

INSURANCE REQUIREMENTS

Commercial General Liability: Occurrence Form Only

- General Liability Each Occurrence limit of no less than \$1 million, Personal & Advertising Injury limit of \$1 Million, General Aggregate & Products / Completed Operations Aggregate limit of \$2 million each and must include Primary Wording and Waiver of Subrogation. Casas & Casas Construction Inc., must be listed as certificate holder as well as additional insured,
- The certificate must include a separate endorsement naming BYCOR as additional insured and must not exclude completed operations. We prefer a CG 2010 1185. Some examples of unacceptable endorsements include the CG 2010 1093 & CG 2010 0397. Please note an unacceptable endorsement will only cover on-going operations. Casas & Casas Construction may, at its discretion, accept an endorsement that does not cover completed operations.
- If Casas & Casas Construction contract with the Owner has additional requirements, subcontractor must also comply with those requirements:

Automobile Liability:

- Bodily Injury Liability and Property Damage Liability in an amount not less than \$1,000,000, Combined Single Limit.
- The insurance required must include Owner (Long Term Leased), Employer's Non Owned and Hired Automobile Coverage.
- Certificate must include a Waiver of Subrogation.

Worker's Compensation Insurance:

- Limits no less than \$1,000,000 (or statutory limits)
- Certificate must include a Waiver of Subrogation.

Contractor shall, by separate endorsement to its policies of insurance, (except for Worker's Compensation Insurance) add the following as additional insured:

General Insurance Provisions:

- All Insurance Companies providing insurance must have a minimum AM Best rating of "A ++ & A+" and be licensed to transact business in the state for which the work is being performed.

Products and Completed Operations coverage must be maintained for 10 years (or applicable Statute of Repose following completion of work, and subcontractor will continue to name Contractor and any other parties required by contract as Additional Insured(s) for this entire period

*** If you currently have no employees, please forward a copy of your Exemption from Worker's Compensation filed with the Contractor's State License Board [Form #13L-50 (6/04)].*

- [myCOI](#) will send these requirements to your contact on file or insurance agent as required per project. If you, or your agent, have any questions regarding these requirements, please call [Alexander Casas at \(213\) 565-1485 or admin@casasconstruct.com](#)

Insurance Requirements

This form outlines the insurance requirements for vendors/subcontractors of **Casas & Casas Construction**. Please provide a certificate of insurance as proof of coverage to:

PROJECT # AND DESCRIPTION: See Email

GENERAL	
Insured box complete with subcontractor information (1)	<input type="checkbox"/>
Certificate Holder complete as outlined in Sample Certificate (2)	<input type="checkbox"/>
Project name and number correct (3)	<input type="checkbox"/>

GENERAL LIABILITY	
Policy number and period current (4)	<input type="checkbox"/>
Occurrence Form (5)	<input type="checkbox"/>
Each Occurrence Limit of \$1,000,000 (6)	<input type="checkbox"/>
Personal & Advertising Injury Limit of \$1,000,000 (7)	<input type="checkbox"/>
General Aggregate Limit of \$2,000,000 (8)	<input type="checkbox"/>
Products / Completed Operations Aggregate Limit of \$2,000,000 (9)	<input type="checkbox"/>
Additional Insured Endorsement naming certificate holder as an Additional Insured (CG 20 10 10 01 and CG 20 37 10 01 Forms or Equivalent) – See Sample Endorsement	<input type="checkbox"/>
Primary and Non-Contributory Endorsement in favor of certificate holder – See Sample Endorsement	<input type="checkbox"/>
Waiver of Subrogation Endorsement in favor of certificate holder – See Sample Endorsement	<input type="checkbox"/>
Per Project and Per Location General Aggregate boxes checked (10)	<input type="checkbox"/>

AUTOMOBILE LIABILITY	
Policy number and period current (11)	<input type="checkbox"/>
Automobile Liability: Any Auto (12)	<input type="checkbox"/>
Combined Single Limit of \$1,000,000 (13)	<input type="checkbox"/>
Additional Insured Endorsements naming certificate holder as an Additional Insured – See Sample Endorsement	<input type="checkbox"/>
Waiver of Subrogation Endorsement in favor of certificate holder – See Sample Endorsement	<input type="checkbox"/>

