

Supplemental Certificate of Insurance Form

AUG 25 2015

Subcontractor: Please complete the following section and forward to your insurance agent along with the attached Sample Certificate of Liability Insurance.

Insured: _____ GL Policy #: _____
 Expiration Date: _____ Agent: _____
 Agent Phone: _____ Agent Email: _____

THIS SECTION TO BE COMPLETED BY AGENT

Insurance Agent/Broker: Our insurance companies require us to review our Subcontractor's insurance to assure that it complies with their requirements. We are requesting the following information because it does not appear on a Certificate of Insurance. Any information contained in or requirements of this Supplemental Certificate of Insurance Form which are inconsistent with Chapter 1811 of the Texas insurance Code shall be deemed severed and excluded from this Form. Nothing contained in this Form shall alter, amend or extend the coverage or terms and conditions provided by the insurance policies referenced. Please note that your client will not be allowed to begin work until all requested documents are submitted and approved.

1) Commercial General Liability (CGL) Additional Insured Endorsement

Additional Insured Endorsement will be provided for:

- Ongoing Operation Only
- Completed Operations Only
- Both Ongoing and Completed Operations

> The Additional Insured Endorsement must be included with the Certificate of Insurance and this Questionnaire

2) CGL Policy has a Residential Construction Exclusion

- No
- Yes (If "Yes" Please attach a copy of endorsement)

If "Yes" please check each type of construction that is excluded

- Apartments
- Condos
- Townhomes
- Single Family Homes

3) CGL Policy has a Subcontracted Work Exclusion

- No
- Yes (If "Yes" please attach a copy of endorsement)

4) CGL Policy has a Subsidence Exclusion

Applies to: Subcontractors whose work involves foundations, grading, excavating, landscaping irrigation systems, construction of retaining walls or infrastructure for underground utilities.

- No
- Yes (If "Yes" please attach of copy of endorsement)
- N/A

Name of Person Completing the Form:

Name

Date