

5627343

OHL GROUP INSURANCE VERIFICATION FORM

DATE (MM/DD/YYYY)

Please ensure that the information provided on this form is accurate and complete. This form is for information purposes only and does not modify or confer any additional rights provided under the policy referenced herein; the terms of such policy shall control.

NAMED INSURED(S)		
POLICY NUMBER	EFFECTIVE DATE	CARRIER

A. Primary General Liability Insurance Policy (check yes or no and provide additional information for any "yes" answer)

I. Specific operations excluded or restricted. Yes No

- a. Location: _____
- b. Construction Type/ Class: _____
- c. Building Height: _____
- d. Classification Endorsement (attach to this form): _____
- e. Designated Work Endorsement (attach to this form): _____

II. Additional Insured Endorsement (check which one applies)

CG 20 10 CG 20 26 (attach to form) CG 20 37 CG 20 38

No other additional insured form is acceptable.

III. Professional Exclusion (check which one applies)

22 79 22 80 None

No other professional exclusion is acceptable.

**TEXAS DEPARTMENT OF INSURANCE
AUSTIN, TEXAS
APPROVED
OCT 17 2017**

IV. Please indicate "Yes" or "No" verifying that the corresponding statement is accurate with respect to the policy.

- | <u>YES</u> | <u>NO</u> | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Does the policy state that coverage is "primary and non-contributory to any other insurance available to an additional insured"? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the policy form an ISO occurrence form, 2001 edition or later? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there an endorsement modifying the definition of "insured contract" from the standard definition in the ISO occurrence form? If so, please attach. |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there policy language restricting coverage for additional insureds with respect to injury to employees of a/any named insured? If so, please attach. |
| <input type="checkbox"/> | <input type="checkbox"/> | Is coverage for earth movement specifically excluded? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is coverage for excavation specifically excluded? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is coverage for collapse or underground property damage specifically excluded? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there an endorsement that restricts coverage for suits between named insureds and additional insureds? If so, please attach. |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there an endorsement that restricts coverage for property damage to work performed by subcontractors? If so, please attach. |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a blanket subrogation waiver included? |

POLICY INFORMATION (continued)

NAMED INSURED: _____

V. Policy Deductible/ Self-Insured Retention

a. Does the Policy include a deductible: Yes No ; or self-insured retention: Yes No

b. If the Policy includes a deductible or self-insured retention, indicate the amount: _____

VI. Policy Limits

Are the Policy Limits applied on a per project or annual basis? _____

TEXAS DEPARTMENT OF INSURANCE
AUSTIN, TEXAS
APPROVED
OCT 17 2017

B. Umbrella/Excess Policy

Please indicate "Yes" or "No" verifying that the corresponding statement is accurate with respect to the policy. If any of these statements are not accurate with respect to the policy, you must either correct any deficiency or obtain a waiver from OHL.

YES NO

- Does the umbrella/excess policy state that coverage is "primary and non-contributory to any other insurance available to an additional insured"?
- Is the policy form an ISO occurrence form, 2001 edition or later?
- Is there an endorsement modifying the definition of "insured contract" from the standard definition in the ISO occurrence form? If so, please attach.
- Is there policy language restricting coverage for additional insureds with respect to injury to employees of a/any named insured? If so, please attach.
- Is coverage for earth movement specifically excluded?
- Is coverage for excavation specifically excluded?
- Is coverage for collapse or underground property damage specifically excluded?
- Is there an endorsement that restricts coverage for suits between named insureds and additional insureds? If so, please attach.
- Is there an endorsement that restricts coverage for property damage to work performed by subcontractors? If so, please attach.
- Is there a blanket subrogation waiver included?
- Does the umbrella/excess policy state that a defense will be provided in connection with any covered claims? If so, please attach.

C. Auto Liability Insurance

Please indicate "Yes" or "No" verifying that the corresponding statement is accurate with respect to the policy. If any of these statements are not accurate with respect to the policy, you must either correct any deficiency or obtain a waiver from OHL.

YES NO

- Is coverage provided on an "any auto" basis?
- Is there a blanket subrogation waiver included?

Identify all parties that have been named as additional insureds on the auto liability policy. _____

NAMED INSURED/ AUTHORIZED REPRESENTATIVE SIGNATURE

DATE (MM/DD/YYYY)

INSURANCE AGENT/ BROKER - AUTHORIZED REPRESENTATIVE SIGNATURE

DATE (MM/DD/YYYY)