

Subcontractor Insurance Questionnaire

Subcontractor General and Excess Liability Insurance Coverage Supplemental Checklist and Certification.

Subcontractor Name _____

Date Certificate Issued _____

Please have your insurance representative mark this form as a supplement to the Acord certificated as to coverage for the exposure listed.

General Liability Insurance

Insurance carrier is an admitted carrier? **Yes** **No**

| Coverage does include: | Yes | No |
|--|--|--|
| 1. A Per Project Aggregate | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The General Contractor and its Owner/Client as Additional Insured (CG 20 10 07/04) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The General Contractor and its Owner/Client as Additional Insured for Completed Operations (CG 20 37) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Primary and Non-Contributory wording | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. A Subrogation Waiver | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Defense Costs outside of policy limits | <input type="checkbox"/> | <input type="checkbox"/> |
| Policy contains the following exclusions: | | |
| 7. Cross Suits Exclusion | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. EIFS | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Subsidence | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Punitive Damages | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Blanket Contractual Liability | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Multi-Residential Exclusion: Single Family / Tract Homes Apartments Condos Townhouses Dormitories Assisted Living Nursing Homes Hotels | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 13. Prior Work Exclusion | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Construction Defect Exclusion | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Sunset Clause | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Action Over Exclusion | <input type="checkbox"/> | <input type="checkbox"/> |

Umbrella (Excess) Liability Insurance

| Coverage Does Include: | Yes | No |
|---|--------------------------|--------------------------|
| Your policy is "Following Form" to the insured General Liability Policy (meaning no additional exclusions that aren't on the CGL policy). | <input type="checkbox"/> | <input type="checkbox"/> |

Insurance Company _____ Phone Number _____

Insurance Company Agent Signature _____ Date _____

Subcontractor Company Officer _____ Phone Number _____