

120794



www.rocheconstructors.com

AGENT FORM (TEXAS PROJECTS)

SUBCONTRACTOR: «SubName»

ROCHE JOB NAME «ProjName»

ROCHE JOB NO. «ProjNo»

SCOPE OF WORK: «Description»

RETURN TO:
JENNIFER PELLETIER
ROCHE CONSTRUCTORS, INC.
7680 W. SAHARA AVENUE, SUITE 130
LAS VEGAS, NV 89117
(702) 252-3611
(702) 222-3619 – FAX
subinsurance@rocheconstructors.com

TO BE REVIEWED, COMPLETED, AND SIGNED BY SUBCONTRACTOR'S INSURANCE AGENT

Please have your agent review, complete, and sign this form and return it along with your initial insurance certificates and all subsequent renewal certificates. This form will be required on an annual basis.

Separate forms will be required from your General Liability Company and your Workers Compensation Company if not on the same certificate.

RESTRICTIVE ENDORSEMENTS			
Do the following apply to the Commercial General Liability or Umbrella policies referenced in the insurance certificate(s) provided to Roche Constructors, Inc.?			
Subsidence or earth movement exclusion	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Has the definition of an "insured contract" been modified, deleted, or otherwise altered in any way which causes the language to differ from ISO CG 00 01 policy? (10/01 or more recent)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Does the Additional Insured Endorsement include Completed Operations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Mold or indoor air quality exclusion	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Exterior Insulation and Finish System (EIFS) exclusion <small>(The potential problem with EIFS is that moisture can get trapped behind the highly-water-resistant material with no way out, causing the framing to rot and fostering the growth of mold.)</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Does the policy include WC 42 03 08 Partners, Officers & Others Exclusion Endorsement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

Reviewed By Subcontractor's Insurance Agent

Name

Date

Agency

Phone Number/Fax Number

TEXAS DEPT. OF INSURANCE
AUSTIN, TEXAS
APPROVED
SEP 25 2012