language)
- YES NO 2. Does the policy have a blanket waiver of subrogation? (If yes, please attach language)
- YES NO 3. Does Part 3 provide coverage for "Other States" (other than monopolistic states) or list specific states in which the Contractor has operations? If specific states are listed, please attach.
- YES NO 4. Does the policy include an Alternate Employer Endorsement? (If yes, please attach language)
- YES NO 5. Did the insurance application submitted indicate that the Contractor uses temporary staff?
- YES NO 6. Did the insurance application submitted indicate that the Contractor uses leased employees?
- YES NO 7. Did the insurance application submitted indicate that the Contractor uses borrowed employees?
- YES NO 8. Did the insurance application submitted indicate that the Contractor uses subcontractors?
- YES NO 9. Does the Insurer have an A.M. Best rating of at least A- VII (ambest.com)? (Please attach a schedule of forms and endorsements)
- YES NO 10. Does WC policy provide for at least 30 days prior written notice to the Company prior to cancellation at Company address (P.O. Box 12010-PI, Hemet, CA 92546-8010)?

Authorized Agent name, address and zip code: _____

THIS IS TO CERTIFY to the Company that the insurance policies named are in full force and effect. If this form and attachments are sent by facsimile machine (fax) or email, the sender adopts the documents received as a duplicate originals and adopt the signature produced by the receiving fax machine or email as the sender's original signature.

Area Code (_____) _____
 Authorized Agent's Phone Number Original Signature of Authorized Agent Date