

Effective Date:	January 1, 2019
To:	Insurance Broker or Agent
From:	Eileen Y. Mann, ARM, VP Risk Management/HSET
RE:	Verification of Subcontractor Insurance Coverage

All subcontractors, prior to executing an agreement or contract with Alutiiq, must first complete a short online due diligence process. This process includes verification that the subcontractor's insurance program meets certain standard terms and conditions. Those terms and conditions are as follows:

Standard Insurance	Limits	Required Provisions
Workers Compensation (incl. Employers' Liability)	Statutory limits	<ul style="list-style-type: none"> • Waiver of Subrogation
General Liability	\$1,000,000 per occurrence w/\$2,000,000 aggregate	<ul style="list-style-type: none"> • Additional Insured • Primary/Non-Contributory • Waiver of Subrogation
Auto Liability	\$1,000,000 per occurrence w/\$2,000,000 aggregate	<ul style="list-style-type: none"> • Additional Insured • Primary/Non-Contributory • Waiver of Subrogation
Professional Liability (applicable for consulting and professional firms only)	\$2,000,000 per claim	<ul style="list-style-type: none"> • Waiver of Subrogation (where available)

The insurance coverage types, and limits of coverage, may be amended or waived based on the proposed Scope of Work. Any amendments to our standard insurance requirements occurs during the contract negotiation phase where we propose any needed corrections to the insurance requirements to more precisely reflect the hazards of the proposed work. If your insurance program is different than the requirements noted above, please have your insurance broker contact us at DueDiligence@Alutiiq.com, otherwise, please complete the form on the following page and return a pdf copy to your client so that they may attach it to their record when they register in our due diligence portal. This is a time-sensitive request, so your soonest attention to this matter is much appreciated.



Eileen Y. Mann, ARM, VP Risk Management/HSET
 Subcontractor Registration Program Administrator emann@alutiiq.com

Instructions: This form must be completed and signed by the subcontractor's insurance broker or agent, and must be accompanied by a valid and current Certificate of Insurance (COI) that meets the requirements noted in the foregoing Subcontractor Registration Instruction memo and attached sample COI. Non-Compliant COIs will be rejected and the Subcontractor's registration will not be approved.

1. BROKER/AGENT INFORMATION		
Today's Date:		
Broker Company Name		
Mailing Address		
City, State, Zip		
Broker Contact Name		
Broker Contact Email/Phone		
2. CLIENT/INSURED INFORMATION		
Insured Company Name		
Mailing Address		
City, State, Zip		
Insured Company Contact Name		
Insured Company Contact Email/Phone		
3. INSURANCE PROGRAM INFORMATION		
<p>Note: Items a) through c) and insuring provisions noted in f) through h) are standard insurance terms and conditions. Unless specifically waived, these are the minimum requirements for all subcontractors. Additional coverages may be required depending on the scope or work.</p>		
a) General Liability	\$1,000,000 Per Occ/\$2,000,000 Agg	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Auto Liability	\$1,000,000 Per Occ/\$2,000,000 Agg	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Workers' Comp/Employers Liability	Statutory Limits/\$1,000,000 Per	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Professional Liability/D&O	\$1,000,000 Per Occ/Claims Made	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) Effective Dates		To:
f) Where required by written contract, do policies provide for Additional Insured status? If no, provide a supplemental memo with details.		<input type="checkbox"/> Yes <input type="checkbox"/> No
g) Where required by written contract, do policies provide for Primary/Non-Contributory status? If no, provide a supplemental memo with details.		<input type="checkbox"/> Yes <input type="checkbox"/> No
h) Where required by written contract, do policies provide for Waiver of Subrogation? If no, provide a supplemental memo with details.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Broker Signature:		
Broker Printed Name/Title:		
Date:		



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
[enter date of issuance]

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 Broker Name Broker Address Broker City, State, Zip	CONTACT NAME: Broker Contact Name / Title PHONE (A/C, No, Ext): Broker Phone #	FAX (A/C, No): Broker Fax #
	E-MAIL ADDRESS: Broker Email Address	
INSURED Your Company Name Your Company Address Your Company City, State, Zip		INSURER(S) AFFORDING COVERAGE
		NAIC #
		INSURER A: Insurance Company Name 123456
		INSURER B: Insurance Company Name 123456
		INSURER C: Insurance Company Name 123456
		INSURER D: Insurance Company Name 123456
		INSURER E:
		INSURER F:

COVERAGES**CERTIFICATE 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liability <input checked="" type="checkbox"/> Products/Completed Operations GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	Y	[enter policy number]	[eff date]	[exp date]	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
								\$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	[enter policy number]	[eff date]	[exp date]	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
C	UMBRELLA LIAB EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$			[enter policy number]	[eff date]	[exp date]	EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
D	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	N/A	Y	[enter policy number]	[eff date]	[exp date]	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

SAMPLE

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

Project Name: TO BE DETERMINED NOTE: Where other coverages are required by written contract (Marine, Foreign, Aviation, Pollution, Professional Liability or Foreign/DBA), please see Alutiiq Risk Management for specific COI requirements.

Contract Number: TO BE DETERMINED

Where required by written contract, the insured's policies allow for a Certificate Holder to be an Additional Insured on the General Liability and Auto Liability policies, subject to the terms, conditions, and limitations of said policies and the additional insured endorsement. Waiver of Subrogation applies to all policies where required by written contract, subject to the terms, conditions, and limitations of said policies and the Waiver of Subrogation Endorsement. It is further agreed that such insurance as is afforded to the Certificate Holder shall be primary and non-contributing with any other insurance in force for or which may be purchased by the Certificate Holder.

CERTIFICATE HOLDER**CANCELLATION**

SAMPLE ONLY - FOR ALUTIIQ SUBCONTRACTOR DUE DILIGENCE REVIEW Attn: Risk Management / riskmanagement@alutiiq.com	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 Your Broker's Name/Your Broker's Signature