

Insurance Form Check List

Job Name: _____

Subcontractor: _____

Subcontractor's Insurance Broker

Name of the Subcontractor (Should match the name as written in the subcontract)

Verify Policy Number is Included.

Claims Made or Modified Occurrence is NOT Acceptable

General aggregate limit must be project specific.

Either the "ANY AUTO" box should be checked or these three boxes must be checked.

This section should reference the job number, project name, and location

This should name Taisei Construction Corporation with our appropriate office address - (Cypress, San Jose, or Hawaii)

ACORD®		CERTIFICATE OF LIABILITY			DATE (MM/DD/YY) 3/6/2001
PRODUCER Subcontractor's Insurance Broker 123 Main Street Anytown, US 12345		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.			
INSURED Subcontractor, Inc. 345 Main Street Anytown, US 12345		COMPANIES AFFORDING COVERAGE			
		COMPANY	A Insurance Company A		
		COMPANY	B Insurance Company B		
		COMPANY	C Insurance Company C		
		COMPANY	D Insurance Company D		
COVERAGES 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. THE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY DATE	POLICY DATE	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTORS PROTECTIVE COVERAGE <input checked="" type="checkbox"/> XCU COVERAGE INCLUDED GENL. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	123456789	1/1/2001	1/1/2002	GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OPS AGG \$1,000,000 PERSONAL & ADV INJURY \$1,000,000 EACH OCCURRENCE \$2,500,000 FIRE DAMAGE (Any One Fire) \$50,000 MEDICAL EXPENSE (Any one person) \$5,000
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS				2559665786
B	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
C	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	456876524	8/1/2000	8/1/2001	EACH OCCURRENCE \$2,500,000 AGGREGATE \$3,000,000
D	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY The Proprietor/Partners/ Executive Officers Are: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	546897123	5/15/2000	5/15/2001	<input checked="" type="checkbox"/> STATUTORY LIMITS EL EACH ACCIDENT \$1,000,000 EL DISEASE POLICY LIMIT \$1,000,000 EL DISEASE EACH EMPLOYEE \$1,000,000
	OTHER PROFESSIONAL LIABILITY**				OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS RE: Project Name -- Project Number General Liability - Taisei Construction Corporation and the Project Owner are Additional Insured Per Attached Modified Form CG 20 10 11 85.					
CANCELLATION					
CERTIFICATE HOLDER Taisei Construction Corporation 6261 Katella Avenue, Suite 200 Cypress, CA 90630		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.			
ACORD 25-S (1/95) ©ACORD CORPORATION 1988					

Check the "Best Ratings" of the Companies to ensure they are not defunct. "A" Rating is required.

Current dates are required

The two "AGGREGATE" boxes should total \$5,000,000

The two "EACH OCCURRENCE" boxes should total \$5,000,000

The totals in each box should be at least \$1 million

Required Wording

30 Days is Required

Signed by the Broker ONLY

This wording should be "X"d out

** This insurance coverage is only required by design/build subcontractors and engineers, consultants, etc.