WORKERS COMPENSATION	
Policy number and period current (14)	<input type="checkbox"/>
WC Statutory Limits box checked (15)	<input type="checkbox"/>
Employers Liability Limits of \$1,000,000 Each Accident, \$1,000,000 Disease Each Employee, and \$1,000,000 Disease Policy Limit (16)	<input type="checkbox"/>
Waiver of subrogation endorsement in favor of certificate holder – See Sample Endorsement	<input type="checkbox"/>

EXCESS LIABILITY (IF REQUIRED BY CONTRACT)	
Policy number and period current (17)	<input type="checkbox"/>
Occurrence Form (18)	<input type="checkbox"/>
Each Occurrence Limit / Aggregate Limit of (19)	<input type="checkbox"/>

OTHER COVERAGE - (IF REQUIRED BY CONTRACT)	
Policy number and period current (20)	<input type="checkbox"/>
Each Occurrence Limit / Aggregate Limit of (21)	<input type="checkbox"/>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Barney & Barney LLC CA Insurance Lic: 0C03950 9171 Towne Centre Drive, Suite 500 San Diego, CA 92122 858-457-3414	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
		INSURER(S) AFFORDING COVERAGE	
INSURED	① SUBCONTRACTOR/VENDOR NAME ADDRESS CITY, STATE ZIP	INSURER A: ABC INSURANCE COMPANY	NAIC #
		INSURER B: XYZ INSURANCE COMPANY	
		INSURER C: ZZZ INSURANCE COMPANY	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

MST NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR ⑤ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJ-ECT <input checked="" type="checkbox"/> LOC			123456789	xx/xx/xxxx	xx/xx/xxxx	EACH OCCURRENCE \$ ⑥ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ ⑦ 1,000,000 GENERAL AGGREGATE \$ ⑧ 2,000,000 PRODUCTS - COMP/OP AGG \$ ⑨ 2,000,000
		X	X	← ④	>		
A	AUTOMOBILE LIABILITY ⑩ <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			123456789	xx/xx/xxxx	xx/xx/xxxx	COMBINED SINGLE LIMIT (Ea accident) \$ ⑬ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		X	X	← ⑪	>		
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR ⑱ <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			123456789	xx/xx/xxxx	xx/xx/xxxx	EACH OCCURRENCE \$ AGGREGATE \$
				← ⑰	>		
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N		123456789	xx/xx/xxxx	xx/xx/xxxx	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ ⑰ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
			N/A	← ⑭	>	⑮	
C					xx/xx/xxxx	xx/xx/xxxx	EACH OCCURRENCE ⑳ 1,000,000 AGGREGATE
				← ⑳	>		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

RE: PROJECT NAME & NUMBER ③

CERTIFICATE HOLDER IS ADDITIONAL INSURED ON GENERAL LIABILITY AND AUTOMOBILE LIABILITY PER THE ATTACHED ENDORSEMENTS. GENERAL LIABILITY COVERAGE IS PRIMARY AND NON-CONTRIBUTORY PER THE ATTACHED ENDORSEMENT. WAIVER OF SUBROGATION APPLIES TO GENERAL LIABILITY, AUTOMOBILE LIABILITY, AND WORKERS COMPENSATION PER THE ATTACHED ENDORSEMENTS.

CERTIFICATE HOLDER

② Casas & Casas Construction Inc.
2181 S Atlantic Blvd, Commerce,
CA 90040

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - OWNERS, LESSEES OR
CONTRACTORS - SCHEDULED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

<p>Name of Person or Organization:</p> <p>AS REQUIRED BY WRITTEN CONTRACT OR AGREEMENT</p>

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

A. Section II - Who Is An Insured is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of your ongoing operations performed for that insured.

B. With respect to the insurance afforded to these additional insureds, the following exclusion is added:

2. Exclusions

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- (1)** All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the site of the covered operations has been completed; or
- (2)** That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

PRIMARY AND NON-CONTRIBUTORY

This insurance is primary with respect to the additional insured. Any other insurance available to that person or organization is excess and non-contributory.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

<p>Name of Person or Organization:</p> <p>AS REQUIRED BY WRITTEN CONTRACT OR AGREEMENT.</p>
<p>Location And Description of Completed Operations:</p> <p>AS REQUIRED BY WRITTEN CONTRACT OR AGREEMENT</p>
<p>Additional Premium:</p>

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

Section II - Who Is An Insured is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" at the location designated and described in the schedule of this endorsement performed for that insured and included in the "products-completed operations hazard".

PRIMARY AND NON-CONTRIBUTORY

This insurance is primary with respect to the additional insured. Any other insurance available to that person or organization is excess and non-contributory.

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 24 0410 93

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY
AGAINST OTHERS TO US**

This endorsement modifies Insurance provided under the following:
COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

(If no entry appears above, Information required to complete this endorsement is shown in the Declarations as applicable to this endorsement)

The TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS (Section IV - COMMERCIAL GENERAL LIABILITY CONDITIONS) is amended by the information shown in the Schedule above.

We waive any right of recovery we may have against any person or organization shown in the Schedule above because of payments we make for Injury or damage sustained by that person or organization in the course of operations or "your work" done under a contract with that person or organization.

This waiver applies only to the person or organization shown in the Schedule above.

SAMPLE

INSURED:
COMPANY:

POLICY#:
POLICY PERIOD: TO
EFFECTIVE DATE:

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED

CA 71351293

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

Endorsement effective	
Named Insured	Countersigned by (Authorized Representative)
Schedule	
Name of Person or Organization	
Address:	
Premium: \$	

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

- A.** Under LIABILITY COVERAGE WHO IS AN INSURED is changed to include as an "Insured" the person(s) or organizations(s) shown in the Schedule, but only with respect to "bodily injury" or "property damage" resulting from the acts or omissions of:
1. You;
 2. Any of your employees or agents;
 3. Any person, except the additional insured or any employee or agent of the additional insured, operating a covered "auto" with the permission of any of the above.
- B.** The insurance afforded by the endorsement does not apply:
1. To "bodily injury" or "property damage" arising out of the sole negligence of the person(s) or organization(s) shown in the Schedule.

Waiver Of Transfer of Rights Of Recovery Against Others To Us

Polley No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Agency No.	Addi. Prem.	Return Prem,
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This endorsement is issued by the company named in the Declarations, It changes the policy on the effective date listed above at the hour stated in the Declarations.

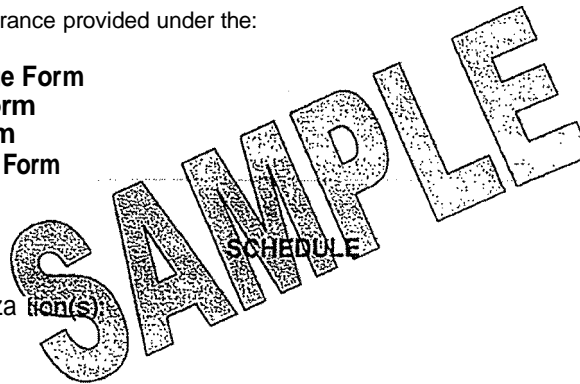
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Named Insured:
Address (Including ZIP code):

This endorsement modifies insurance provided under the:

- Business Auto Coverage Form**
- Truckers Coverage Form**
- Garage Coverage Form**
- M?!!C r:rfer Coverage Form**

Name of Person(s) or Organization(s):



We waive any right of recovery we may have against the designated person or organization shown in the schedule because of payments we make for injury or damage caused by an "accident" or "loss" resulting from the ownership, maintenance, or use of a covered "auto" for which a Waiver of Subrogation is required in conjunction with work performed by you for the designated person or organization. The waiver applies only to the designated person or organization shown in the schedule.

Countersigned By _____ Date: _____
Authorized Representative

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement with us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

SAMPLE

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.
(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement
Effective:

Policy No.

Endorsement No.

Insured:

Premium: \$

Insurance Company:

Countersigned By:
